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The relationship between Intimate Partner Violence reported at the first antenatal booking visit and obstetric and perinatal outcomes in an ethnically diverse group of Australian pregnant women: A population based study over 10 years

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The relationship between intimate partner violence reported at the first antenatal booking visit and obstetric and perinatal outcomes in an ethnically diverse group of Australian pregnant women: a population-based study over 10 years

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Sign in

Women having a subsequent baby are more likely to disclose domestic violence than first time mothers. Vyshnova/Shutterstock

Pregnant women are at increased risk of domestic violence in all cultural groups

Funding and conflicts of interest

Funding statement: This research received a partnership grant from Western Sydney University and NSW Health

Conflicts of interests: Nil

Background

- Intimate partner violence (IPV) (physical, sexual or emotional) is a global health issue that affects mostly women (and some men) from different backgrounds and social groups.
- The Australian Personal Safety Survey estimated 186 000 women had experienced violence by a current cohabiting partner.
- Of those who had been pregnant, one in five (21.7%) reported that violence occurred during the pregnancy and for almost two thirds of women (61.4%) this had been their first experience of violence in their relationship
- The prevalence of violence during pregnancy is estimated to be between 4-8% of pregnant women

Migrant women and IPV

- Migrant women who are pregnant and living in a different social-cultural environment experience additional stresses in their lives, such as conflicting cultural values, social isolation, language barriers, limited economic resources, discrimination and racism
- Stigma and shame associated with IPV means disclosure may remain low and in some cultural groups taboos about discussing what are considered to be family problems remain
- In some cultures IPV is socially accepted, abuse is not always considered criminal or even incorrect and the woman is seen as subservient to their male partner

STOP

Psychosocial screening

- In NSW the Supporting Families Early Policy has integrated psychosocial risk assessment into routine care (Integrated Perinatal Care; IPC) during pregnancy and after the birth
- The psychosocial screening tool includes the Edinburgh Postnatal Depression Screen (EPDS) and a series of questions that encompass seven key variables or areas of risk.
- Domestic violence is one of the questions asked

Aim

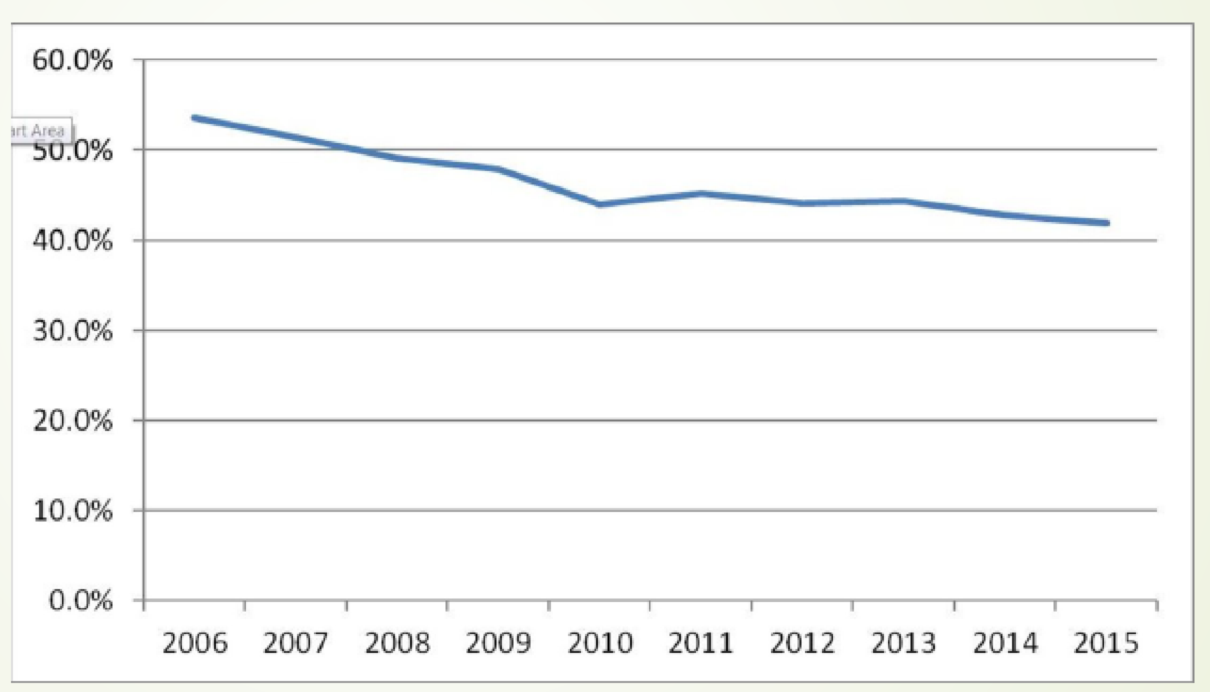
The aim of this study is to determine the incidence of IPV in a pregnant multicultural population and to determine the relationship between intimate partner violence reported at booking interview and maternal and perinatal outcomes

Methods

Design: This is a retrospective population based data study. We analysed routinely collected data (2006 to 2016) from the ObstetriX™ system on a cohort of 33542 women giving birth in a major health facility in Western Sydney.

Primary outcomes: Incidence of IPV, association with IPV and other psychosocial variables and maternal and perinatal outcomes

Changing profile of Australian-born women expressed as a percentage of all births over ten years (2006-2016)



Changing profile of non-Australian-born women expressed as a percentage of all births over time

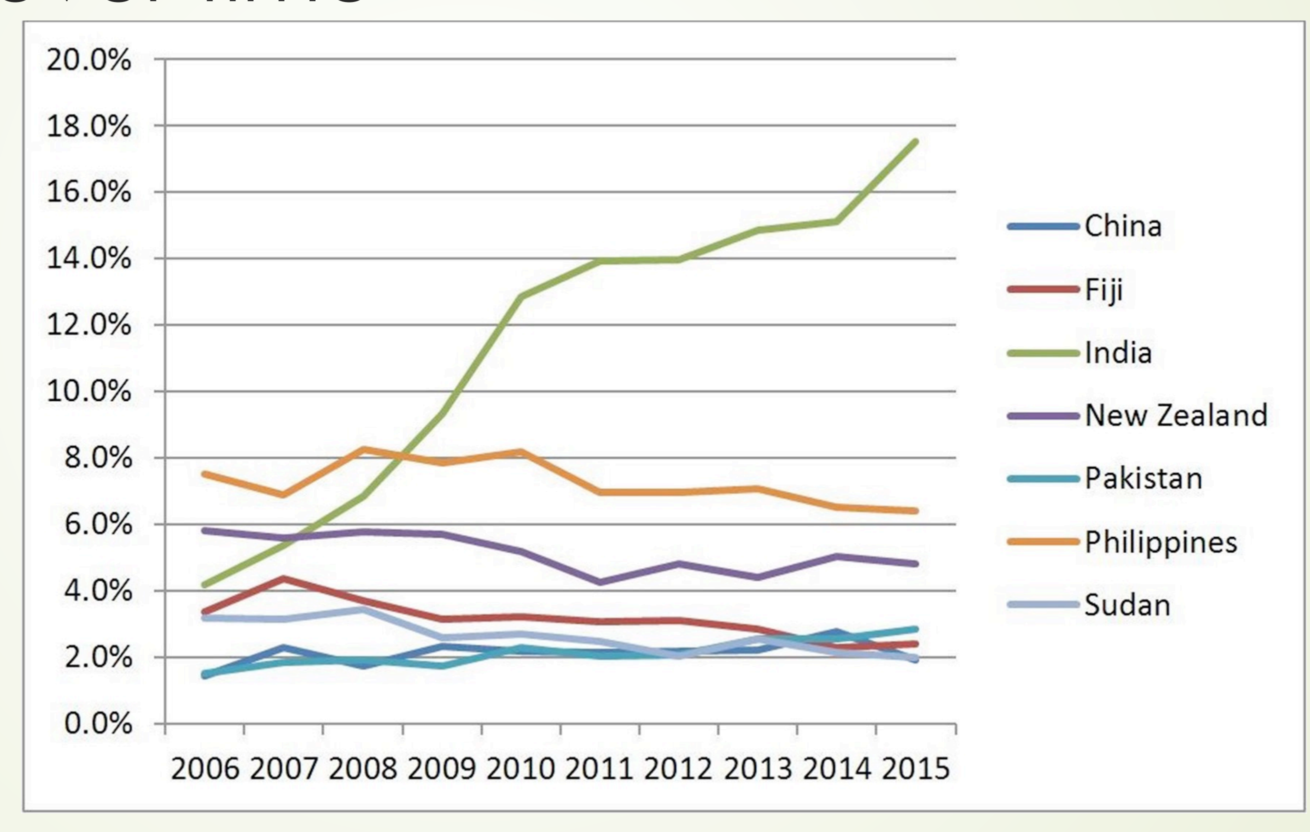


Table 2 Selected demographics of Australian-born and non-Australian-born women

	Australian born, n=15 459	Non-Australian born, n=18 083	P values
Maternal age*	27.7 (5.75)	29.8 (5.11)	<0.001
Teenage pregnancy	7.9%	1.8%	<0.001
Pregnancy ≥35 years	13.0%	17.9%	<0.001
Nulliparous	25.0%	26.9%	<0.002
Body mass index ≥30	28.2%	17.7%	<0.001
Body mass index ≤18	3.0%	3.0%	0.02
Private patient	3.7%	3.4%	0.14

Pregnancy events and outcomes of Australian born and non-Australian-born women

Australian born women **MORE** likely to:

- Smoke
- gestational hypertension
- TPL
- normal birth
- Epidural
- larger baby
- give birth in a birth centre

Australian born women **LESS** likely to:

- Anaemia
- Instrumental birth
- Caesarean section
- Syntocinon use
- Severe perineal trauma
- Episiotomy
- Admission to SCN/NICU
- Stillbirth

Maternal characteristics and perinatal outcomes for women who disclose IPV at first booking compared to those who have not

	IPV reported, n=1302	IPV not reported, n=29 026	P values
Maternal age*	28.7 (5.46)	28.6 (6.07)	0.29
Body mass index*	26.6 (6.54)	27.1 (7.17)	<0.001
Multiparous	82.7%	68.8%	<0.001
Smoking	26.8%	11.0%	<0.001
Hypertension diagnosed in pregnancy	1.5%	2.4%	0.04
Gestational diabetes	9.4%	8.6%	0.96
Threatened premature labour	5.5%	3.1%	<0.001
Any Antepartum haemorrhage	2.22%	1.55%	0.08
Antenatal admission	10.8%	8.6%	0.006
Gestation at birth†	39.2 (1.96)	39.1 (1.90)	0.12
Birth type			
Normal vaginal birth	66.7 %	61.6 %	<0.001
Instrumental birth	7.0 %	10.9 %	<0.001
Caesarean section	26.3 %	27.5 %	<0.001
Epidural usage‡	29.7%	28.3%	0.36
Third-degree and fourth-degree tears‡	0.46%	1.3%	0.01
Episiotomy‡	18.8%	25.5%	0.05
Postpartum blood transfusion	1.08%	0.83%	0.94
Birth weight*	3349 (568.0)	3344 (573.6)	0.77
Admitted to special care nursery/neonatal intensive care unit	8.6%	8.5%	0.88
Stillbirth rate/1000 births	3.9	5.4	0.49
Feeding difficulty	38.6%	39.6%	0.49
Male gender	51.0%	51.3%	0.88
Fetal growth restriction	6.5%	4.8%	0.03

IPV expressed as a percentage of country of birth for the most commonly occurring countries of birth for all women assessed

	Australia, n=13 742	India, n=3783	Philippines, n=2193	NZ, n=1520	Fiji, n=939	Sudan, n=784	Pakistan, n=670	China, n=655	Other, n=6042	Total, n=30 328
Domestic violence, current partner	3.9%	1.6%	3.3%	6.2%	4.3%	8.2%	2.5%	1.4%	2.7%	3.5%
Domestic violence, other family member	0.1%	0.1%	0.0%	0.4%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%
Domestic violence, previous partner	1.3%	0.2%	0.6%	0.6%	0.1%	0.9%	0.1%	0.2%	0.3%	0.8%
Domestic violence, any	5.2%	1.8%	4.0%	7.2%	4.5%	9.1%	2.7%	1.5%	3.1%	4.3%
Deferred questions due to partner or family members' presence	1.0%	0.3%	0.6%	1.2%	0.7%	1.4%	1.0%	1.7%	1.1%	0.9%

Associated psychosocial issues for pregnant women reporting IPV compared to those who do not

	IPV reported (%)	IPV not reported (%)	P values	OR (95% CI)
Edinburgh Postnatal Depression Scale ≥13	7.6	2.1	<0.001	3.57 (2.84–4.47)
Thoughts of self-harm	2.4	0.5	<0.001	5.55 (3.73–8.25)
Illegal drug use risk	4.30	0.73	<0.001	6.11 (4.52–8.24)
Childhood abuse	23.6	7.6	<0.001	3.74 (3.27–4.28)
Pregnancy-related anxiety risk	5.9	2.1	<0.001	2.88 (2.26–3.67)
Work/relationship effect risk	23.0	7.4	<0.001	3.76 (3.28–4.30)
Anxiety/depression risk	34.2	14.0	<0.001	3.19 (2.84–3.60)
Worried about mess risk	34.3	25.0	<0.001	1.57 (1.39–1.76)
Positive response to 'are you generally confident' question	75.4	84.6	<0.001	0.24 (0.21–0.27)
Recent worry/stress risk	47.2	22.2	<0.001	3.20 (2.81–3.52)
Emotional support risk	8.6	4.4	<0.001	2.04 (1.67–2.50)
Mental health disorder	7.07	1.72	<0.001	4.36 (3.46–5.48)
Family history of mental health disorder	19.1	10.7	<0.001	1.97 (1.71–2.28)

OR for women reporting IPV at booking and pregnancy conditions and events compared to those not reporting IPV

	OR	AOR
Australian born	1.5 (1.31–1.64)	1.3 (1.09–1.46)
Smoking	3.0 (2.60–3.36)	2.7 (2.30–3.20)
Multiparous	2.3 (1.98–2.70)	2.0 (1.68–2.49)
Gestational diabetes mellitus	1.0 (0.87–1.24)	1.1 (0.85–1.29)
Hypertensive disorders of pregnancy	0.6 (0.39–0.97)	0.5 (0.32–0.91)
Threatened premature labour	1.8 (1.44–2.36)	1.8 (1.28–2.39)
Antepartum haemorrhage	1.5 (1.04–2.11)	1.4 (0.95–2.19)
Normal vaginal birth	1.00	1.00
Instrumental birth	0.6 (0.49 – 0.76)	1.1 (0.90 – 1.25)
Caesarean section	1.1 (0.94 – 1.20)	
Born preterm	1.3 (1.04–1.60)	1.0 (0.71–1.33)
Special care nursery/ neonatal intensive care unit admission	1.0 (0.77–1.16)	1.0 (0.82–1.23)
Apgar 2 (less than 7)	1.5 (1.00–2.12)	1.1 (0.64–1.80)
Breastfed	0.8 (0.73–0.93)	1.0 (0.86–1.20)

Summary

- 4.3% of pregnant women reported a history of IPV when asked during the routine psychosocial assessment.
- 54% were not born in Australia and this had increased significantly over the decade.
- Women born in New Zealand (7.2%) and Sudan (9.1%) were most likely to report IPV at the antenatal booking visit, with women from China and India least likely to report IPV.
- Women who reported IPV were more likely to report additional psychosocial concerns including EPDS $\geq$13 (7.6%), thoughts of self-harm (2.4%), childhood abuse (23.6%) and a history of anxiety and depression (34.2%).
- Women who reported IPV were more likely to be Australian born, smoke and be multiparous and to have been admitted for threatened preterm labour (AOR 1.8, CI 1.28-2.39).

Recommendations

- More is required from health providers than simply asking the question
- Midwives and nurses say that many women from non-English speaking backgrounds do not always understand the question being asked of them and interpreters were not always available
- There is possibly a need to have a higher level of awareness and vigilance regarding possible IPV when women report childhood abuse, mental health issues and have admissions for TPL
- Need to explore models of care that will facilitate disclosure of IPV

Strengths and limitations

Strengths:

- This was an ethnically diverse population that included all women in one hospital over a 10 year period
- Detailed psychosocial and other important variables were available

Limitations:

- We are unable to differentiate between migrants and refugees
- It is likely there is under-reporting of IPV by pregnant women, particularly in some cultural groups

Conclusion

A report of IPV at the first antenatal booking visit is associated with a higher level of reporting on all psychosocial risks, higher antenatal admissions, especially for threatened preterm labour. More research is needed regarding the effectiveness of current IPV screening for women from other countries