

The effect of intimate partner violence and abuse on obstetric and perinatal outcomes

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BACKGROUND

- Intimate partner violence and abuse (IPVA) encompasses physical, emotional, sexual and financial violence and abuse by a current or former intimate partner of the victim¹
- IPVA is strongly associated with poor physical and mental health outcomes^{2,3}
- Pregnancy is a time of heightened risk for the onset and escalation of IPVA^{4,5}

AIMS

- To review the current literature examining the relationship between IPVA and perinatal and obstetric outcomes
- Identify consistencies and contradictions within the data, if any
- Establish gaps in the literature where additional studies need to be conducted
- Inform ongoing obstetrics practice by highlighting the need for recognition of IPVA within obstetrics settings, in order to optimise patient care

METHODS

A literature search was conducted of SCOPUS, PubMed and grey literature using the following criteria:

- Publication between 2002 and 2018, with full text available in English
- IPVA must have occurred within the victim's current marriage, within the last year, or during the indexed pregnancy
- The study must have looked at perinatal or obstetric outcomes, including but not limited to foetal complications, delivery complications, co-morbidities, and the mental health of the mother during the antenatal or perinatal period

1,070 studies were identified with 32 included in the review.



PHYSICAL OBSTETRIC AND PERINATAL OUTCOMES

- Significant associations were found between experiences of IPVA and pre-term delivery, with only one study that examined the outcome failing to find an association, and this being in the context of a wide confidence interval
- All 9 studies that examined low birth weight found that IPVA increased the odds, with ratios between 1.17 and 14.3
- 7 studies evaluated the link between IPVA and foetal or neonatal death, with all but one showing increased odds, with the study that failed to find an association having a wide confidence interval
- 3 studies showed that babies of IPVA+ women were more likely to require neonatal intensive care, with odds ratios between 1.24 and 4.04
- Labour and obstetric complications were evaluated in 3 studies, all of which showed they were more common in IPVA+ women, and with one particularly noting an odds ratio of 11.84 for Caesarean sections
- General adverse outcomes were shown in four studies to be more likely in IPVA+ women
- Small-for-gestational-age, intrauterine growth restriction and pre-eclampsia were each evaluated by one study, with IPVA shown to increase the odds of occurrence
- One study failed to show correlation between IPVA and any adverse perinatal or obstetric outcomes

MENTAL HEALTH OUTCOMES

All studies in this review showed statistically significant correlations between experiences of IPVA and poor perinatal mental health outcomes. The following conditions were evaluated:

- Common mental health disorders (OR from 1.3 to 14.3)
- Depression (OR from 2.04 to 11.5)
- Anxiety (OR from 3.98 to 6.30)
- Post-traumatic stress disorder (OR 2.94)
- Suicidal ideation (OR from 4.7 to 9.37)
- Sleep disturbances (OR 5.8)

The consistency of these results shows the significant relationship between IPVA and perinatal mental health outcomes, with implications for perinatal care of affected women.

CONCLUSIONS

- IPVA is a significant health issue during pregnancy and in the perinatal period
- Experiencing IPVA significantly increases the risk of both obstetric and perinatal complications, including preterm delivery, low birth weight, foetal or neonatal death, the need for neonatal intensive care, depression, anxiety and suicidal ideation
- Obstetricians and midwives need to be able to recognise and respond to women who have experienced IPVA, and be aware of the potential medical complications that can arise as a result of the abuse

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