

Case Presentation

Intimate Partner Violence in Pregnancy

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Case :

- A 32 , year old female, G4P3, FTNVD, married
- Booked and attended Antenatal clinics at a rural hospital.
- AOG 39/40 (15/40 scan)
- Clinics were uneventful

- Husband went out drinking alcohol with her friends, came home the next morning – had an argument with his pregnant wife and physically assaulted her at their home.
- The Nearby villagers noted that the husband had assaulted his wife and found her lying in a pool of blood therefore they called for an ambulance from the nearby hospital for emergency retrieval.
 - Patient was semi conscious lying in pool of blood at their home. GCS 13/15 – rushed to ED / Main tertiary hospital.

- Presented to ER with
 - GCS: 13/15, BP 136/78, PR 85/min, Sats 100% in RA, RR 20/min

O/E

- HEENT
 - Multiple facial injuries
 - Right ear laceration
 - Nasal punctured wound

- Chest
 - No obvious chest trauma
 - Clear LF bilaterally
 - Good heart sounds

- Abdomen
 - Gravid abdomen, fundal height 38 cm, fetal movements felt, fetal heart heard on doppler, no distention, non tender abdomen.
- VE
 - Cervix is close
 - No per vaginal bleeding
- Extremities
 - Regular pulses
 - Deformity noted on the left forearm, swollen and tender, neurovascular intact
 - Right leg – Punctured wounds noted – calf and popliteal region

- **Initial Assessment in ED:**

- Head Injury
- Closed fracture of the Left forearm
- Multiple right leg haematoma
- Term Pregnancy

- **Management**

- O2 via Hudson's mask
- Bloods : FBC, UECR, LFT's, RBS, coagulation profile
- IVF's - Crystalloids
- Regular Pain relieve
- Intravenous Antibiotics
- Fluid Balance Chart
- Multidisciplinary team approach (Obstetric/Orthopaedic/Oral surgeons and the Neurosurgeon's)
- CTG – Reassuring
- Urgent Limb Xray and CT scan



- **Closed fracture of the mid Radius and Ulna with complete displacement**

CT Scan



- Shattered maxillofacial fractures, fracture of the right mastoid bone, paraferential subdural, extradural bleed, the C-spine is intact.



- Left forearm fracture – mid shaft fracture radius and ulna.

- Was taken for wound wash down in OT under GA.
- Backslap was applied to the affected limb.
- Taken to ICU, still ventilated
 - GCS 13/15, pupils 3mm bilaterally reactive to light, peri – ecchymosis on the right, bleeding noted from the right ear canal and nostrils.
 - Family conference
 - Stabilised in ICU

Day 2 of admission

- She remained stable under ICU care
- Her fetal monitoring – Cat 2 CTG
- Decision of Caeserean section was made by the HOD and the Medical Superintendant.

- Intra – op
 - Blood stained liquor
 - Minimal Placental abruption noted
 - Baby delivered flat at birth – Paediatric team resuscitated the baby – NICU observation

Day 3 of Admission

- Extubated on Day 1 post op
- Patient's overall condition improved
- Transferred out to Acute surgical ward for continuum of care
- Baby was doing well, kept in Post natal ward. Feeding with expressed breast milk and top up feeds
- Day 5 post op, transferred out to Postnatal ward.
- Patient wanted her baby to be taken home and cared for by her family and not her husband's family.
- Patient recovered well in PNW under close monitoring and ongoing surgical team reviews and management as well as Counselling sessions.

Intimate Partner Violence (IPV)

- Describes actual psychological, physical abuse, sexual harm by current or former partner or spouse.
- Risk factors
 - Female
 - Young age
 - Low socio economic status
 - Family history of violence
 - Exposure to child hood violence

- IPV in Pregnancy is a serious Preventable public health issue with significant negative consequences for women and children..
- Affects both sexes but women are more often victims than men
- Majority of Research found 3% to 9% of women experience abuse during pregnancy.
- 10 – 69 % of women report physical assault by their Partner in their lifetime.

IPV in pregnancy

- Begins or increases during Pregnancy and postpartum period.
- Physical abuse occurs during 7 – 20% of pregnancies.
(*obstetrical lit*)
- 4 – 8% of pregnant women reported being abused at least once during pregnancy. (*US national survey*)
- Abused pregnant women have a three fold higher risk of being victims of attempted/completed homicide than non abused women.
- 15% of pregnant women were physically assaulted during pregnancy by their husband or intimate partner. 68% of women experience Abuse in their life time
(*Vanuatu National Survey on Women's lives and Family relationships 2008 - 2011*)

Health implications

- Maternal

- Depression (*Antepartum and Postpartum*)
- Homicide/suicide

- Neonatal

- Low birthweight
- Preterm births
- Small for gestational age
- Perinatal death

**Is there a need for Routine Screening for IPV in
our setting?**

- **Routine Screening.**

- Literature go for routine screening
- US service Task Force – women of childbearing age should be screened for IPV and provide or refer to intervention services when appropriate.
- WHO (Guideline in 2013) advised against routine screening, only those who are at significantly increased risk be screened.
 - Lack of evidence that screening in a general population reduces the risk of IPV or improve health Outcomes.

- Approach and Interventions
 - Health care settings
 - Referral systems
 - Family Protection laws
- Needs additional large scale research in providing evidence on the effects of interventions in mitigating the impact of violence.