move

Improving maternal
& child health care
for vulnerable mothers

The MOVE study of Maternal and Child Health nurse screening for women experiencing family violence.

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Background

- Partner violence
  - 2.1% partner violence prevalence ≤ 12 mths *(ABS, 2005)*
  - Risk elevated when women are pregnant or have young children
- Screening
  - Little evidence for health care provider screening effectiveness in healthcare settings *(Taft et al, 2013)* and screening rates low *(Stayton and Duncan, 2005)*
- Many challenges and barriers to screening *(Taft et al, 2009; Feder et al, 2009)*

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MOVE context

- Victorian MCH nurses universal, free and accessible in Victoria
  - See >95% of all mothers with a new baby,
- Whole of government approach to family violence
  - Sanctions and services available
  - New Victorian protocol for all MCH nurses, includes mandatory screening when baby is 4 weeks old
  - State funding included one-off 3 hours training in 2009/10

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MOVE aims

- That more Maternal and Child Health (MCH) nurses in the MOVE than comparison arm:
  - Screen for family violence among mothers
  - Have mothers disclose/discuss violence
  - Refer abused mothers to appropriate support agencies
  - Feel safer in the family violence work that they undertake
  - Cause no harm through screening
  - Abused women report more satisfaction with care
- To measure family violence prevalence among mothers attending MCH centres

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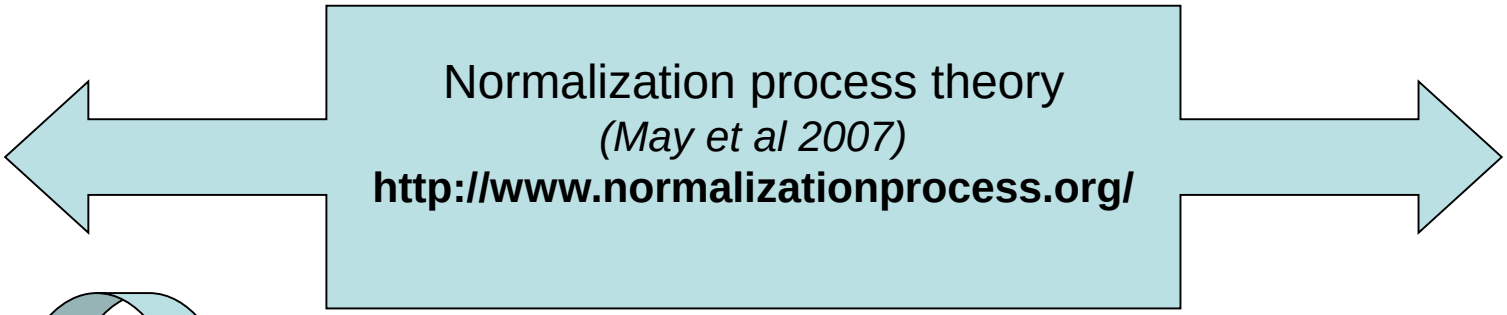
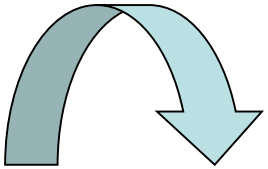
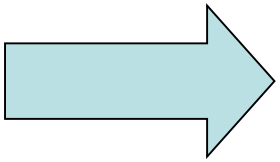
MOVE intervention

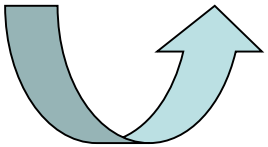




Intervention
Nurse
consultant input
(PAR)



Consensus model
for family violence
screening and
referral care



Systematic
review

Nurse and stake-holder
Feedback:
Interim/Impact

Multi-method RCT
evaluation

*Government data
retrieval
*Women's outcomes
survey (10,000 women)

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The MOVE family violence screening & referral intervention

- What work?
  - Screen @ 4 weeks (mandatory screen)
  - Screen also @ 3 or 4 months (MOVE)
- Who does the work?
  - Nurse mentors, MCH team leaders, universal nurses and family violence liaison workers,
- How is it enacted?
  - Clinical pathway and guidelines
  - Maternal health and wellbeing checklist
- Why did that happen?
  - Team discussions, Quality Assurance and data monitoring

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CLINICAL PATHWAY

Between 3 and 4 months, use the Maternal Health and Wellbeing Checklist to ask about FV.

DISCLOSURE

YES

Ask about the safety of children.

Woman and/or children in immediate danger

- Woman is NOT willing to receive assistance, consider referral to Police. Consult with Team leader/ Nurse mentor on notification to Child Protection
- Woman is seeking assistance, refer to police and/or FV Service. Consult with Team leader on referral/ notification to Child First or Child Protection

Woman and/or children NOT in immediate danger

- Woman is NOT willing to receive assistance, provide information about available help, monitor closely. Consult with Team leader/ Nurse mentor on referral/ notification to Child First or Child Protection
- Woman is seeking assistance, refer to FV Service. Consider referral for support of children

NO

No clinical indicators of FV, and no concerns

- Give general information card, and continue to monitor

Clinical indicators of FV, or concerns for the woman and/or children

- Give general information card and info on FV impact on child development. Do not pressure her to disclose. Consider a referral to EMCH and/or referral for support of children. Ask again, at a subsequent consultation.

SEEK SUPPORT *Consult your team leader, nurse mentor, FV liaison worker.*

MAINTAIN PRIVACY & CONFIDENTIALITY

SAFETY FIRST *of nurse, women & children*

BE NON-JUDGEMENTAL

MAINTAIN PROFESSIONAL BOUNDARIES *your role is to listen, support & refer*

MINDFULNESS *Stages of change. Where is the woman up to?*

Self-completion preferred by women and nurses

MATERNAL HEALTH AND WELLBEING CHECKLIST

Are you currently experiencing:		
Headache or backache?	Yes	No
Breast or nipple problems?	Yes	No
Bowel problems, such as constipation, haemorrhoids, loss of control?	Yes	No
Urinary problems, such as leaking, or infections?	Yes	No
Any abnormal bleeding or vaginal discharge?	Yes	No
Abdominal or perineal wound problems?	Yes	No
Unusual tiredness or exhaustion?	Yes	No
Depression or anxiety?	Yes	No
Any weight or appetite changes?	Yes	No
Do you have any problems with prescription or non-prescription drugs?	Yes	No
Do you have any concerns with your use of alcohol?	Yes	No
Do you have any questions about contraception?	Yes	No
Do you have any problems in your relationship or intimacy with your partner?	Yes	No
Are you afraid of someone in your family or household?	Yes	No
Are you worried about the safety of yourself or your children?	Yes	No
Has anyone in your household ever pushed, hit, kicked or punched or otherwise hurt you? Or threatened to do so?	Yes	No
Has anyone in your household ever humiliated you or tried to control what you can or cannot do?	Yes	No

Office use only

Date

Which KAS consultation?

No action [ ] Counselling [ ] Referral [ ]

Entered on to MACHS/Xpedite [ ]

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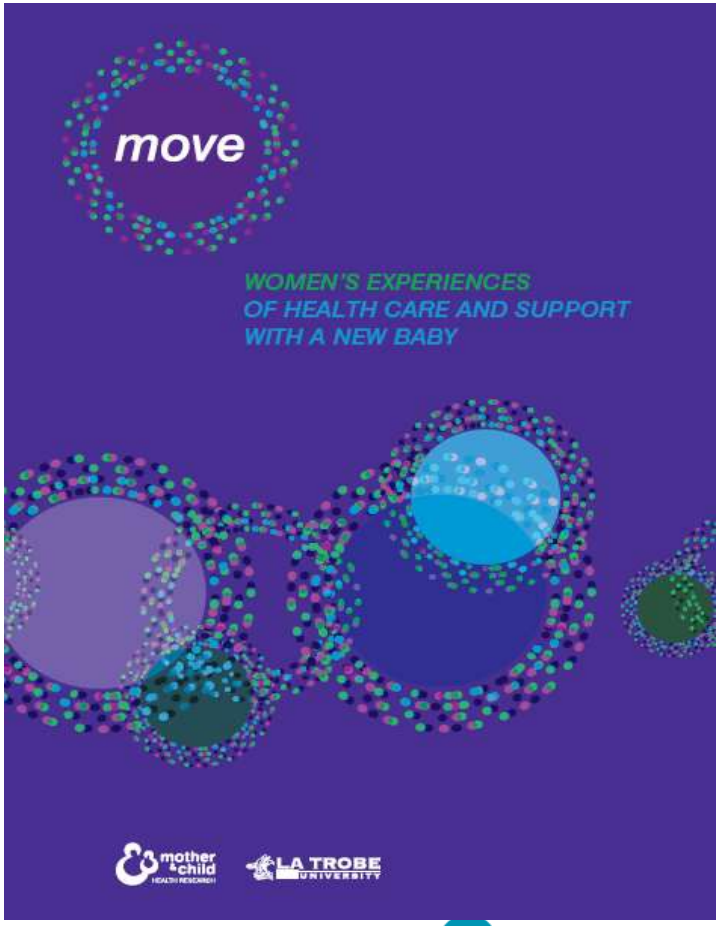
Screening and referral outcome data

- MCH routine data
  - screening numbers, safety plans and referrals
  - Data all teams 2010-11
  - (n=125,155 consultations)
- MOVE checklists
  - 4143 from all MOVE centres
- 2621surveys returned (26%)



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Screening rates from routine data by arm

	Women screened at 4 weeks	Women screened at 4 months	Women screened with checklists at 4 months	Women screened with checklists at 3 months (not reported)
MOVE teams	**37.1%**	**36.5%**	**43.2%** (53.9% +checklists)	61.9%; 89.0%; 60.5% **Average = 70.5%**
Comparison teams	**42.7%**	**23.5%**	**23.5%**	

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Safety planning and referral rates for 12 months

	Safety plans	Referrals
MOVE teams 22,888 clients	4.2% 962	0.62% 143
Comparison teams 28,215 clients	1.4% 402	0.71% 201

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Survey results

Partner violence prevalence in last 12 months

Composite Abuse Scale	n= 2621
3-6 (probable)	5.9%
≥7 (confirmed)	6.7%
Ever afraid of partner	9.6%
Abused when pregnant	2.8%
Abused by previous partner	10.3%

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Survey results

MCHN screening reported by women *(n=2621)*

Question	Comparison (%)	MOVE (%)	Odds Ratio	95% CI
Asking about family violence **(fear, safety, physical violence)**	41.7	47.6	1.17	0.8 – 1.70
Humiliate or tried to control you?	**19.7**	***32.1**	**1.77**	**1.26 - 2.51**
Relationship problems	**34.3**	***44.7**	**1.50**	**1.03 - 2.20**

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Survey results

MCHN family violence screening:

who is being screened?

Question	*Adj Odds Ratio	95% CI
Income $51-70,000	***1.55**	**1.15 – 2.09**
Income $71,000+ ***Adjusted for income, Health Care Card, education)***	***1.84**	**1.25 – 2.71**

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Survey results

Are abused women more satisfied with nursing care?

Q: The MCH nurse listened to me regarding my needs and medical concerns n=170 abused women

	MOVE (%,n)	Comparison (%,n)
Not well	8.9% *(7)*	18.7% *(17)*
Very well or somewhat well	*91.1% *(72)*	81.3% *(74)*
Total	*N=79*	*N=91*

*No harm from screening

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MCH nurse impact evaluation

'I feel uncomfortable when I have to ask all women about family violence' (n=107)

	MOVE	Comparison
Disagree or strongly disagree	**36 *(66%)***	**24 *(46%)***

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MCH nurse impact evaluation

'There are people in my MCHN team who encourage the team's family violence work' (n=105)

	MOVE	Comparison
Agree or strongly agree	**45 *(83%)***	**36 *(69%)***

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MCH nurse impact evaluation

'I feel that our work practices mean I feel safe when visiting women at home' (n=108)

	MOVE	Comparison
Agree or strongly agree	***46 (84%)***	***33 (62%)***

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MCH nurse impact evaluation

'We get useful feedback about how well we are doing in our family violence work at team meetings' (n=106)

	MOVE	Comparison
Agree or strongly agree	**19 *(35%)***	**11 *(21%)***

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Barriers to screening and referral

Screening rates may remain unsatisfactory due to

- Heavy workloads
- Lack of privacy
- Limited family violence links and referral support
- Lack of monitoring and reflection on family violence work

Facilitators to screening and referral

The successful screening rates at 3 months and MOVE 3 fold increase in safety plans may be attributed to

- Maternal health checklist and guidelines/pathway
- Increased discussion around family violence work
- Family violence liaison worker support

Limitations and strengths

- Demanding organisational change context
- Survey response rate
- Recall bias
- MCH data limitations
- Strong design
- Comprehensive participatory approach
- Comparison with all routine consultation data
- Screening results consistent with most systematic reviews re low screening rates

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Conclusions

- Routine screening rates remain low *(Stayton & Duncan, 2005)*
- Greater effectiveness with focussed women's consultation and self-completed screening
- Screening rates, safety planning and satisfaction for abused women can be improved
- Screening may be more effectively targeting high income women
- Sustainability of screening? Is screening the best and most effective strategy?
- What offers the best outcomes for women and children?

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Berry Street Family Violence services

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Victoria The Place To Be

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