



Society for Maternal-Fetal Medicine Position Statement: Gun violence and pregnancy

Society for Maternal-Fetal Medicine (SMFM); SMFM Health Policy and Advocacy Committee

Position: The Society for Maternal-Fetal Medicine acknowledges gun violence as a public health crisis in the United States, with a substantial impact on pregnant and postpartum people. We recognize the urgent need for a robust, equitable, data-driven approach to mitigate the impact of access to firearms and accompanying violence on pregnant and postpartum individuals and communities. As such, the Society for Maternal-Fetal Medicine endorses the following policy principles:

1. The Society calls on relevant government agencies and public funders to support and finance antiviolence and firearm safety research, public health surveillance activities, education, and other initiatives. These initiatives should acknowledge and address the connection between access to firearms and the health and safety of pregnant and postpartum people and their families and communities.
2. The Society strongly opposes legislation or regulations that impede or limit clinician-patient discussions about firearms.
3. The Society calls for enhanced access to mental healthcare services for pregnant and postpartum people.
4. The Society calls for additional support for individuals experiencing intimate partner violence and their families.
5. The Society supports the creation of and funding for training programs for maternal-fetal medicine subspecialists and all clinicians about firearms and domestic violence prevention.
6. The Society supports laws and regulations that restrict individuals with protective or restraining orders and those with intimate partner violence or stalking convictions from purchasing and owning firearms.

Key words: firearms, intimate partner violence, mental health, policy, postpartum period, public health

Background

Leading U.S. medical organizations recognize gun violence as a health emergency. The American Medical Association,¹ American Public Health Association,² American Academy of Family Physicians,³ American Academy of Pediatrics,⁴ and American College of Obstetricians and Gynecologists⁵ have all taken a stand against gun violence. Every day in the United States, >100 people die from gun violence, and >200 people survive gun-related injuries.⁶ Gun violence forever alters the lives of victims, families, and communities.⁷⁻⁹ For example, victims of gun violence can experience symptoms related to posttraumatic stress disorder, depression, anxiety, or substance use disorders.^{8,10,11} This stress can manifest in physical symptoms such as poor cardiovascular health, poor sleep behavior,

and a higher chance of obesity.^{12,13} In addition to the tragic human toll, the annual financial burden of treating firearms-related injuries on the United States health system is estimated to be \$2.8 billion.¹⁴

Pregnant and postpartum individuals are not spared from the nation's epidemic of gun violence. On the contrary, these populations are particularly vulnerable to gun-related injuries, whether because of interpersonal violence or self-infliction. Homicide and suicide rank as the second and fourth leading causes of injury-related fatalities for individuals during pregnancy and the postpartum period, respectively.¹⁵ Pregnant individuals face an increased risk of intimate partner violence, and 1 in 5 reports instances of interpersonal aggression, predominantly perpetrated by a domestic partner.¹⁵⁻¹⁸ Easy access to firearms substantially increases gun-related fatality rates in these instances.¹⁹⁻²³ More than one-half of all intimate partner homicides involve a firearm,^{18,21} and a considerable proportion of mass shootings are connected to domestic or family violence.²⁴

Equity

Advocating for gun violence prevention aligns with the Society for Maternal-Fetal Medicine's (SMFM) commitment to health equity.²⁵ Black and Latine individuals are more likely to be exposed to gun violence,⁷ and the communities affected by anti-Black redlining bear a disproportionate impact.²⁶ Incidence and casualty rates of gun violence are associated with other social determinants of health, including poverty and income inequality.^{27,28} In addition, gun violence poses special challenges for populations known to have difficulty accessing health services (including prenatal care), such as gender and sexual minorities^{29,30} and people living in rural areas.^{31,32}

Relevance to obstetric care

SMFM is committed to optimizing perinatal health outcomes for all who desire or experience pregnancy. This includes screening for intimate partner violence and perinatal mental health conditions and appropriate subsequent treatment or referral.^{33,34} A pregnant individual's mental health is crucial for their health and the health of their fetus.³⁵ Stress associated with intimate partner violence and gun violence can increase the risk of preterm birth, preeclampsia, neonatal morbidity, and low birthweight.³⁶ In addition, the physical symptoms of stress can increase the risk of adverse pregnancy outcomes such as congenital disabilities, macrosomia, preterm birth, stillbirth, longer labor, more painful or uncomfortable labor, and cesarean delivery.^{37,38} In addition, stress can have long-term effects on an individual's cardiovascular health beyond pregnancy.³⁹

For people with low incomes, lack of insurance, or other barriers to care, pregnancy (and associated eligibility for Medicaid) provides a crucial entry point to accessing necessary health services.⁴⁰ Even among those who do not face overt financial barriers to care, pregnancy may represent an individual's most consistent contact with the healthcare system.²⁵ Health during pregnancy has long-lasting impacts on the pregnant individual and their offspring, making this a crucial window of intervention to support overall well-being.⁴¹

Despite the impact of gun violence on the overall population of the United States, and specifically on pregnant and postpartum individuals, there remain substantial gaps in our collective efforts to prevent gun-related injuries. Data show that only a small percentage of physicians routinely discuss gun violence with their patients.⁴² Loopholes exist in federal and state law that allow perpetrators of intimate partner violence to purchase or possess a firearm, putting pregnant and postpartum individuals at risk of gun-related injury or death.⁴³ Treatment options for those experiencing perinatal mental health conditions are limited.⁴⁴ Legislative and funding constraints have negatively impacted the availability of data and research on gun violence.^{45–47} Fortunately, in 2019, Congress reversed a 25-year pause on gun violence research, allocating \$25 million to the Centers

for Disease Control and Prevention and the National Institutes of Health.⁴⁸ SMFM hopes this research will help identify new evidence-based solutions to prevent gun-related injuries, including those involving pregnant and postpartum individuals. ■

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All authors and committee members have filed a disclosure of interests delineating personal, professional, business, or other relevant financial or nonfinancial interests in relation to this publication. Any substantial conflicts of interest have been addressed through a process approved by the Society for Maternal-Fetal Medicine (SMFM) Board of Directors. SMFM has neither solicited nor accepted any commercial involvement in the specific content development of this publication.

This document has undergone an internal peer review through a multilevel committee process within SMFM. This review involves critique and feedback from the SMFM Health Policy and Advocacy and Document Review Committees and final approval by the SMFM Executive Committee. SMFM accepts sole responsibility for the document content. SMFM publications do not undergo editorial and peer review by the American Journal of Obstetrics & Gynecology. The SMFM Health Policy and Advocacy Committee reviews publications every 24 months and issues updates as needed. Further details regarding SMFM publications can be found at www.smfm.org/publications.

The SMFM recognizes that obstetrical patients have diverse gender identities and is striving to use gender-inclusive language in all of its publications. SMFM will be using terms such as “pregnant person” and “pregnant individual” instead of “pregnant woman” and will use the singular pronoun “they.” When describing study populations used in research, SMFM will use the gender terminology reported by the study investigators.

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