

Impact of Prenatal Care Facility on Intimate Partner Violence Screening in the Prenatal Period: Evidence from the Pregnancy Risk Assessment Monitoring System, 2016–2022

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Introduction

Background

- Screening for intimate partner violence (IPV) by healthcare providers during the prenatal period is recommended by the USPSTF and ACOG.
- Previous studies have reported low IPV screening rates during the prenatal period by healthcare providers.¹
- However, the impact of the healthcare facility where women receive their prenatal care on IPV screening rate is unclear.

Objective

- To examine the differential impact of prenatal care facility on IPV screening rate during prenatal care visits among US women.

Methods

Study Population

- Data from the 2016–2022 Pregnancy Risk Assessment Monitoring System from the states of Illinois and Mississippi were analyzed (N=11,106).
- Study sample included women who provided complete responses to survey questions on IPV screening, healthcare facility where they had their prenatal care visits, and attended at least one prenatal care visit.

Exposure

- Prenatal care facility was classified into 3 categories: 1) private doctors' office, 2) hospital clinic, and 3) health department clinic/community health center

Outcome

- IPV screening was measured as a binary variable (yes/no).

Statistical Analysis

- Multivariable Poisson regression with robust error variance was used to examine the association.

Results

Figure 1. Rate of IPV screening during prenatal care visits by prenatal care facility, Pregnancy Risk Assessment Monitoring System, 2016-2022

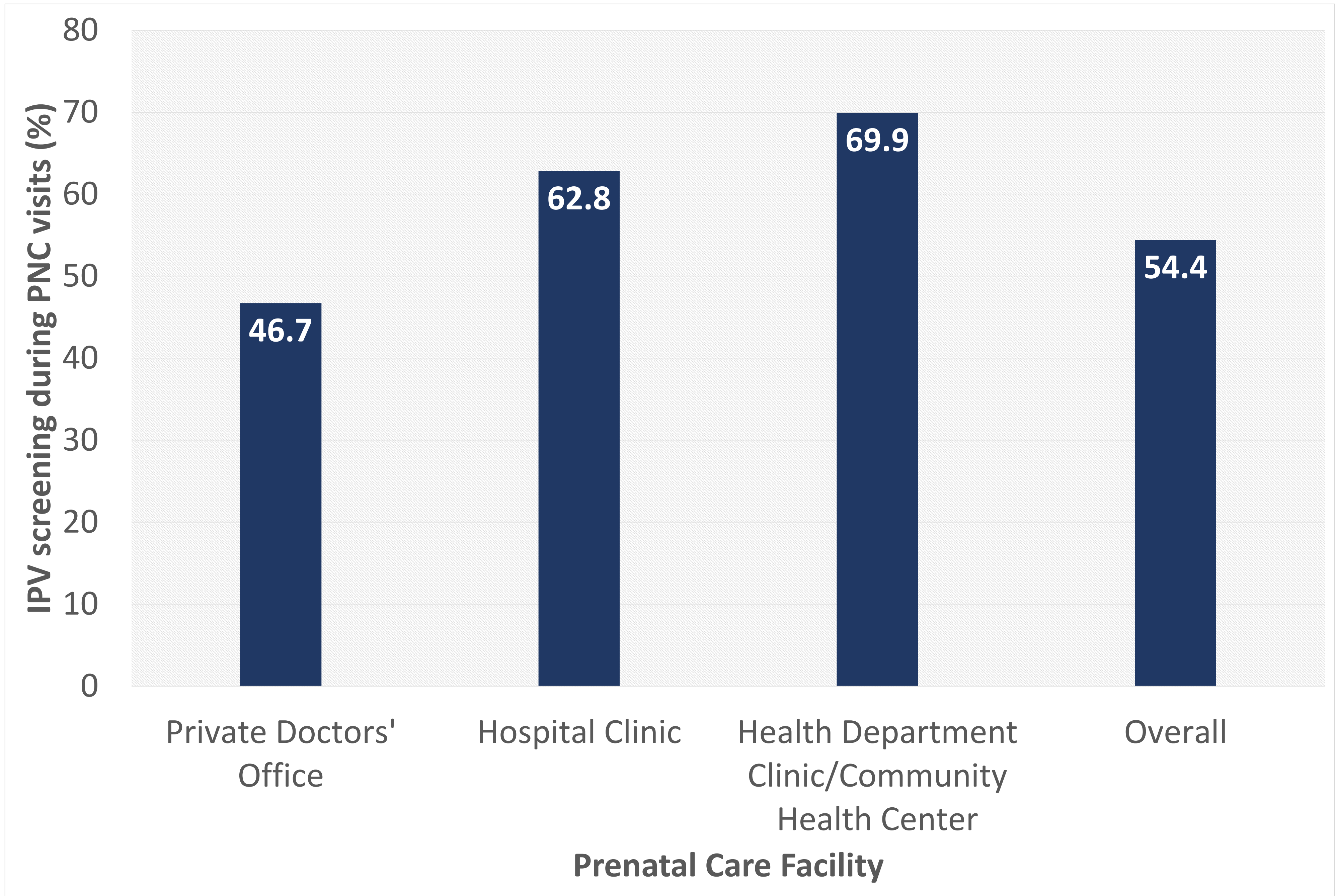


Table 1. Association between prenatal care facility and intimate partner violence screening during prenatal care visits, Pregnancy Risk Assessment Monitoring System, 2016-2022

Prenatal Care Facility	IPV Screening during Prenatal Care Visits	
	Unadjusted PR (95% CI)	Adjusted PR (95% CI) ^a
Private Doctors' Office	Ref	Ref
Hospital Clinic	1.35 (1.28-1.41)*	1.19 (1.12-1.26)*
Health Department Clinic/Community Health Center	1.50 (1.43-1.57)*	1.13 (1.06-1.21)*

^aAdjusted for age, education, race/ethnicity, marital status, prenatal insurance, household income, WIC, and adequacy of prenatal care utilization.

* Indicates statistical significance (p<0.05).

PR = Prevalence Ratio; IPV = Intimate Partner Violence

Discussion

- Although IPV screening rates during prenatal care visits were low overall, screening rates were higher in hospital and health department clinics.
- Women who received prenatal care in hospital or health department clinics were more likely to be screened for IPV compared to women in private doctors' offices.

Limitations

- Findings can only be generalized to the states of Illinois and Mississippi and cannot be generalized nationally.
- The breakdown of healthcare providers (e.g., physicians, nurses, midwives, etc.) at prenatal care facilities could not be ascertained.

Implication for Clinical Practice

- Findings highlight the need to address barriers to IPV screening during prenatal care visits by healthcare providers, particularly in private doctors' offices.
- Additionally, there is the need to improve adherence to IPV screening guidelines across all prenatal care settings.



References

1. Halpern-Meekin S, Costanzo M, Ehrental D, Rhoades G. Intimate Partner Violence Screening in the Prenatal Period: Variation by State, Insurance, and Patient Characteristics. Matern Child Health J. 2019;23(6):756-767