

Summary of Strategies to Address and Prevent Intimate Partner Violence (IPV) through CA Maternal Health Initiatives

Pregnant people are more likely to be murdered during pregnancy or immediately postpartum than they are to die from hypertensive disorders, hemorrhage, or sepsis, the three leading obstetric causes of maternal mortality.



2 in 5 women in the US have experienced IPV in their lifetimes



People who experience IPV during pregnancy are:

- ↑ 3 times more likely to experience postpartum depression
- ↓ 30 percent less likely to receive adequate prenatal care
- ! More likely to experience stillbirths, pelvic fractures, and preterm delivery

For more details on these recommendations click the link here [blueshieldcafoundation.org](https://www.blueshieldcafoundation.org) or scan the QR code.



Recent CA and federal policies to reduce disparities in maternal health offer opportunities to address and prevent IPV. Policymakers, managed care plans, and health care providers can partner with IPV experts to make a difference. Here's how:



Raise awareness about the health impacts of IPV among pregnant people.



Screen for mental health conditions during prenatal and postpartum periods.



Give health care providers tools to connect at-risk people with culturally-responsive, supportive prenatal education and parenting programs.



Train prenatal care providers and pediatricians to provide universal education and address IPV.



Promote economic stability for pregnant and postpartum people.



Support and fund multi-sectoral community collaboratives to infuse IPV into social determinants of health (SDOH) and birth equity work.



Expand IPV-trained non-medical workforce (doulas, community health workers, promotores, and IPV advocates) for maternal health programs.



Provide universal education and cover IPV services during postpartum medical and **home visits**.