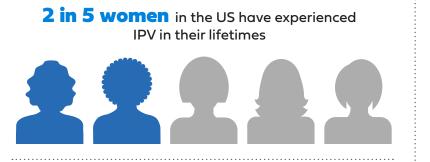
Summary of Strategies to Address and Prevent Intimate Partner Violence (IPV) through CA Maternal Health Initiatives

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.





People who experience IPV during pregnancy are:



3 times more likely to experience postpartum depression

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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 <u>blueshieldcafoundation.org</u> 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.



Give health care providers tools to connect at-risk people with culturally-

to connect at-risk people with culturallyresponsive, supportive prenatal education and parenting programs.



Promote economic stability for pregnant and postpartum people.

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



Screen for mental health conditions during prenatal and postpartum periods.



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



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



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



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