Improving Intimate Partner Violence Screening During Pregnancy at Long Island Obstetrics & Gynecology Clinic

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Objectives
The increased number of healthcare visits many pregnant individuals attend provides a unique opportunity to screen for Intimate Partner Violence (IPV) and ultimately offer intervention for patients experiencing this type of violence. The goal of this study was to increase the IPV screening rate at the NYU Langone Long Island Valley Stream Obstetrics & Gynecology Clinic at various time points during pregnancy.

Methods
Baseline data for completion of the "Abuse Indicators" screening tool at three time points during pregnancy was gathered: the initial prenatal visit, the 26-28 week visit, and the initial postpartum visit for all visits for three consecutive months. We then implemented our intervention technique, a brochure passed out and verbally explained to all the medical assistants in the practice, and gathered data at these same three timepoints for the following three months. We conducted a descriptive analysis of the improvement seen following this single intervention.

Results
The "Abuse Indicators" screening tool was utilized at 15/111 (13.5%) of initial prenatal visits, 4/71 (5.6%) of 26-28 week visits, and 24/94 (25.5%) of initial postpartum visits during the three month period. After the intervention, the "Abuse Indicators" screening tool usage increased to 19/96 (19.8%) of initial prenatal visits, 17/71 (23.9%) of 26-28 week visits, and 41/84 (48.8%) of initial postpartum visits. Over the three-month period following intervention, usage of the screening tool increased by 6.3% for initial prenatal visits, 18.3% for 26-28 week visits, and 23.3% for initial postpartum visits.

Conclusions
An educational intervention at NYU Langone Long Island Valley Stream Obstetrics and Gynecology Clinic increased IPV screening rates during pregnancy over a three-month period. Future interventions such as video simulations and implementing a hard-stop alert to complete the "Abuse Indicators" screening in the electronic medical record may further improve screening rates in this vulnerable patient population.

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Disclosures
None