



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



INSTITUTE OF OBSTETRICIANS
& GYNAECOLOGISTS

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

CLINICAL PRACTICE GUIDELINE

**ANTENATAL ROUTINE ENQUIRY REGARDING
VIOLENCE IN THE HOME**

Institute of Obstetricians and Gynaecologists,
Royal College of Physicians of Ireland and
Directorate of Quality and Strategy
Health Service Executive

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Key Recommendations

1. Enquiry about a history of violence should be included routinely in antenatal social history.
2. Obstetricians and midwives should discretely introduce questions about violence during the course of obstetric consultations.
3. All pregnant women should have one consultation with a professional involved in her care which is not attended by her partner or by any adult family member.
4. The documents of domestic violence in the maternity records should be coded.

1. Purpose and Scope

The purpose of this guideline is to improve the management of domestic violence in pregnancy.

These guidelines are intended for healthcare professionals, particularly those in training, who are working in HSE-funded obstetric and gynaecological services. They are designed to guide clinical judgement but not replace it. In individual cases a healthcare professional may, after careful consideration, decide not to follow a guideline if it is deemed to be in the best interests of the woman.

2. Background

Domestic violence may be defined as the use of physical or emotional force, or the threat of physical force in close adult relationships. It can also include emotional abuse, the destruction of property, isolation from friends, family and other sources of support, threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone' (Report of the Task Force on Violence against Women, 1997).

Violence against women is common and serious. Studies involving Irish families consistently identify an incidence of 12% and a higher incidence in families in Ireland from other ethnic backgrounds may be higher. Violence against women is more common in pregnancy and there is an increase in complications such as mid-trimester pregnancy loss, stillbirth, preterm labour, growth restriction and neonatal death. Accessing support services if the woman suffers violence at home helps reduce the risks.

3. Methodology

Medline, EMBASE and Cochrane Database of Systematic Reviews were searched using terms relating to domestic violence in pregnancy. Searches were limited to humans and restricted to the titles of English language articles published between 1995 and 2011. Relevant systematic reviews, intervention and observational studies were reviewed. Publications from COSC – National Office for the Prevention of Domestic, Sexual and Gender-based Violence were consulted. Guidelines reviewed included HSE Policy on Domestic, Sexual and Gender Based Violence (2010) and Violence against Women - Recommendations to Members of the Institute of Obstetricians and Gynaecologists RCPI (2002).

The principal guideline developer was Dr Mary Holohan, Consultant Obstetrician and Gynaecologist, Rotunda Hospital, Dublin1. Dr Emma Kilgarrif (GP), Professor Richard Greene (Cork).

The guideline was peer-reviewed by Ms Sheila Sugrue (HSE Directorate of Nursing and Midwifery), Midwifery Lecturers of Ireland Network, ISANDS, ICGP, Therapies Professions Committee, Ms Olive Long (Midwifery), Ms Joanne O'Hare (Midwifery).

4. Clinical Guidelines

Ideally, with the woman alone, the occurrence of violence in the home should be introduced and the link with pregnancy complications explained.

ASK SPECIFIC QUESTIONS

Do you feel safe in your present relationship?

Have you been hit, kicked, punched or otherwise hurt by someone in the past year?

Have you been shouted at, undermined or threatened by someone recently in a way that makes you fearful?

Have you been forced to have intercourse or to view pornography?

Have you access to money for personal needs, contact with friends and family, unsupervised access to the telephone?

Have you been wrongly blamed for any pregnancy complications?

DOCUMENT THAT ENQUIRY HAS BEEN MADE

This needs to be coded so that if the abusing partner looks at the chart, this information is not obvious for example:

Mark the antenatal visit sheet.

V⁰ indicates that the woman has been asked and denies violence in the home.

V¹ indicates that the woman has been asked and admits violence in the home.

V² indicates that there is domestic violence and there has been action taken by the hospital staff

No mark means that the woman has not yet been asked so if the opportunity arises, enquiry regarding violence in the home should be made.

If the woman needs to explain the V mark, she can be advised to say that this was a question regarding vomiting in early pregnancy. Please note that if it appears difficult to interview the woman alone, do not persist but ask diverting questions, for example, on abnormal smears. Inform a senior clinic staff member or medical social worker if possible.

IF WOMAN ADMITS VIOLENCE IN THE HOME

Arrange an urgent review by the Medical Social Worker. If this is refused, ensure that the doctor who sees the woman is aware of the issues with view to charting recent injuries, the prioritisation of the safety of the woman and her children and giving her information regarding support services in a discreet fashion.

CONFIDENTIALITY IS NOT APPROPRIATE IF THERE IS AN IMMEDIATE RISK TO THE SAFETY OF THE WOMAN OR HER CHILDREN.

In individual cases where a woman is unable to communicate in English, it may be necessary to arrange translation for both verbal and written communication and it is not appropriate to use an accompanying person as the translator.

5. Hospital Equipment and Facilities

Introduction of routine enquiry should be preceded by consultation with local social services. Printed information associated with domestic violence should be on display in all areas of maternity hospitals. This should include information on how to access support from specialist agencies. Small format cards with telephone numbers should

be available. Large notices that inform women of support services (and helplines) should be posted for those women not in a position to pick up a leaflet. Information and cards in the Ladies toilets, for example, enable the woman to have safe access to this information.

6. Education and training

There should be a multidisciplinary educational programme for professionals including:

- Knowledge of violence and its presentations in obstetrics (and gynaecology)
- Communication skills to facilitate sensitive questioning about violence
- Training in adopting a non-judgemental and supportive response
- Ability to give basic information about where to get help
- Understanding of appropriateness of confidentiality

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8. Implementation Strategy

- Distribution of guideline to all members of the Institute and to all maternity units.
- Implementation through HSE Obstetrics and Gynaecology programme local implementation boards.
- Distribution to other interested parties and professional bodies.

9. Key Performance Indicators

Enquiry regarding domestic violence is documented to have been part of every woman's antenatal care.

Evaluation of the numbers of women identified as experiencing violence as screening should lead to an increase in identification.

Improvement in outcomes for women who experience violence at home

10. Qualifying Statement

These guidelines have been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. Clinical material offered in this guideline does not replace or remove clinical judgement or the professional care and duty necessary for each pregnant woman. Clinical care carried out in accordance with this guideline should be provided within the context of locally available resources and expertise.

This Guideline does not address all elements of standard practice and assumes that individual clinicians are responsible for:

- Discussing care with women in an environment that is appropriate and which enables respectful confidential discussion.
- Advising women of their choices and ensure informed consent is obtained.
- Meeting all legislative requirements and maintaining standards of professional conduct.
- Applying standard precautions and additional precautions, as necessary, when delivering care.
- Documenting all care in accordance with local and mandatory requirements.

Appendices

Appendix 1

Reports on Domestic Violence

[An Garda Siochana Domestic Violence Policy](#)

Please note: This is a Garda Document which is available on the website of An Garda Siochana www.garda.ie under publications and can be accessed through that website

[An Garda Siochana Policy on the investigation of Sexual Crime, Crimes against Children, Child Welfare](#)

Please note: This is a Garda Document which is available on the website of An Garda Siochana www.garda.ie under publications and can be accessed through that website

[HSE Policy Document on Domestic, Sexual and Gender-based Violence](#)

[Probation Service Domestic Violence Practice Guidelines](#)