DOMESTIC VIOLENCE IN PREGNANCY

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Katie Reichstein - Registered Midwife Anne Van Zanten - Project worker



SA Health

Introduction

- Northern Women's Community
 Midwifery Programme offers continuity
 of care to women in the north of
 Adelaide.
- The midwives are part of a large multidisciplinary team consisting of clinical nurses, social workers, GP's, NESB workers and lifestyle coordinators.

Project History

- The midwives recognised that Domestic Violence (DV) in pregnancy is an important social health issue within the community.
- Clients felt comfortable disclosing incidences of DV to the midwives as it impacts physically and mentally on her pregnancy

- In conjunction with the project worker the midwives undertook education on DV.
- ➤ To assist in enquiry and risk assessment a screening tool was developed
- ➤ The Northern Women's Community Midwifery Program has been using a DV in Pregnancy Screening Tool since July 2005



Domestic violence is any form of abuse, violence and/or coercion by a partner or previous partner that serves to establish and maintain power and control over another person. Is enacted in a context of unequal power or privilege, and has the potential to cause harm to the physical and or emotional well being of that person.

Impact of DV in Pregnancy

- Physical trauma (most common hit in the abdomen)
- Placental abruption
- Preterm labour & delivery
- Fetal death
- Spontaneous abortion
- Maternal shock (because of blood loss)
- Ruptured uterus
- Neonatal death
- Direct fetal injury (skull fractures, intracranial haemorrahage & bone fractures)



- Maternal stress
- Inbalance of the nervous system and hormones
- Increased susceptibility to infection
- Elevated blood pressure
- Decreased blood flow to the uterus and fetus
- Release of maternal B-endorphin, which can influence the development of fetal nervous tissue



Research showed that before routine enquiry can be implemented there must be thorough, sustainable and relevant training; and consideration for the women's safety and confidentiality.

The woman also needs to trust that her midwife will be non-judgmental, respond with sensitivity and provide informed support.



- ➤ It increases the women's confidence and level of comfort with their care provide
- ➤ Women in the Northern Women's Midwifery Programme have a known midwife with them in labour 92% of the time.



- In person rather than through self administered questionnaires
- Multiple times during the pregnancy
- Later in pregnancy last trimester



- were not comfortable responding to a written questionnaire
- Felt okay to be asked by a Midwife with whom they were building a trusting relationship

Potential signs of abuse

- Unwanted or mistimed pregnancies
- Any unexplained injuries or complications during pregnancy
- Low birth weight and premature births
- Sexually transmitted disease
- Depression
- Anxiety disorders
- Smoking or substance abuse
- Inadequate or delayed antenatal care
- Frequent visits to hospital, clinics
- Poor nutrition and diet
- Parenting difficulties

Behaviour of Partners

- Accompanying her to all appointments and not allowing her to speak to you privately
- Speaking for her
- Hovering, taking charge of her medications
- Sending her 'looks'
- Making inappropriate, disparaging or belittling remarks about her
- Appearing to be out of touch or emotionally absent with the woman
- Unseemly haste to finish appointments



Domestic Violence in Pregnancy Screening Tool

Date of booking visit: Gestation:				ing was not completed
We know that women can experience violence or abuse from a partner for the first time in pregnancy. We ask all women these questions at the first visit and check in with you again at least once during your pregnancy and then after baby is born. We want to assure you that your answers will remain completely confidential and that we respect your right to make your own decisions about this issue.			because: Partner was present Other family/friends present Woman declined to answer Other reason (please specify over page in midwives comments)	
Ask?	Validate her experience (believe her)	Find out affect of abuse		Assess ongoing risk to her personal safety
Has a partner or expartner ever: Made you feel afraid? □Yes □ No	I am concerned about you and your safety There is no excuse for violence	When was the last time you were abused? How often does this happen?		Have weapons ever been used? □Yes □No Does he have access

Ask?	Validate her experience (believe her)	Find out affect of abuse	Assess ongoing risk to her personal safety
Has a partner or expartner ever: Made you feel afraid? □Yes □ No Hurt you physically or thrown objects? □Yes □No Regularly humiliated you or put you down? □Yes □No If woman answers yes to any of these questions continue on to the next column	I am concerned about you and your safety There is no excuse for violence You are not alone There are options and resources available to help you feel safer and more in control	When was the last time you were abused? How often does this happen? Have the police ever been called? Have you ever spoken to any one about this? Are there other children in the house who witness his behaviour? (If this question is asked midwife will need to consider Mandatory Notification)	Have weapons ever been used? □Yes □No Does he have access to a gun? □Yes □No Is it getting worse? □Yes □No Does he abuse drugs or alcohol? □Yes □No Display extreme jealousy? □Yes □No If the woman says yes to any of the above state that hers and her children's safety is at riskthat she is in a dangerous situation encourage her to speak to someone (NW Counsellor,
			DVCS)

Ask Again				
Visit Date	Weeks gestation	Questions asked again Y / N	Response Y / N	Information provided

POST NATAL INTERVENTION

Date: / / Outcome:

Results

Results indicate that as many as 48% of women in the midwifery programme have experienced Domestic Violence either at the time of being surveyed or during a previous relationship.

Year	Yes	No	Did not answer
2007/08	48%	36%	16%
2008/09	47%	41%	12%
2009/10	38%	50%	12%



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