

# Pregnancy and Stress: Helping Couples Navigate Risky Times

## Introduction

Pregnancy is typically a time of anticipation, joy and preparation; a period when a couple's focus is on growing a healthy child and family. Pregnancy can also be a time of increased stress as couples grapple with the responsibilities of becoming new parents and with how the baby will change their lives and their relationship. Some amount of stress and anxiety is normal. Unfortunately for some couples, pregnancy is also a time when the potential for experiencing relationship violence increases.

It is estimated that one in five to six women will experience intimate partner violence (IPV) during her pregnancy, especially if the pregnancy was unintended. For marriage and relationship education (MRE) facilitators, especially those serving expectant couples, it is critical to understand this fact. Violence of any kind during pregnancy puts two people at risk: the mothers who are at significantly greater risk for pregnancy-related complications and health problems, and the infants who are at risk for poor development and birth outcomes. When violence occurs, women are less likely to seek needed pre-natal care and monitoring from medical professionals. They may also be more likely to cope through unhealthy behaviors because of relationship stress, and resort to the use of drugs, poor nutrition, and smoking. They are also more likely to suffer from high blood pressure, depression, miscarriage, experience fetal distress, or have babies with low birth weight.



According to the Centers for Disease Control, domestic violence during pregnancy is defined as “physical, sexual, or psychological/emotional violence, or threats of physical or sexual violence that are inflicted on a pregnant woman.” For some couples, patterns of this type of behavior existed prior to the pregnancy, and may be likely to continue or even escalate. While there may be many reasons why IPV increases during pregnancy, tension related to the pregnancy can build within the relationship leading to abusive incidents that causes distress for both partners. It is critical, therefore, to identify and provide support to pregnant women who may be experiencing partner violence and to talk to expectant couples about healthy relationships and the stressors that pregnancy and parenting can bring.

## Tips for Practitioners:

***Get trained on understanding and identifying domestic/family violence.***

One of the most important things that MRE

facilitators can do is get good training in this area. Violence within relationships is complicated and can be difficult to understand. But with rising statistics about the incidences of violence, and the potential for devastating consequences to all involved, it is crucial that facilitators are educated and have clarity about the dynamics of all types of abuse. In many communities, programs have partnered with local or state-wide domestic and sexual violence experts to provide training on couple violence. Useful tools available online from the National Healthy Marriage Resource Center (NHMRC) include a brief titled: [Making Distinctions Among Different Types of Intimate Partner Violence: A Preliminary Guide](#) and a tip sheet titled: [Distinguishing Among Types of Intimate Partner Violence: What It Could Mean for MRE Practitioners](#). Facilitators can also read the fact sheet entitled: [Domestic Violence and Pregnancy: A Fact Sheet](#). For research related to Intimate Partner Violence, see the US Department of Justice research report titled: Extent, Nature and Consequences of Intimate Partner Violence. <https://www.ncjrs.gov/pdffiles1/nij/181867.pdf>

***Follow a professional protocol for when IPV or family violence is identified.***

Personal and relationship safety is important to healthy relationships. In addition to identifying domestic and family violence, facilitators must know what to do if a participant or a couple in your class discloses that violence has occurred. Due to the nature of violence in relationships, participants may not self-disclose out of fear, so having safe opportunities for them to disclose or ask questions several times throughout the program design is helpful. All programs should have a protocol for facilitators and other staff members to follow if IPV or family violence is identified or suspected.

A comprehensive protocol co-developed and/or reviewed by domestic and sexual violence partners, will help guide facilitators on how to handle these disclosures in a sensitive, calm and safe fashion. For help in developing this protocol and working with partners, see the online resources from NHMRC entitled: [Developing Domestic Violence Protocols](#), [Building Partnerships](#), [Screening for Domestic Violence](#), and [Responding to Domestic Violence](#).

***Be sure that your curriculum has units on effectively handling stress, communication escalation, and on relationship safety.***

Even if participants do not disclose any abusive or violent interactions, providing them with tips on what healthy relationships look like, how to handle stress within the relationship, how to communicate respectfully and avoid escalation into arguments, and how to maintain safety are important topics to cover. Talking openly about safety and what a healthy relationship looks like in a MRE program provides knowledge for participants who may need it now or later. Work with your curriculum provider to add these units if they do not exist. You may also wish to add curriculum components from other sources, provided they are professionally acquired and adequately referenced.

***Help couples understand the added stress that pregnancy brings—what's normal to expect***

Bringing a child into the world is a life- and relationship-changing event, so it is normal that couples would feel some level of stress and anxiety about it. Couples worry about a lot of things such as getting things prepared on before the baby is born, the health of the baby, financially affording a child, how their relationship will change, etc. In addition, couples may still be working full-time,

getting inadequate rest, and they may not be communicating as much as is usual for them. All of these things add stress to a relationship and, if handled poorly, can lead to abusive or even violent behavior. Most expectant couples want to create a safe and loving environment for their children and often, talking about these hopes as parents can be a way to open the door to conversations about the potential for abuse. Even many abusive men are concerned about the effect of violence on their children and the children of their partners. Some may be motivated to stop using violence if they understand the devastating effects on their children.

Teaching couples about how to use the healthy relationship skills they are learning when they feel stressed about during a pregnancy will help them navigate this time successfully. Teaching them practical tips for handling stress after the baby arrives and how to keep raise them in a healthy way is also helpful. Remind them about the importance of taking breaks, sharing parenting responsibilities and supporting each other every day. Encourage them to visit with the facilitator or a family support worker in the program if they are having difficulty handling the stress.

***Be knowledgeable of all potential resources for couples.***

Pregnant couples in MRE programs may be in need of a variety of resource assistance in addition to marriage/relationship skills. Awareness of medical, healthy baby, and psychological services could be important. Facilitators should know what services are appropriate for a couple and what should be handled one-on-one with each partner. Due to the potential for increased tension or even violence in the relationship, MRE facilitators should become familiar with their local domestic violence

service providers and understand how to make effective referrals for their couples

## Conclusion:

MRE facilitators have an important role in teaching couples about healthy relationships as well as helping those in violent relationships to get help. Parenting can be a particularly critical time to have these conversations and a way to stop the cycle of abuse for generations to come. Facilitators do not have to be experts on domestic and family violence. But being able to identify the problem, assess what needs the couple may have, and connect clients to experts in the community when needed is critical to preserving relationship safety and improving outcomes for children.

The National Healthy Marriage Resource Center would like to thank Lisa James, for her contribution to this Tip Sheet. Lisa is the Director of Health at the Family Violence Prevention Fund (FVPF). She has developed educational materials for healthcare professionals on domestic violence, and is editor of FVPF manuals. This is a product of the National Healthy Marriage Resource Center, led by co-directors Mary Myrick, APR, and Jeanette Hercik, PhD, and project manager Rich Batten, ThM, MEd, CFLE.

## Additional Resources:

### **National Domestic Violence Hotline**

1-800-799-SAFE (7233); 1-800-787-3224 (TTY)

Anonymous and confidential help is available 24 hours a day/ 365 days a year. Hotline advocates provide crisis intervention, safety planning, information and referrals to agencies in all 50 states. Assistance is available in English and Spanish, with access to more than 170 languages

through interpreter services.

### **National Teen Dating Abuse**

**Helpline** 1-866-331-9474 or online chat [www.loveisrespect.org](http://www.loveisrespect.org)

**Sexual Assault Hotline:** 1 800 656 4673

**Child Help:** 1 800 422 4453

**March of Dimes:** [www.marchofdimes.org](http://www.marchofdimes.org)

**Center for Disease Control:** <http://www.cdc.gov/ViolencePrevention/index.html>

### **Family Violence Prevention Fund (FVPF)**

The FVPF has a number of training materials, health education materials and other resources available including materials for home visitors and others working with young pregnant or parenting women. [www.endabuse.org/health](http://www.endabuse.org/health)

- FVPF has a new toolkit for public health professionals on integrating domestic and sexual violence prevention into public health programs, such as perinatal, breastfeeding feeding and nutritional supplement, family planning and HIV/STI programs as well as child and adolescent programs: <http://endabuse.org/content/features/detail/1526/>
- FVPF's National Health Resource Center on Domestic Violence is the nation's clearinghouse for information on the health care response to domestic and sexual violence. The National Health Resource Center provides free technical assistance and materials Monday – Friday (9:00 am – 5:00 pm PST) at 1-888-Rx-Abuse (792-2873) or online at [http://endabuse.org/section/programs/health\\_care](http://endabuse.org/section/programs/health_care)