

QUICK SUMMARY DOCUMENT

Screening and Management of Domestic Violence in Pregnancy and the Early Postnatal Period

This QSD is a resource for all clinicians working in healthcare in Ireland who are involved in the screening, care and management of domestic violence (DV) in pregnancy and the early post-natal period.

Following a comprehensive literature review a number of evidence-based recommendations for screening, care and management of DV in pregnancy were agreed upon.

Key Recommendations

- 1. It is recommended that there is mandatory antenatal screening for domestic violence for all women attending public care, semi-private care, private care and all community settings.
- 2. It is recommended that all domestic violence screening should only be undertaken by trained staff.
- 3. It is recommended that appropriate domestic violence training is provided to all staff in maternity settings.
- 4. It is recommended that all domestic violence screening takes place face to face with the woman in a private setting where safe to do so.
- 5. It is recommended that at least one individual consultation without the woman's partner present should be offered to all women during pregnancy.
- 6. It is recommended that only professional interpreters/translators are used to screen for and discuss concerns relating to domestic violence.
- 7. It is recommended that the introduction of the electronic healthcare record system to all maternity hospitals/units would ensure consistency in screening for domestic violence in pregnancy.
- 8. It is recommended that a woman who makes a disclosure of domestic violence should be offered a referral to a Medical Social Worker.
- 9. Child protection concerns relating to domestic violence are a mandatory referral to Tusla.
- 10. It is recommended that Gardaí/Sexual Assault Treatment Units should be contacted with the woman's consent following a physical/sexual assault.
- 11. It is recommended that there are clear plans documented in the healthcare record for the woman's care including intimate care.
- 12. It is recommended that all services have pathways in place to ensure the safety of the woman and of the staff taking care of her.
- 13. It is recommended that postnatal screening of domestic violence for all women takes place prior to discharge from hospital, or community and domiciliary services.
- 14. It is recommended that discharge packs should provide information on domestic violence, including information on local and community supports as well as supports in the hospitals/maternity units.
- 15. It is recommended that disclosures of domestic violence are notified with consent to GPs and PHNs in discharge letters to ensure further and ongoing support for women.
- 16. It is recommended that there are Medical Social Workers in all maternity hospitals/units.
- 17. It is recommended that Medical Social Workers are involved in the provision of multi-disciplinary training of and support for hospital staff.



Management of Domestic Violence in Maternity Services

Patient Care & Safety

Disclosure Friendly Environment

Staff Training on 3 R's

Staff Care & Safety

Child Safeguarding/ Children First

Recognise

Routinely screen all women Know the signs/impact of DV Focus on privacy and safety Ask direct questions Use interpreter if required



(If no DV concerns)

Monitor

Routine Screen

Provide information/resources

Document response

Respond

(If DV concerns identified)
Adopt non-judgmental approach
Listen
Assess immediate safety
Assess any injuries
Consider social admission to hospital
DV screen at every hospital appointment
Document findings on medical chart/
EHR

Refer

Refer to MSW
Refer to Tusla/Gardai if required
Provide information/resources
Document outcome on medical chart/EHR



Auditable standards

Audit using the key recommendations as indicators should be undertaken to identify where improvements are required and to enable changes as necessary, and to provide evidence of quality improvement initiatives.

Auditable standards for this guideline include:

- 1. Number of women screened for DV at Antenatal booking appointment
- 2. Number of women with outcome of DV screening recorded on her chart
- 3. Number of V1 responses
- 4. Number of women referred to MSW
- 5. Types, severity and complexity as per MSW records
- 6. Number of presentations to maternity hospital/unit following disclosure of DV
- 7. Number of women with postnatal screening for DV
- 8. Number of cases of DV referred to GP and PHN following disclosure on discharge.

Recommended reading:

- 1. HSE Nomenclature for Clinical Audit https://www.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-aglossary-of-terms-for-clinical-audit.pdf
- 2. HSE National Framework for developing Policies, Procedures, Protocols and Guidelines at https://www.hse.ie/eng/about/who/qid/use-of-improvement-methods/nationalframeworkdevelopingpolicies/
- 3. O'Brien Green S. Domestic Violence and Pregnancy. Forum, Journal of the Irish College of General Practitioners. 2020;37(10):44-5. http://www.tara.tcd.ie/handle/2262/91289
- 4. Knight M, Bunch K, Tuffnell D, Jayakody H, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014-16. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2018 https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202018%20-%20Web%20Version.pdf
- 5. HSE National Domestic, Sexual and Gender-Based Violence Training Resource Manual recognising and responding to Victims of Domestic Sexual and Gender-Based Violence (DSGB) in Vulnerable or At-Risk Communities. 2019 https://www.hse.ie/eng/about/who/primarycare/socialinclusion/domestic-violence/
- A Study on Familicide & Domestic and Family Violence Death Reviews (report commissioned by the Department of Justice), Ireland, May 2023. https://www.gov.ie/en/publication/823ba-study-on-familicidedomestic-and-family-violence-death-reviews/
- NICE 2010. Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors. London: National Institute for Health and Care Excellence. https://www.nice.org.uk/ guidance/cg110
- 8. Knight M, Nair M, Tuffnell D, Shakespeare J, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2013-15. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2017. https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202017%20-%20Web.pdf
- 9. O'Brien Green, S. Domestic violence and pregnancy in Ireland: women's routes to seeking help and safety, Trinity College Dublin. School of Social Work & Social Policy, 2020 http://www.tara.tcd.ie/handle/2262/91289



Authors

Webster J, Lawlor S, Kavanagh D, Breen A, Sheil O, McCarthy AM, O'Brien Green S, Kirby F, Leahy M. National Clinical Practice Guideline: Management of Domestic Violence and Abuse in Pregnancy. National Women and Infants Health Programme and The Institute of Obstetricians and Gynaecologists. May 2024

https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/

https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/