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ABSTRACT

Objective

The purpose of this study was to determine the incidence of abuse in healthcare system during pregnancy and its impact on pregnancy outcomes.

Material and Methods

A validated screening Norvold Abuse Questionnaire for the identification of female victims of four kinds of abuse: emotional, physical, sexual, and the abuse in the healthcare system was anonymously offered to all women in the first two days postpartum.

Results

The study group consisted of 1018 women, 6.2% of which reported experiencing abuse in heathcare system during pregnancy. Affected women had a higher incidence of preterm delivery (OR 2.4; 95% CI 1.2 - 4.8) and cesarean section rate (OR 2.0, 95% CI 1.1 - 3.6). Sexual abuse and abuse in heathcare system during childhood were associated with abuse in heathcare system during pregnancy (OR 4.4; CI 95% 1.2-16.2, and OR 6.9; CI 95% 1.3-35.4, respectively).

Conclusions

Our study indicates that as many as 6.2% of pregnant women experience abusive encounters with perinatal care providers. These pregnancies eventually end more often preterm and by cesarean section. This possibly causal relationship should be further explored.

Keywords: abuse in healthcare, pregnancy, preterm delivery, cesarean section

Conflicts of Interest notification: The authors stated that there are no conflicts of interest regarding the publication of this article.

Introduction

Abuse during pregnancy is an important public health problem with an estimated incidence ranging from 8% up to 65% in developing countries (1,2). Domestic violence has been the most studied form of abuse during pregnancy and was associated with low birth weight, preterm delivery, intrauterine growth restriction, placental abruption, intrauterine fetal death (3,4,5), as well as with postpartum maternal depression (6).

Abuse in health care system is a new and emerging concept, defined as the patients' subjective experience of encounters with the health care system. It is characterized by lack of care where patients suffer and feel loss of their value as humans. The events are most often unintended (7). Data indicate that a lifetime prevalence of abuse in healthcare system range between 13 and 28% for gynecology patients, and 8 to 20% of all patients reported that they are currently suffering from these experiences (8). The incidence of abuse in healthcare system during pregnancy and its affect on pregnancy outcome is still unknown. We sought to determine the incidence of abuse in healthcare system during pregnancy and its impact on pregnancy outcomes.

Patients and Methods

A validated, anonymous screening questionnaire (NorVold Abuse Questionnaire - NorAQ) for the identification of female victims of violence (9) was offered to all postpartum women at a single maternity unit (Department of Perinatology, University Medical Center Ljubljana)over a three months period in 2014. The topic of abuse is represented in the NorAQ by 13 questions divided into four kinds of abuse: emotional, physical, sexual abuse and abuse in the healthcare system. Abuse could occur in childhood and/or during adulthood (outside and/or during pregnancy). Women could define the abuse from mild to severe.

The depending variable was abuse in the healthcare system, the definition of which included acts by any healthcare personnel at any healthcare institution and it could be defined as emotional, physical, or sexual abuse. Mild abuse was defined as any kind of offence,

degradation, blackmail, or disrespect that had caused later disturbance or suffering. Moderate abuse was defined as having experienced a normal event in the health services that was perceived as terrible and insulting without fully understanding how this could happen. Severe abuse in the healthcare system was defined as having felt purposely hurt physically or mentally or grossly violated or as having felt that ones body was used to ones disadvantage for someone else's purpose. The questions about abuse in NorAQ have good reliability and validity (9).

Outcome variables werepreterm delivery (22+0 to 36+6 weeks), small for gestational age neonate (SGA), and delivery by cesarean section.Gestational age was defined by last menstrual period confirmed or changed by sonography in the first trimester.SGA was defined as birth weight < 10percentile of gender-specific Slovenian reference for birthweight (10).

Subsequently, we evaluated the associations between abuse in healthcare system during pregnancy and other kinds of abuse anytime in life. χ-square test was used for statistical analysis (expressed as Odds Ratio and 95% Confidence Interval). The study was approved by Republic of Slovenia National Medical Ethics Committee (NMEC, No. 64/11/13).

Results

The NorAQ was given to 1269 women in the first two days postpartum; the responce rate was 80% (1018 women). Out of 1018 women, a group of 59 (6.2%) reported experiencing abuse in healthcare system during pregnancy.

There was no statistical difference in background characteristics between the group with and without abuse in healthcare system during pregnancy (Table 1).

Compared to non-victims, victims of abuse in healthcare system during pregnancy had a significanlly higher incidence of preterm delivery (OR 2.4 ;95% CI 1.2 - 4.8) and a higher rate of cesarean sections (OR 2.0, 95% CI 1.1 - 3.6), but similar incidence of SGA neonates between the two groups (OR 1.9; 95% CI 0.8 - 4.4) (Table 2).

Victims of abuse in healthcare system during pregnancy reported emotional, physical, sexual and/or abuse in healthcare system in childhood more often than non-victims (Table 3). When

specific forms of childhood abuse were analyzed separately, sexual, and abuse in healthcare system in childhood were statistically associated with higher incidences of abuse in healthcare system reported during pregnancy (OR 4.4 CI 95% 1.2-16.2, and OR 6.9 CI 95% 1.3-35.4, respectively).

Women who reported abuse in the healthcare system also reported statistically more frequent feeling of lack of privacy during gynaecological examination (23% vs. 6,8% $p < 0,001$) and consider gynaecologist gender of significant importance (42,2% vs. 27,2%; $p < 0,001$).

Discussion

Our study indicates that as many as 6% of pregnant women experience some level of abuse caused by perinatal care providers. Abused women have significantly higher risk of preterm delivery and significantly more likely delivered by cesarean section.

Whether the abuse itself is a cause of adverse pregnancy outcomes or merely an indicator of a higher-risk pregnancy population remains to be determined. Stress associated with abuse-related experiences could trigger preterm labour (11,12). On the other hand, experiences of abuse in healthcare system during pregnancy could occur more often in certain populations of pregnant women that might benefit from additional pshychological support But we have to look for it actively, as abuse in health care system is experienced irrespective of age, economic status, education, race or ethnicity. This population of pregnant women also reported more frequent feeling of lack of privacy during gynaecological examination and consider gynaecologist gender of significant importance. As shown in Table 3, women experiencing healthcare system abuse during pregnancy were more likely to be victims of childhood abuse. Our study underlines the importance of access to the history of abuse in the perinatal settings.

The association between experience of childhood abuse and percieved abuse in healthcare system has been previously reported (13). The physical as well as psychological changes that occur during pregnancy can trigger memories of childhood abuse and intensify the perceived experience of the healthcare system abuse.Childhood abuse also influences the

experience of pain during pregnancy, i.e., higher pain intensities and larger pain distributions in late pregnancy (14), which may enhance the percieved abuse and lead to increased cesarean section rate in these women. In addition, because these women were more likely to report abuse in healthcare system during childhood, which could indicate a specific personality structure; as reported survivors of childhood sexual abuse are associted with enduring patterns of distrust, suspiciousness, negative feelings, thoughts, internal conflicts and need for admiration, as well as maladaptive and inflexible personality traits (15). Alternatively, women experiencing abuse from healthcare workers in their childhood could be more prone to percieve any of their future encounters with healthcare systems as abusive. As shown past sexual abuse and abuse in the health care system significantly increase the risk of the respective type of abuse in pregnancy. More studies are needed to clarify this issue further.

The healthcare system should find the way to avoid abuse in its system, especially to acknowledge the risk of re-victimizing a patient during perinatal care. On the other hand, perceiving the healthcare system during pregnancy as abusive can identify high risk pregnant women who may benefit from psychological support.

The main limitation of our study is the small number of abuse victims which does not permit a more elaborate analysis of the causal relationship and impact on pregnancy complications. Another potential limitation of the study is the potential recall-bias due to the method of collecting data in the immediate postpartum period. Hence, studying pregnant women during pregnancy could potentially yield different results.

Conclusion

Abuse within healthcare system is a newly investigated field, undisputedly worth paying attention. We should strive to limit potentially abusive behaviour from patients' as well as health professionals' point of view in order to safeguard both - patients and medical personnel.

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Table S1: Background characteristics of women responding the NorAQ. Data are presented as N(%) or mean ± SD. Statistics are shown as p-value or odds ratio (95% confidence interval)

	Abuse in healthcare		
	Yes	No	
N	59	959	Statistics
Age (yrs)	30.7 ± 4.2	31.0 ± 4.7	0.70
Education, university level or more	29 (49.2)	371 (38.9)	1.52 (0.89 - 2.57)
Unemployment	4 (7.8)	106 (12.1)	1.61 (0.57 - 4.57)
Ethnic minorities	6 (10.3)	119 (12.9)	0.78 (0.32 - 1.8)
Artificial abortion	9 (15.5)	137 (14.9)	0.95 (0.5 – 2.0)
Unplanned present pregnancy	18 (30.5)	247 (25.9)	0.79 (0.4 - 1.4)

Table S2: Incidence of preterm births, caesarean sections and small for gestational age (SGA) neonates by severity of healthcare abuse during pregnancy. Numbers refer to available data on each variable (%) and OR (95% CI).

*Numbers are not totals because for 126 women data about gestation is missing, for 83 women data about caesarean section and for 189 women data about SGA.

	Preterm birth	Caesarean section	SGA
No abuse (n=959)	95/841* (11.3)	171/882* (19.4)	25/781* (3.2)
Mild abuse	12/51 (23.5) 2.4 (1.2 – 4.8)	17/53 (32.1) 2.0 (1.1 – 3.6)	4/48 (8.3) 2.7 (0.9 – 8.2)
Moderate abuse	9/36 (25) 2.6 (1.1 - 5.6)	13/37 (35.1) 2.2 (1.1 – 4.4)	3/34 (8.8) 2.9 (0.8 – 10.0)
Severe abuse	0	2/5 (40) 2.7 (0.4 – 16.1)	0

Table S3:Odds ratio (OR, 95% CI) for women reporting experiences of abuse in the healthcare system during pregnancy of childhood exposure to emotional, physical, sexual or healthcare abuse. Data expressed as n (%).

	Abuse in healthcare during pregnancy		
	Yes (n=59)	No (n=959)	OR (95% CI)
Any childhood abuse	27	299	1.9 (1.1-3.2)
One kind of childhood abuse			
Emotional abuse	6 (10.2)	54 (5.6)	2.3 (0.9 - 5.7)
Physical abuse	8 (13.6)	116 (12.1)	1.4 (0.6 - 3.2)
Sexual abuse	3 (5.1)	14 (1.5)	4.4 (1.2 -16.2)
Abuse in healthcare	2 (3.4)	6 (0.6)	6.9 (1.3-35.4)