



COALITION OF OKLAHOMA BREASTFEEDING ADVOCATES

COBA Statement on Intimate Partner Violence

The Coalition of Oklahoma Breastfeeding Advocates (COBA) is concerned about the well-being of mothers and their babies from conception to birth and beyond, and any issue that is a barrier to breastfeeding. The current alarming statistics we see on intimate partner violence are distressing. The World Health Organization (WHO) recognizes violence against women, committed by an intimate partner, as an important and preventable public health issue.

We are horrified by the recent murder of Ashley Cannon, a young pregnant mother from Chickasha, Oklahoma, who was three weeks from delivering her unborn daughter, Nala, when she was killed by who authorities believe to be Nala's father. COBA's core values of respect, compassion, and family empowerment call for us, as maternal and child health professionals, to honor our mothers and daughters by being extra vigilant, watchful and alert.

The U.S. Department of Health and Human Services recommends that intimate partner violence screening and counseling be a core part of women's preventive health visits. Physicians should screen all women at periodic intervals, including during obstetric care, offer ongoing support, and review available prevention and referral options. COBA agrees with this recommendation.

According to the CDC, intimate partner violence affects as many as 324,000 pregnant women each year with nearly 1 in 6 pregnant women in the U.S. having been abused by a partner. In Oklahoma, 49% of women have experienced intimate partner violence at some time in their lives, and our state is ranked 3rd in the nation for women killed by men (National Coalition Against Domestic Violence NCADV).

In addition to a host of negative sexual and reproductive health consequences, intimate partner violence can cause self-esteem and psychological damage that remains throughout a woman's entire life. They are twice as likely to experience depression and almost twice as likely to have alcohol use disorders. And children who are exposed to domestic violence are also at serious risk for physical and mental health problems.

Both the short and long-term health effects as a result of intimate partner violence are hauntingly significant, especially for pregnant women: miscarriage, late entry into prenatal care, stillbirth, premature labor and birth, fetal injury, and low birth weight. For Oklahoma, the statistics are terrible. Our 11.5 percent preterm birth rate earns an "F" by the March of Dimes Preterm Birth Report Card.

Unfortunately for Oklahoma's women, infants, and children, the long list of appalling statistics just like these goes on and on. Magnified by the COVID-19 pandemic, pregnancy remains an especially risky time for escalating abuse. It also provides a window of opportunity for screening and intervention that we must prioritize in our practices.

Intimate partner violence is a heartbreaking public health issue that affects women regardless of age, economic status, race, religion, ethnicity, sexual orientation or educational background. In 2020, the U.S. remains among the most dangerous developed nations for childbirth, especially for women and babies of color. Earlier this month, the Office of Women's Health announced maternal health as a national priority with a goal to make the United States the safest place in the world to give birth. The [March of Dime's Blanket Change initiative](#) seeks to eliminate racial and ethnic health disparities by focusing on the prevention, treatment and social determinants of health along with expanding and improving maternal morbidity and mortality data collection.

To learn more about intimate partner violence prevention, visit <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/prevention.html>. To get help for intimate partner violence, the Oklahoma statewide, toll-free hotline is answered 24 hours a day at 1-800-522-7233.