

Plain language summary

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

Who is this summary for?

This summary is mainly intended for people impacted by domestic violence (DV) during or after pregnancy or for anyone who wishes to learn more about screening for and the management of DV.

What is this summary about?

The National Women and Infants Health Programme have developed a number of clinical guidelines. One of these guidelines is a National Guideline for Screening and Management of Domestic Violence in Pregnancy and the Early Postnatal Period. This plain language summary will describe the key points and important take home messages from the guideline.

What is Domestic Violence?

Domestic Violence (DV) is defined as all acts of physical, sexual, psychological, or economic violence that occurs within the family or domestic unit, or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim.

Coercive control is at the heart of domestic violence. It does not have to be physical abuse. It is a persistent pattern of behaviour by an abuser over time designed to achieve obedience and make the woman feel afraid. It is about making the woman's world smaller. It can involve controlling behaviour, threats, coercion, shutting her out from her family and friends. Coercive control is a crime in Ireland.

What are the causes of Domestic Violence?

DV is caused by an intimate partner (generally a current or former spouse or partner) and is never the fault of the person suffering from the abuse.

Whilst both men and women may experience DV, it is considered a form of gender-based violence, as women are considerably more likely to experience DV in terms of the amount, severity and impact.

DV is more likely to start or happen more often during pregnancy. There may be a change in the woman's focus away from her partner/spouse towards her pregnancy/baby leaving the abuser feeling threatened, jealous or that they are losing control in the relationship.

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

<https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology>

How does Domestic Violence affect mother and baby?

Domestic violence in pregnancy is common, it can have a harmful impact on both mother and baby. It can lead to an increased chance of miscarriage, stillbirth, pre-term birth and low birth weight babies and in severe cases death of mother and/or baby. It can cause problems with the woman's mental health and wellbeing. It may also lead to poor attendance at hospital appointments, which in turn can lead to poor outcomes for mother and baby.

What should a woman who is experiencing DV in pregnancy do to get help?

If a woman is experiencing domestic violence, she can talk to any member of hospital staff who will be able to provide assistance. She can call the Women's Aid 24 National Freephone Helpline on 1800 341 900 or go to www.womensaid.com for a full list of local and national services.

If a woman feels that she is in serious danger, she should contact An Garda Síochána by dialling 999 or 112.

If a woman says she is experiencing Domestic Violence in pregnancy, how is this managed in a maternity setting?

When a woman discloses DV to a member of staff in a maternity hospital/unit they should be taken to a private area for further discussion. Maternity staff will listen to, support and believe women. Maternity staff ensure that the woman is supported to access safety and ensure the safety of any children involved.

Staff will record DV concerns on the woman's electronic healthcare record but this will be done in a coded and discrete way for only relevant hospital staff to see.

A referral to the Medical Social Work (MSW) department for practical and emotional support throughout the pregnancy can be made. The MSW will assess the woman's safety and will make a safety plan with her. The MSW can also link her in with other services if she so wishes.

Referrals to other agencies can be arranged as appropriate (e.g: An Garda Síochána, TUSLA Child and Family Agency, Refuges, SATU, Local DV agencies etc.).

What will happen after birth?

If the woman wishes, plans can be made with hospital staff to ensure she is feeling safe and supported during her delivery and on the postnatal ward. A plan can be made with the woman to ensure the safe discharge of her and her baby from the hospital. The woman can also be linked in with support services to ensure the safety of her and her child/children going forward.

Where to go for more information?

<https://www.womensaid.ie/get-help/>

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

<https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology>