Indicator:	**Partner Physical Abuse Before Pregnancy (H1)**
Domain:	Emotional and Social Support
Sub-domain:	Domestic Abuse
Demographic group:	Women aged 18-44 years having a live birth.
Data resource:	Pregnancy Risk Assessment Monitoring System (PRAMS) http://www.cdc.gov/prams
Data availability:	Core item – available in all PRAMS states annually.
Numerator:	Respondents aged 18-44 years who reported that their husband or partner push, hit, slap, kick, choke, or physically hurt them in any other way during the 12 months before pregnancy.
Denominator:	Respondents aged 18-44 years who reported that their husband or partner did or did not push, hit, slap, kick, choke, or physically hurt them in any other way during the 12 months before pregnancy (excluding unknowns and refusals).
Measures of frequency:	Crude annual prevalence and 95% confidence interval, weighted using the PRAMS methodology (to compensate for unequal probabilities of selection, and adjust for non-response and telephone non-coverage)
Period of case definition:	During the 12 months before the pregnancy resulting 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 physical partner 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] Even 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.

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Indicator:	**Partner Emotional Abuse Before Pregnancy (H2)**
Domain:	Emotional and Social Support
Sub-domain:	Domestic Abuse
Demographic group:	Women aged 18-44 years having a live birth.
Data resource:	Pregnancy Risk Assessment Monitoring System (PRAMS) http://www.cdc.gov/prams
Data availability:	Standard item – available in select PRAMS states annually.
Numerator:	Respondents aged 18-44 years who reported that their husband or partner threatened them, limited their activities against their will, or made them feel unsafe during the 12 months before pregnancy.
Denominator:	Respondents aged 18-44 years who reported that their husband or partner did or did not threaten them, limit them against their will, or make them feel unsafe during the 12 months before pregnancy (excluding unknowns and refusals).
Period of case definition:	During the 12 months before the pregnancy resulting in the most recent live birth.
Measures of frequency:	Crude annual prevalence and 95% confidence interval, weighted using the PRAMS methodology (to compensate for oversampling or other differences between the sampled strata and the population, as well as non-response and non-coverage)
Significance:	Emotional abuse by an intimate partner often occurs simultaneously with physical abuse. Recent analysis of PRAMS data indicates the prevalence of preconception intimate partner physical abuse during the preconception period to range from approximately 4% to nearly 8% across PRAMS states.[1,2] 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, 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 regarding emotional abuse by a partner may be subject to non-response bias.
Related Healthy People 2010 Objective(s):	None.

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Indicator:	**Adequate Social and Emotional Support (H3)**
Domain:	Emotional and Social Support
Sub-domain:	Adequacy of Support
Demographic group:	Women aged 18-44 years.
Data resource:	Behavioral Risk Factor Surveillance System (BRFSS) http://www.cdc.gov/BRFSS
Data availability:	Core item – available in all states annually.
Numerator:	Female respondents aged 18-44 years who reported getting the social and emotional support they need always or usually.
Denominator:	Female respondents aged 18-44 years who reported getting the social and emotional support they need always, usually, sometimes, rarely, or never (excluding unknowns and refusals).
Measures of frequency:	Crude prevalence and 95% confidence interval, weighted using the BRFSS methodology (to compensate for unequal probabilities of selection, and adjust for non-response and telephone non-coverage).
Period of case definition:	Current.
Significance:	Insufficient social support increases the risk of self–rated poor health among multiparous women.[1] Research indicates that although social support may not directly impact birth outcomes, lack of support may interact with maternal coping behaviors such as smoking and thereby influence the pregnancy outcome.[2,3] Furthermore, some studies have examined the interaction between social support and race, citing larger variations in outcomes among African-American women compared with White women.[4] Since social support may be a mediator between risky maternal behaviors and birth outcomes, preconception screening should include inquiries about social support and related interventions should focus on assisting women increase the quality and frequency of social support they receive.[5]
Limitations of indicator:	The indicator is limited in its capacity to measure adequacy of social/emotional support as it records responses in a Likert Scale format only. Therefore, women are limited in the types of responses they are able to provide. Emotional and social support is not defined, and different concepts of emotional and social support may be considered by respondents.
Related Healthy People 2010 Objective(s):	None.

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Indicator:	**Adequate Postpartum Social Support (H4)**
Domain:	Emotional and Social Support
Sub-domain:	Adequacy of Support
Demographic group:	Women aged 18-44 years having a live birth.
Data resource:	Pregnancy Risk Assessment Monitoring System (PRAMS) http://www.cdc.gov/prams
Data availability:	Standard item – available in select PRAMS states annually.
Numerator:	Respondents aged 18-44 years who reported that since they delivered their baby, three or more of five types of social support would be available to them if needed.
Denominator:	Respondents aged 18-44 years who reported that since they delivered their baby, at least one or none of five types of social support would be available to them if needed (excluding unknowns and refusals).
Measures of frequency:	Crude annual prevalence and 95% confidence interval, weighted using the PRAMS methodology (to compensate for oversampling or other differences between the sampled strata and the population, as well as non-response and non-coverage).
Period of case definition:	Since 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 can 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 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 for more targeted interventions during the interconception period aiming to assist women with 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.
Related Healthy People 2010 Objective(s):	None.

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