Indicator:	**Partner Physical Abuse Before Pregnancy (H1a)**
Domain:	Emotional and Social Support
Sub-domain:	Domestic Abuse
Demographic group:	Women who delivered a live birth in a given year in Los Angeles County
Data resource:	Los Angeles Mommy and Baby Project (LAMB) http://www.lalamb.org/
Data availability:	2005
Numerator:	Women who delivered a live birth in a given year in Los Angeles County reporting their baby's father or partner hit or slapped them when he was angry during the 12 months before pregnancy that resulted in the most recent live birth.
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Denominator:	All women who delivered a live birth in a given year in Los Angeles County reporting their baby's father or partner did or did not hit or slap her when he was angry during the 12 months before pregnancy that resulted in the most recent live birth.
Measures of frequency:	Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjust for non-response and mail/telephone non-coverage.
Period of case definition:	During the 12 months before pregnancy that resulted in the most recent live birth.
Significance:	Recent analysis of PRAMS data indicates the prevalence of abuse during the preconception period to be 4%.[1] The reported experience of intimate partner physical violence (IPPV) in the year prior to pregnancy increases the likelihood of having a preterm delivery or a baby in need of neonatal intensive care.[2] Abuse prior to pregnancy is the greatest predictor of prenatal and postpartum abuse. [3] In a recent publication on the clinical components of preconception care, the Select Panel on Preconception Care workgroup recommended screening and referral for current

	or past physical, emotional, or sexual abuse during routine preconception visits in order to decrease the risk of a poor birth outcome and increase the health and wellbeing of women[4].
Limitations of indicator:	Levels and frequency of abuse are not included in the indicator. Reliability is limited by not specifying whether to include current and/or past husband or partner, and by the lack of definition of "partner." Data on intimate partner violence may be subject to non-response bias.
Related Healthy People 2010 Objective(s):	15-34. Reduce the rate of physical assault by current or former intimate partners. Target: 3.3 physical assaults per 1,000 persons aged 12 years and older. 15-37. Reduce physical assaults. Target: 13.6 physical assaults per 1,000 persons aged 12 years older.
2020 Objective(s)	IVP-39.1 (Developmental) Reduce physical violence by current or former intimate partners

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Indicator:	**Partner Physical Abuse During Pregnancy (H1b)**
Domain:	Emotional and Social Support
Sub-domain:	Domestic Abuse
Demographic group:	Women who delivered a live birth in a given year in Los Angeles County
Data resource:	Los Angeles Mommy and Baby Project (LAMB) http://www.lalamb.org/
Data availability:	2007, 2010
Numerator:	Women who delivered a live birth in a given year in Los Angeles County reporting their baby's father or partner hit or slapped them when he was angry during the pregnancy that resulted in the most recent live birth.
Denominator:	All women who delivered a live birth in a given year in Los Angeles County reporting their baby's father or partner did or did not hit or slap her when he was angry during the pregnancy that resulted in the most recent live birth.
Measures of frequency:	Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjust for non-response and mail/telephone non-coverage.
Period of case definition:	During the pregnancy that resulted in the most recent live birth.
Significance:	The prevalence of intimate partner physical violence (IPPV) during pregnancy is estimated to be between 4% and 8%.[1] IPPV during pregnancy may lead to poor maternal physical health, increased risk for sexually transmitted diseases, preterm labor and birth, delivery of low birth weight infants, and neonatal death.[1-6] The Select Panel on Preconception Care workgroup recommended screening and referral for current or past physical, emotional, or sexual abuse during routine preconception visits in order to decrease the risk of a poor birth outcome and increase the health and wellbeing of women.[7]

Limitations of indicator:	Levels and frequency of abuse are not included in the indicator. Reliability is limited by not specifying whether to include current and/or past husband or partner, and by the lack of definition of "partner." Data on intimate partner violence may be subject to non-response bias.
Related Healthy People 2010 Objective(s):	15-34. Reduce the rate of physical assault by current or former intimate partners. Target: 3.3 physical assaults per 1,000 persons aged 12 years and older. 15-37. Reduce physical assaults. Target: 13.6 physical assaults per 1,000 persons aged 12 years older.

2020 Objective(s) IVP-39.1 (Developmental) Reduce physical violence by current or former intimate partners

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Indicator:	**Partner Physical Abuse During Pregnancy (H1c)**
Domain:	Emotional and Social Support
Sub-domain:	Domestic Abuse
Demographic group:	Women having an infant or fetal death.
Data resource:	LA HOPE project http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.html
Data availability:	2007- 2009
Numerator:	Women having a fetal/infant death in LA County in 2007-2009 who reported that their baby's father or partner hit or slapped them when he was angry during their last pregnancy.
Denominator:	All women having a fetal/infant death in LA County in 2007-2009 who reported that their baby's father or partner did or did not hit or slapped her when he was angry during her last pregnancy.
Measures of frequency:	Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.
Period of case definition:	During the last pregnancy.
Significance:	The prevalence of intimate partner physical violence (IPPV) during pregnancy is estimated to be between 4% and 8%.[1] IPPV during pregnancy may lead to poor maternal physical health, increased risk for sexually transmitted diseases, preterm labor and birth, delivery of low birth weight infants, and neonatal death.[1-6] The Select Panel on Preconception Care workgroup recommended screening and referral for current or past physical, emotional, or sexual abuse during routine preconception visits in order to decrease the risk of a poor birth outcome and increase the health and wellbeing of women.[7]
Limitations of indicator:	Levels and frequency of abuse are not included in the indicator. Reliability is limited by not specifying whether to

include current and/or past husband or partner, and by the lack of definition of "partner." Data on intimate partner violence may be subject to non-response bias.

Related Healthy People 2010 Objective(s): 15-34. Reduce the rate of physical assault by current or former intimate partners. Target: 3.3 physical assaults per 1,000 persons aged 12 years and older.
15-37. Reduce physical assaults. Target: 13.6 physical assaults per 1,000 persons aged 12 years older.

2020 Objective(s) IVP-39.1 (Developmental) Reduce physical violence by current or former intimate partners

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Indicator:	**Partner Emotional Abuse Before Pregnancy (H2a)**
Domain:	Emotional and Social Support
Sub-domain:	Domestic Abuse
Demographic group:	Women who delivered a live birth in a given year in Los Angeles County
Data resource:	Los Angeles Mommy and Baby Project (LAMB) http://www.lalamb.org/
Data availability:	2005
Numerator:	Women who delivered a live birth in a given year in Los Angeles County reporting that their baby's father or partner insulted or criticized them or their ideas; that they were frightened for their safety and that of their family because of his anger or threats; or that he tried to control their daily activities during the 12 months before their last pregnancy.
Denominator:	Women who delivered a live birth in a given year in Los Angeles County reporting that their baby's father or partner did or did not insult or criticize her or her ideas; that she was or was not frightened for the safety of her or her family because of his anger or threats; or that he did or did not try to control her daily activities during the 12 months before her last pregnancy.
Measures of frequency:	Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjust for non-response and mail/telephone non-coverage.
Period of case definition:	During the 12 months before pregnancy that resulted in the most recent live birth.
Significance:	Recent analysis of PRAMS data indicates the prevalence of abuse during the preconception period to be 4%.[1] The reported experience of intimate partner physical violence (IPPV) in the year prior to pregnancy increases the likelihood of having a preterm delivery or a baby in need of neonatal intensive care.[2] Abuse prior to pregnancy is the greatest predictor of prenatal and postpartum abuse. [3] In a recent publication on the clinical components of preconception care, the Select Panel on Preconception Care

	workgroup recommended screening and referral for current or past physical, emotional, or sexual abuse during routine preconception visits in order to decrease the risk of a poor birth outcome and increase the health and wellbeing of women[4].
Limitations of indicator:	Levels and frequency of abuse are not included in the indicator. Reliability is limited by not specifying whether to include current and/or past husband or partner, and by the lack of definition of "partner." Data on intimate partner violence may be subject to non-response bias.
Related Healthy People 2010 Objective(s):	15-34. Reduce the rate of physical assault by current or former intimate partners. Target: 3.3 physical assaults per 1,000 persons aged 12 years and older. 15-37. Reduce physical assaults. Target: 13.6 physical assaults per 1,000 persons aged 12 years older.
2020 Objective(s)	IVP-39.1 (Developmental) Reduce physical violence by current or former intimate partners

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Indicator:	**Partner Emotional Abuse During Pregnancy (H2b)**
Domain:	Emotional and Social Support
Sub-domain:	Domestic Abuse
Demographic group:	Women who delivered a live birth in a given year in Los Angeles County
Data resource:	Los Angeles Mommy and Baby Project (LAMB) http://www.lalamb.org/
Data availability:	2007, 2010
Numerator:	Women who delivered a live birth in a given year in Los Angeles County reporting that their baby's father or partner insulted or criticized her or her ideas; that she was frightened for the safety of her or her family because of his anger or threats; or that he tried to control her daily activities during the pregnancy that resulted in the most recent live birth.
Denominator:	Women who delivered a live birth in a given year in Los Angeles County reporting that their baby's father or partner did or did not insult or criticize her or her ideas; that she was or was not frightened for the safety of her or her family because of his anger or threats; or that he did or did not try to control her daily activities during the pregnancy that resulted in the most recent live birth.
Measures of frequency:	Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjust for non-response and mail/telephone non-coverage.
Period of case definition:	During the pregnancy that resulted in the most recent live birth.
Significance:	Recent analysis of PRAMS data indicates the prevalence of abuse during the preconception period to be 4%.[1] And, the prevalence of intimate partner physical violence (IPPV) during pregnancy is estimated to be between 4% and 8%.[2] IPPV during pregnancy may lead to poor maternal physical health, increased risk for sexually transmitted diseases, preterm labor and birth, delivery of low birth weight infants, and neonatal death.[2-7] The reported experience of

	IPPV in the year prior, to but not during, pregnancy increases the likelihood of having a preterm delivery or a baby in need of neonatal intensive care.[8] Abuse prior to pregnancy is the greatest predictor of prenatal and postpartum abuse. [9] In a recent publication on the clinical components of preconception care, the Select Panel on Preconception Care workgroup recommended screening and referral for current or past physical, emotional or sexual abuse during routine preconception visits in order to decrease the risk of a poor birth outcome and increase the health and wellbeing of women.[10]
Limitations of indicator:	Levels and frequency of abuse are not included in the indicator. Reliability is limited by not specifying whether to include current and/or past husband or partner, and by the lack of definition of "partner." Data on intimate partner violence may be subject to non-response bias.
Related Healthy People 2010 Objective(s):	15-34. Reduce the rate of physical assault by current or former intimate partners. Target: 3.3 physical assaults per 1,000 persons aged 12 years and older. 15-37. Reduce physical assaults. Target: 13.6 physical assaults per 1,000 persons aged 12 years older.
2020 Objective(s)	IVP-39.1 (Developmental) Reduce physical violence by current or former intimate partners

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Indicator:	**Adequate Postpartum Social Support (H3a)**
Domain:	Emotional and Social Support
Sub-domain:	Adequacy of Support
Demographic group:	Women who delivered a live birth in a given year in Los Angeles County
Data resource:	Los Angeles Mommy and Baby Project (LAMB) http://www.lalamb.org/
Data availability:	2005, 2007, 2010
Numerator:	Women who delivered a live birth in a given year in Los Angeles County reporting that at least four out of seven types (4 out of 6 types for 2005 data) of social support would be available to them if needed during their last pregnancy.
Denominator:	Women who delivered a live birth in a given year in Los Angeles County reporting that at least one or none of seven types (6 types for 2005 data) of social support would be available to them if needed during their last pregnancy (excluding unknowns and refusals).
Measures of frequency:	Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjust for non-response and mail/telephone non-coverage.
Period of case definition:	During the pregnancy that resulted in the most recent live birth.
Significance:	An analysis of qualitative PRAMS data indicates that women identify the need for social support as the most important underlying theme during the postpartum period.[1] Insufficient social support increases the risk of self–rated poor health among multiparous women and increases the risk of postpartum depression.[2-4] Lack of social support and associated depression may contribute to negative maternal health behaviors as well as unfavorable infant and child health practices such as not using an infant car seat and not using the infant back to sleep position.[5-7] However, OB/GYNs have often been less likely to assess women's

	social support status or partner status at the postpartum visit than during medical visits at other times.[8] Knowing the extent to which social support is lacking, prior to and following pregnancy, would allow additional interventions to be developed for women during the interconception period. These additional interventions would assist women in receiving necessary social and family support services.
Limitations of indicator:	This indicator is based on an existing and validated but more extensive social support scale. Also, LAMB data are self-reported and are subject to misinterpretations of the response options. Data are also subject to non-response bias.
Related Healthy People 2010 Objective(s):	None.
2020 Objective(s):	None.

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Indicator:	**Adequate Postpartum Social Support (H3b)**
Domain:	Emotional and Social Support
Sub-domain:	Adequacy of Support
Demographic group:	Women having an infant or fetal death.
Data resource:	LA HOPE project http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.html
Data availability:	2007- 2009
Numerator:	Women having a fetal/infant death in LA County in 2007-2009 who reported that at least four of seven types of social support would be available to them if needed during their last pregnancy.
Denominator:	Women having a fetal/infant death in LA County in 2007-2009 who reported that more than four of seven types of social support would or would not be available to them if needed during their last pregnancy (excluding unknowns and refusals).
Measures of frequency:	Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjust for non-response and mail/telephone non-coverage.
Period of case definition:	During the most recent pregnancy.
Significance:	Insufficient social support increases the risk of self–rated poor health among multiparous women and increases the risk of postpartum depression.[1-3] Lack of social support and associated depression may contribute to negative maternal health behaviors as well as unfavorable infant and child health practices such as not using an infant car seat and not using the infant back to sleep position.[4-6] However, OB/GYNs have often been less likely to assess women's social support status or partner status at the postpartum visit than during medical visits at other times.[7] Knowing the

	extent to which social support is lacking, prior to and following pregnancy, would allow additional interventions to be developed for women during the interconception period. These additional interventions would assist women in receiving necessary social and family support services.
Limitations of indicator:	This indicator is based on an existing and validated but more extensive social support scale. Also, LAHOPE data are self-reported and are subject to misinterpretations of the response options. Data are also subject to non-response bias.
Related Healthy People 2010 Objective(s):	None.
2020 Objective(s):	None.

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