

Convened by the  
**National Health Collaborative on Violence and Abuse (NHCVA)**

# **Virtual Briefing on Intersection of Reproductive Health and Violence and Abuse**

**1:00 P.M. - 2:00 P.M. EST**

As part of Domestic Violence Awareness Month, we will hear from researchers, health professionals, and advocates on the impact of domestic and sexual violence on reproductive health and discuss bipartisan policy solutions to support survivors.

# Panelists



*Moderated by:*

**Camille Burnett**, PhD, MPA  
Chair, National Health  
Collaborative on Violence  
and Abuse



**Shanna Cox**, MSPH

Associate Director, Division of Reproductive Health,  
Centers for Disease Control and Prevention (CDC)



**Maeve Wallace**, PhD

Assistant Professor, Reproductive and Perinatal  
Epidemiology, Tulane University



**Jennifer Villavicencio**, MD, MPP, FACOG

Lead for Equity Transformation, The American  
College of Obstetricians and Gynecologists (ACOG)



**Sandra Henriquez**, MBA

CEO, VALOR



**Virginia Duplessis**, MSW

Director, National Health Resource Center on  
Domestic Violence, Futures Without Violence



Message from Congresswoman Kuster

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# DATA TO INFORM ACTION: UPDATE FROM CDC DIVISION OF REPRODUCTIVE HEALTH

**SHANNA COX, MSPH**

ASSOCIATE DIRECTOR FOR SCIENCE,  
CDC DIVISION OF REPRODUCTIVE HEALTH

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Reproductive Health



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# STATE AND LOCAL MATERNAL MORTALITY REVIEW COMMITTEES (MMRCS)

- Multidisciplinary committees review deaths among women while pregnant or within 1 year of the end of a pregnancy
  - Access to a diversity of records (social service, law enforcement, prenatal care, etc.)
  - Facilitate an understanding of the medical and non-medical contributors to maternal mortality
  - Inform the implementation of initiatives in the right places for families and communities who need them most.
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## PREGNANCY-RELATED DEATH

The death of a person **during pregnancy or within one year** of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.



84% of pregnancy-related deaths were determined to be preventable

A preventability determination was missing (n=4) or unable to determine (n=18) for 22 (2.2%) pregnancy-related deaths.

## Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019



Susanna Trost, MPH; Jennifer Beauregard, MPH, PhD; Gyan Chandra, MS, MBA; Fanny Njie, MPH; Jasmine Berry, MPH; Alyssa Harvey, BS; David A. Goodman, MS, PhD

### Key Findings

- Pregnancy-related deaths occurred during pregnancy, delivery, and up to a year postpartum.
- The leading cause of pregnancy-related death varied by race and ethnicity.
- Over 80% of pregnancy-related deaths were determined to be preventable.

Maternal Mortality Review Committees (MMRCs) are multidisciplinary committees that convene at the state

Data on 1,018 pregnancy-related deaths among residents of 36 states from 2017–2019 were shared with CDC through the Maternal Mortality Review Information Application (MMRIA).

**Table 1.** Characteristics of pregnancy-related deaths, data from Maternal Mortality Review Committees in 36 US States, 2017–2019 (N=1,018)\*

	N	%
<b>Race and ethnicity</b>		
Hispanic	144	14.4
non-Hispanic American Indian or Alaska Native	9	0.9
non-Hispanic Asian	34	3.4
non-Hispanic Black	315	31.4
non-Hispanic Native Hawaiian and Other Pacific Islander	6	0.6
non-Hispanic White	467	46.6
non-Hispanic other/multiple races	27	2.7



## AMONG PREGNANCY-RELATED DEATHS WITH INFORMATION ON TIMING, 53% OCCURRED 7 DAYS TO 1 YEAR AFTER THE END OF PREGNANCY

22%

during pregnancy

13%

day of delivery

12%

1-6 days after end  
of pregnancy

23%

7-42 days after end  
of pregnancy

30%

43 days-1 year after end  
of pregnancy

Timing was missing (n=2) or unknown (n=14) for 16 (1.6%) pregnancy-related deaths

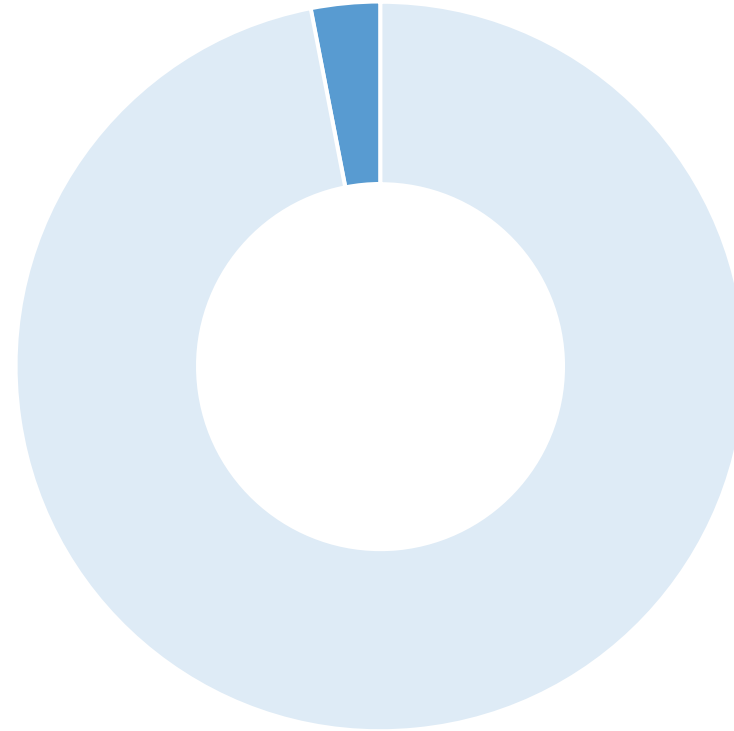


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## MMRC-DETERMINED MANNER OF DEATH

3%

of pregnancy-  
related deaths  
were determined  
to be a homicide



A homicide manner of death determination was missing (n=10) or unknown (n=7) for 17 (1.7%) pregnancy-related deaths.

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# MMRC PREVENTION RECOMMENDATIONS FOR PREGNANCY-RELATED DEATHS-MANNER OF DEATH HOMICIDE

- Providers should ensure postpartum follow-up where standard screenings of health, mental health and domestic violence can be performed
  - Providers should educate women/family on the risk of violence in the postpartum period
  - Local county agencies should have an IPV shelter to connect with hospital and community partners for community/provider education and shared awareness and ensure perinatal providers are aware of available resources
  - Community based organizations should educate the public on the signs of IPV, how to provide support for family and friends in IPV situations, and help women develop safety plans
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# PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

- Asks about IPV in the year before pregnancy and during pregnancy
- Can be an important indicator for other conditions:
  - 33.1% of women who reported IPV before or during their pregnancy reported postpartum depressive symptoms compared to 12.5% of women who had not report IPV



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# INTEGRATING IPV ASSESSMENT INTO REPRODUCTIVE HEALTHCARE

- Providing Quality Family Planning Services
- Resources for Quality Care for Teens



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## ADDITIONAL DATA SOURCES

- National Violent Death Reporting System (NVDRS)

- State-based surveillance system that pools more than 600 unique data elements from death certificates, coroner/medical examiner reports, and law enforcement reports. Data elements collected provide valuable context about violent deaths, such as relationship problems; mental health conditions and treatment; toxicology results; and life stressors.

<https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html>

- National Intimate Partner and Sexual Violence Survey (NISVS)

- Ongoing survey that collects the most current and comprehensive national- and state-level data on intimate partner violence, sexual violence and stalking victimization in the United States.

<https://www.cdc.gov/violenceprevention/datasources/nisvs/overview.html>

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# THANK YOU!

## FOR MORE INFORMATION, PLEASE CONTACT CDC WASHINGTON (202) 245-0600

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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# Maternal Death due to Violence

Homicide and other violent causes of death during pregnancy and postpartum are, by definition, not included in counts of maternal mortality.

Intervention and prevention efforts focused far enough upstream may address root causes of both violent and obstetric causes of death.

## Key factors



About half of cases occur postpartum.



Most cases involve intimate partner violence.



Most cases involve firearms.



All cases are preventable.

In 2020, there were 5.2 homicides per 100,000 live births, a rate 32% higher than in 2019\*

Racial inequities are the manifestation of inequities in bodily autonomy and interpersonal, systemic, and structural racism

There are solutions at interpersonal, community, health system, and policy levels

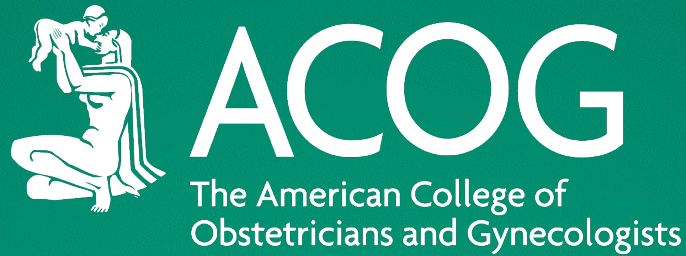
Homicide exceeds any single obstetric cause of death

Rates are highest among adolescents

Women who are pregnant or within 1 year postpartum are more likely to be killed than those who are not

\*Wallace ME. Trends in Pregnancy-Associated Homicide, United States, 2020. Am J Public Health. 2022 Sep;112(9):1333-1336.





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# Intersection of Reproductive Health and Violence and Abuse

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Jennifer Villavicencio, MD, MPP, FACOG  
American College of Obstetricians and Gynecologists  
October 31, 2022




# ABOUT ACOG

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*The American College of Obstetricians and Gynecologists (ACOG) is the premier professional membership organization for obstetrician–gynecologists. With more than 60,000 members, ACOG advocates for quality health care for all those seeking obstetric and gynecologic care, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women’s health care.*

# ACOG GUIDANCE

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The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## COMMITTEE OPINION

Number 518 • February 2012

**Committee on Health Care for Underserved Women**  
*This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.*

### Intimate Partner Violence



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## COMMITTEE OPINION

Number 554 • February 2013

**Committee on Health Care for Underserved Women**  
*This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.*

### Reproductive and Sexual Coercion

# WOMEN'S PREVENTIVE SERVICES INITIATIVE

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Screening for  
Interpersonal and  
Domestic Violence

# PERSPECTIVES FROM THE FIELD

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# THANK YOU!

Questions?

Contact ACOG via Rachel Tetlow: [rtetlow@acog.org](mailto:rtetlow@acog.org)

# CUES: Evidence-based clinical intervention

- Reduces rates of violence
- Increases access to domestic violence and sexual assault services
- Partnership between health care and community-based support services
- Satisfaction among patients and providers



# Policy Opportunities

- VAWA Health
- Family Violence Preventions and Services Act
- Rape Prevention and Education
- Post-partum Medicaid coverage
- Protect Moms from Domestic Violence Act (S. 2588/H.R. 4916)



## National Health Resource Center on Domestic Violence

- Technical assistance
- Patient safety and information brochures
- Training curricula + toolkits
- Policy memos
- Training videos
- Setting and community specific resources

[health@futureswithoutviolence.org](mailto:health@futureswithoutviolence.org)

[ipvhealth.org](http://ipvhealth.org)

[store.futureswithoutviolence.org](http://store.futureswithoutviolence.org)

Thank you for joining the

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For additional information, please contact Sally Schaeffer, consultant, at [sally@uncorkedadvocates.com](mailto:sally@uncorkedadvocates.com), or Lisa James, Director of Health at Futures Without Violence, at [ljames@futureswithoutviolence.org](mailto:ljames@futureswithoutviolence.org)