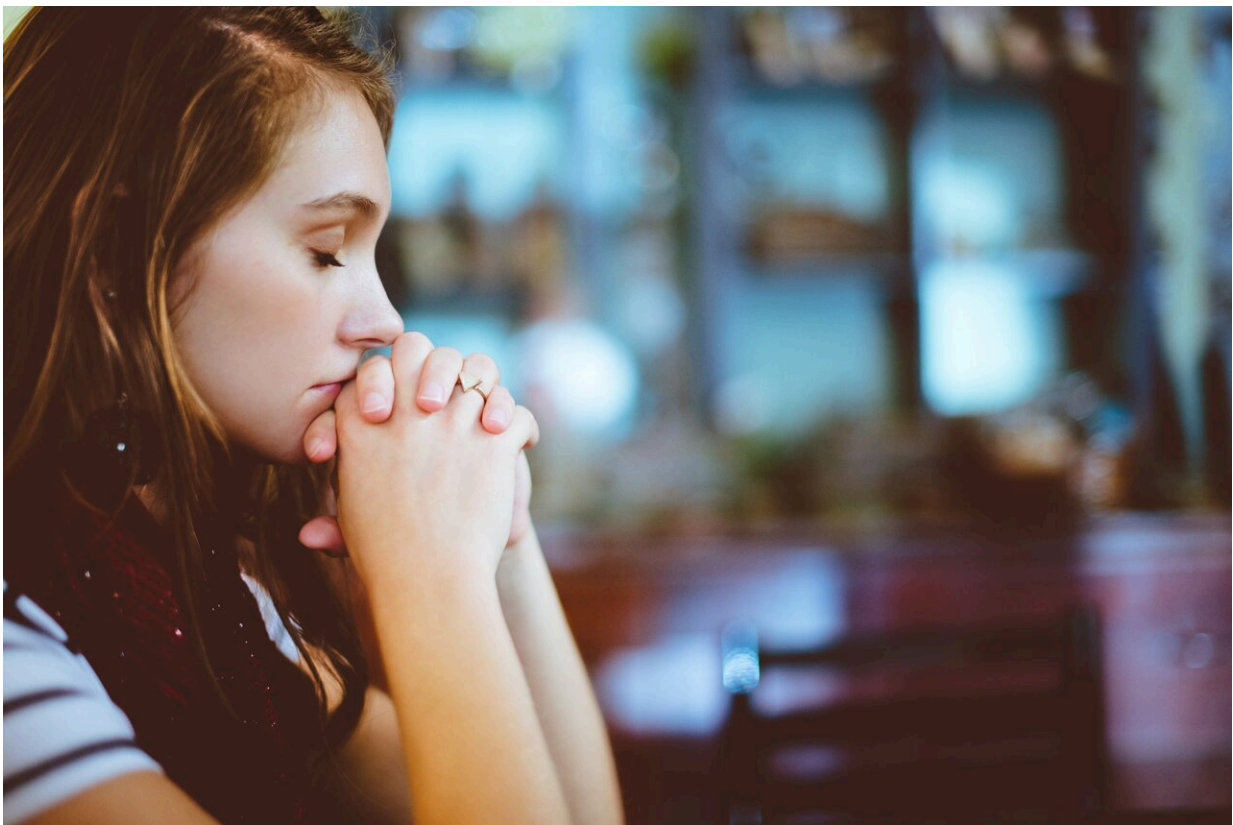


Nearly half of pregnant people experiencing intimate partner violence are not screened before or after pregnancy

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Most policy, research and clinical efforts to reduce maternal mortality focus on clinical risk factors and the quality of hospital-based care for

pregnant people, but a new study examines maternal safety outside the clinical setting. Intimate partner violence (IPV) includes physical, emotional and sexual violence used to gain or maintain power and control and is a leading cause of maternal injury and death. Universal screening at health care visits is a recommended strategy for identifying and supporting victims.

A recent study from the University of Minnesota School of Public Health (SPH) measured rates of [physical violence](#) by an [intimate partner](#) among birthing people and examined rates of abuse screening before, during and after pregnancy.

The analysis found that IPV affects a substantial number of people who give birth every year and nearly half of people reporting IPV were not screened for it before pregnancy or after childbirth.

The study, published in the *American Journal of Public Health*, analyzed the experiences of birthing people from 42 states and three U.S. jurisdictions who gave birth between 2016 and 2019.

The study found:

- 3.5% of respondents reported experiencing physical violence by an intimate partner before or during pregnancy—equating to approximately 280,000 people during the study period.
- Of these IPV victims, 58.7% did not receive abuse screening before their pregnancy; 26.9% were not screened during their pregnancy; and 48.3% were not screened after their pregnancy.
- Higher rates of IPV occurred among [rural residents](#), non-Hispanic Black people and American Indian/Alaska Native people.
- Among those who experienced IPV, those at greatest risk for not being screened were Spanish-speaking, Hispanic people;

American Indian/Alaska Native people; people with Medicaid coverage and people with no [health insurance](#).

"IPV is too common and incredibly dangerous," said Katy Kozhimannil, lead author and a professor at SPH. "Intimate partner homicide is a leading cause of [maternal mortality](#) and every pregnant person who is physically, emotionally or sexually hurt by an intimate partner deserves—at the very least—to be asked about this during [health](#) care visits and ideally also to be supported and safe outside of the health care setting. Maternal mortality is a crisis and IPV is a contributor. Public health policy and investment to address it should be improved."

The study found that there are two main reasons why pregnant people are not screened for IPV: one is a lack of health care visits before, during or after pregnancy, and the other is a lack of IPV screening occurring at health care visits.

The findings of the study imply a critical need for increased access to care for all pregnant people, especially those at highest risk of IPV who may also experience barriers to care because of racism, bias, financial constraints, distance to care and other factors. This study suggests a need for investment in IPV-informed clinical care for pregnant people and adoption of universal screening for IPV at health care visits with a focus on the perinatal period.

More information: Katy B. Kozhimannil et al, Screening for and Experiences of Intimate Partner Violence in the United States Before, During, and After Pregnancy, 2016–2019, *American Journal of Public Health* (2023). [DOI: 10.2105/AJPH.2022.307195](https://doi.org/10.2105/AJPH.2022.307195)

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