

The background of the slide is a close-up, slightly blurred image of numerous white puzzle pieces scattered across a surface. The pieces are interlocking and some are partially visible, creating a textured, geometric pattern. A semi-transparent purple rectangle is overlaid on the center of the image, containing the text and logo.

MAPOC Women & Children's Health Committee



Connecticut Coalition Against Domestic Violence

Preventing Maternal Mortality due to IPV Updates



INTIMATE PARTNER VIOLENCE & PREGNANCY-ASSOCIATED DEATHS IN CONNECTICUT

APRIL 2023

Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut, 2015-2021

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Intimate Partner Violence Among Pregnancy-Associated Deaths in Connecticut



TOTAL NUMBER OF CT
RESIDENTS WHO
LOST THEIR LIFE DURING
PREGNANCY OR
UP TO 1 YEAR
POSTPARTUM
FROM 2015-2021
(n=102)

33 of the 102 maternal
mortalities had lifetime IPV

Pregnancy-associated homicide and suicide each account for more deaths than many other obstetric complications, including hemorrhage, obstetric embolism, or preeclampsia/eclampsia, which may be thought of as more “traditional” causes of maternal mortality. (Palladino, 2011)



ALLIANCE FOR INNOVATION ON MATERNAL HEALTH Community Care Initiative (AIM CCI)

Connecticut Coalition Against Domestic Violence AIM CCI IPV Bundle



ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
Community Care Initiative (AIM CCI)



NATIONAL
HEALTHY START
ASSOCIATION

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U7BMC33635 Alliance for Innovation on Maternal Health Community Care Initiative (AIM CCI) Cooperative Agreement. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

The purpose of the AIM – Community Care Initiative:

- 1) Support the development and implementation of **non-hospital focused maternal safety bundles** within community-based organizations and outpatient clinical settings across the United States and
- 2) Build upon the foundational work of AIM by addressing preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women outside of hospital and birthing facility settings



IPV Bundle

This IPV Bundle seeks to ensure that all pregnant and postpartum women/birthing persons receive education, assessment, and support needed in response to IPV

Exposure to past or current IPV is one of the leading contributors to poor maternal health outcomes:

- Substance Use Disorders
- Suicide
- Stillbirth
- Maternal Death

Low-income and under-resourced communities are more vulnerable to poor health outcomes related to IPV

- Barriers to Leaving
- Systematic and Historical Racism
- Lack of Access to Equitable Care, Education, Housing
- Increased Rates of Poverty



IPV Bundle

- Universal screening and education is at the core of this bundle work.
- Bundle Centers Equity Related to IPV Screening and Referral Services
 - Expands Screening to Include Universal Education
 - ALL Patients Receive Education and Resources
 - Creating Partnerships and Warm Referral Network with Community-Based IPV Supports



13. New London, CT

Lead Organization: Connecticut Coalition Against Domestic Violence

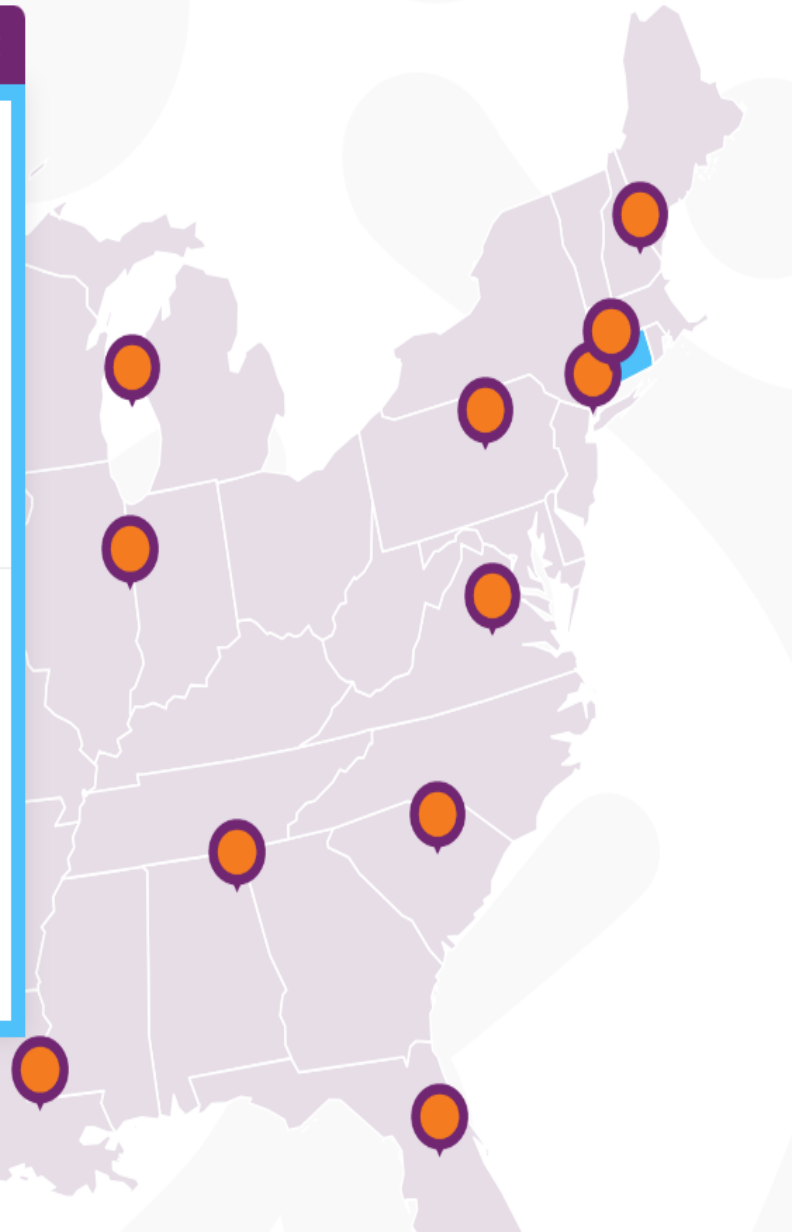
Workgroup Members: TBD

National Expansion: Cohort 2 (2023)



Less Info

The rate of maternal mortality in Connecticut for 2018-2021 is 29.1 per 100,000 live births compared to a national rate of 16.7. Our goal is to aid in decreasing the rate through active implementation of evidence-based bundles aimed at improving care coordination and providing equitable maternity care to all birthing populations. These evidence-based approaches will be implemented through a collaboration between all “touch points” the birthing populations are likely to come across.



AIM CCI IPV Bundle Actions

1. CCADV will assess current IPV screening, interviewing techniques, education, & interventions of LMSW.
2. CCADV will train New London area CHC, inc staff on culturally appropriate assessment and interventions (CUES) using a trauma informed approach relative to IPV for all women/birthing persons.
3. Assess implementation of IPV interventions within telehealth, home visitation, etc.
4. CHC, inc will assess all women/birthing persons for interpersonal violence using CUES universal education techniques.
5. Implement processes for ongoing CUES universal education, privacy, and safety planning that is consistent with the woman/birthing person's goals.
6. CHC, inc will collaborate with Safe Futures to develop advocacy
7. CHC, inc will establish emergency and safety protocols for staff providing services to minimize potential risk and harm due to service provision to women/birthing persons in need.
8. CCADV/Safe Futures will train and conduct regular drills on safety protocols for CHC, inc staff across all settings.



Legislative Updates

HB 5322

HB 5322- AAC The Distribution of Educational Materials Regarding IPV Toward Pregnant & PP Patients.



General Assembly

February Session, 2024

Raised Bill No. 5322

LCO No. 2179



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING THE DISTRIBUTION OF EDUCATIONAL MATERIALS REGARDING INTIMATE PARTNER VIOLENCE TOWARD PREGNANT AND POSTPARTUM PATIENTS.



ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
Community Care Initiative (AIM CCI)



NATIONAL
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HB 5322- AAC The Distribution of Educational Materials Regarding IPV Toward Pregnant & PP Patients.

24 (4) Not later than January 1, 2025, intimate partner violence toward
25 pregnant and postpartum persons for distribution by the Department of
26 Public Health (A) in print to each birthing hospital in the state, and (2)
27 electronically to obstetricians and other health care providers who
28 practice obstetrics for provision to pregnant and postpartum patients.

54 (e) On and after January 1, 2025, each birthing hospital shall provide
55 to each pregnant and postpartum patient the educational materials
56 regarding intimate partner violence toward pregnant and postpartum
57 persons, developed by the maternal mortality review committee
58 pursuant to subdivision (4) of subsection (g) of section 19a-59i, as
59 amended by this act.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	19a-59i(g)
Sec. 2	<i>from passage</i>	19a-490ee

Statement of Purpose:

To require the distribution of educational materials regarding intimate partner violence toward pregnant and postpartum patients by the Department of Public Health to birthing hospitals and providers of obstetrical care.



THANK YOU

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