

March 2023 V6

Maternity Project

Overview



Women's  Aid

1. Background to the Project

For many years, Women's Aid have had some excellent contacts with staff in maternity hospitals. We are frequently invited to deliver training or awareness talks to frontline professionals working in maternal and neo natal health services. Through these many engagements and discussions with frontline staff, and our own services, we have long been aware of the vulnerability and particular risks to pregnant women who are subjected to abuse. In addition, we have gained insight into midwives and other hospital staff experiences around routine enquiry and their appreciation for further training and support around the complex societal issue of domestic violence and abuse (DVA)*.

Note on Terms*:

While recognising that the legal term in Ireland is 'domestic violence' we acknowledge that many victims/survivors identify more with the term 'domestic abuse' or 'intimate partner violence' or 'Intimate relationship abuse'. Women's Aid uses these terms interchangeably to refer to the same set of abusive behaviours perpetrated by current or former intimate partners (including emotional, physical, sexual and economic abuse and coercive control). More information about domestic abuse can be found on www.womensaid.ie

Statistical Context

Research backs up our experiential knowledge. For example,

- Global research informs us that pregnancy and the puerperium¹ **represent periods of higher risk of domestic violence for women**, stating that health care professionals need to be alert to symptoms or signs of domestic violence and that an opportunity should be given for women to disclose.²

Recent Irish academic research provides some valuable insight into women's and midwives experiences:

¹ The period of about six weeks after childbirth during which the mother's reproductive organs return to their original non-pregnant condition.

² For example, see MBRRACE-UK Report, Knight et al 2016 cited in Webster J. MIDIRS Midwifery Digest, vol 29, no 4, December 2019, pp 451–457. *An exploration of the views and experiences of midwives who routinely screen for domestic violence in an Irish antenatal setting.*

- Siobán O'Brien Green 2020 research on domestic violence and pregnancy and women's routes to help-seeking, found that women self-referred in most cases to specialist domestic violence services, but **time spent finding an appropriate service may have increased the risk women were exposed to regarding their abuse³**.
- Webster 2019 study⁴ on Irish midwife's experience confirmed findings from global research that midwives do screen for domestic violence and feel it is part of their role; however, **for midwives to feel confident and competent in screening they must be facilitated with a robust ongoing education programme.**

There have been recent stark findings of midwives own experiences of DVA:

- A 2018 survey from the UK Royal College of Midwives members found **that 82% of midwives had experienced domestic abuse in their working lifetime and, of them, only 33% asked for workplace support. 29% of midwives surveyed reported that they received no support or had a poor experience of support for the abuse in the workplace.⁵**

Any hospital staff member can be a survivor too:

- 1 in 4 Irish women experience physical and/ or sexual violence since the age of 15 and 1 in 3 Irish women experience some form of psychological abuse in their relationship⁶. A maternity hospital has a staff group comprised mostly of women and therefore, we know that as a woman any staff member no matter their position (obstetrician/midwife/social worker/admin staff) may experience/ or be at risk of domestic violence and abuse during their working lifetime.

There is increased evidence available to highlight the values of co-located specialist DVA workers in health settings:

³ Domestic violence and pregnancy in Ireland: women's routes to seeking help and safety".2020. Siobán O'Brien Green.

⁴ IBID Webster 2019

⁵ The Royal College of Midwives (2018) Safe Places? Workplace support for those experiencing domestic abuse

⁶ EU Fundamental Rights Agency report 2014

- Survivors who accessed support from a Health Based domestic abuse workers had experienced abuse **for an average of 6 fewer months** than survivors engaged with a local, community-based service.⁷

What does this tell us?

- Women are in need of specialised DVA support during pregnancy in particular as it is a vulnerable and high risk time.
- Maternity care staff in maternity hospitals are also survivors of domestic violence and abuse and hospitals are their employers and both need to be supported in this capacity around domestic violence and abuse.
- DVA specialised support needs to be more visible and accessible to pregnant women accessing maternity hospitals. Co-location and partnering with health settings improves this accessibility for women.
- Midwives and other hospital staff require ongoing education and support to feel confident and competent to routinely enquire about DVA.
- Furthermore, a recommendation from Ireland's first Maternity Strategy 2016-2026 is as follows: *Midwives, obstetricians and GPs are alert to the heightened risk of domestic violence during pregnancy and postpartum. Women will be asked about domestic violence at antenatal and postnatal visits, when appropriate. This will be **supported by appropriate training for frontline** staff to ensure that all such enquiries and disclosures are handled correctly, and that **referral pathways and support options for women who disclose domestic violence are clear.***

Based on this experience, research and in line with the Maternity Strategy we wanted to offer a more dedicated and sustainable resource to support the midwives, doctors, nurses and social workers who care for pregnant women who may be in this situation.

Resources have always been the primary barrier to progress this but thankfully we have been successful in securing funds for a three-year pilot-project which will enable us to meet this objective.

⁷ SafeLives, Cry for health (2016) <https://safelives.org.uk/cry-for-health>

2. What is the Maternity Project?

MATERNITY PROJECT VISION

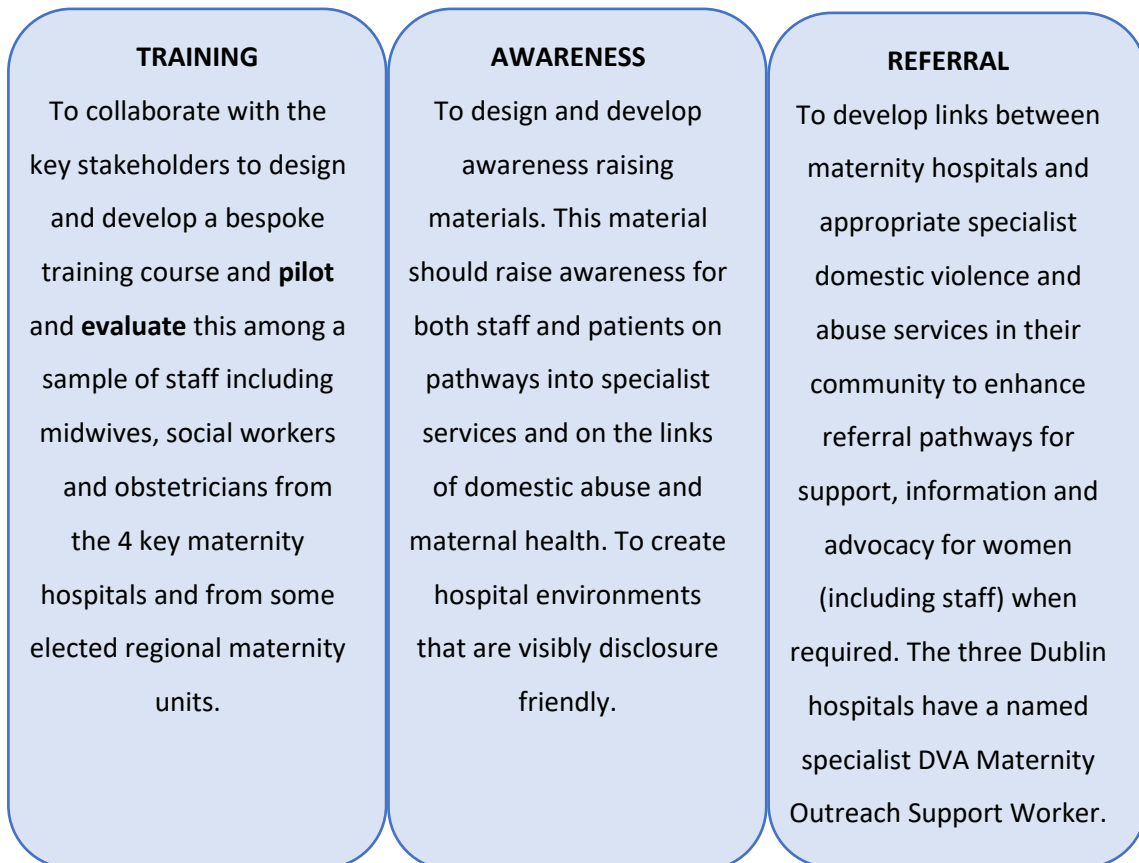
To enhance the Maternity Hospitals & Units response to victims/survivors of domestic violence and abuse through a jointly created, delivered and operated **Domestic Violence and Abuse (DVA) Training, Awareness and Referral Programme.**

The Maternity Project is a specialist domestic violence and abuse (DVA) **training, awareness and referral** programme.

- The objective is a partnership between the maternity hospitals and units, Women's Aid and the specialist DVA sector on these **key strands** of the programme.
- The project is a pilot and we will be commissioning an independent evaluation of the project as a whole.
- The key stakeholders for the pilot are the three Dublin Maternity hospitals and Cork University Hospital where there has been a lot of good practice response to DVA already established.
- We will be looking to identify the good practice in the response to DVA in the four key stakeholder hospitals and bring together the good practice identified to create a model of best response to DVA to roll out nationally
- Our target staff within these hospitals for the training strand of the pilot are a sample of midwives, social workers and obstetricians.
- All staff will benefit from the awareness and referral strands.
- The four main hospitals have identified to us real need among the regional maternity units within their hospital groups and a disparity of resources.

- Therefore, the training pilot will also involve a sample of midwifery and social work staff from the regional units. The regional units to be involved can be identified to us by the main hospitals.
- Women's Aid always adheres to Children First requirements. Please see the Women's Aid Child Protection Policy for more details visit: https://www.womensaid.ie/assets/files/pdf/child_safeguarding_statement_2020.pdf
- Women's Aid adheres to all requirements of data protection legislation, to access our Privacy Notices visit our website: <https://www.womensaid.ie/privacy/>
- A specialist DVA Maternity Project Coordinator will be leading on the collaborative work with these hospitals on the **key strands of the programme** which are detailed in Diagram 1. The project will have **internal and external advisory and operational levels** (see Diagram 2).

Diagram 1: Six Key Strands of the Maternity Project



POLICY REVIEW AND DEVELOPMENT

- Training will not be successful in its deliverables unless it is supported by solid structures in place in the hospital on domestic abuse. The hospitals and units may all have different localised protocols in place based on the 2012 (Revised in 2014) Clinical Practice Guideline on Antenatal Routine Enquiry regarding violence in the home.
- The project will review current protocols and practices and offer support around development of protocols and procedures where most needed and where feasible. This will be offered on a case by case basis and support will be targeted according to need.

DATA COLLECTION

- Effective data collection on DVA within the maternity hospitals and units and by the Women's Aid Maternity Outreach Service will be imperative to provide evidence for the independent evaluation.
- The project will collaboratively review and provide recommendations to enhance data collection on DVA as required.

PROJECT EVALUATION AND POST-PILOT NATIONAL REACH

- The Maternity Project has a national reach and ambition.
- The independent evaluation of the project will make evidence based recommendations to seek support to mainstream the training programme to a national level and to the benefit all of the Maternity Units.
- The aim is that the programme will consist of a variety of materials targeting specific needs and reaching as many staff as possible.
- The ambition is to achieve valid accreditation for this training programme.
- The Project also would like to see the model of a specialist DVA outreach worker attached to maternity hospitals/units become a model that is sustainably funded for each hospital and unit across the country.

Diagram 2: Project Structure

	ADVISORY	OPERATIONAL
INTERNAL	<p>Who: CEO, Training Manager, Services Manager, Maternity Project Coordinator and Maternity Outreach Support Worker*.</p> <p>Role: 1. To provide oversight, guidance and expertise to the Project Coordinator in execution of project</p>	<p>Who: Maternity Project Coordinator and Maternity Outreach Support Worker and Services Manager*.</p> <p>Role: 1. To develop and action an operational plan for roll out of Outreach Service. 2. To continuously evaluate the Outreach service and referral pathways from hospital into service and problem solve any operational issues that arise.</p>

** To attend as required.*

	ADVISORY	OPERATIONAL
EXTERNAL	<p>Who: Multi-disciplinary team. Academics, senior hospital nominees (Masters, midwives, social workers, doctors), DV expertise, Midwife bodies, HSE and Tusla representatives, Maternity Patient voice.</p> <p>Role: 1. To provide guidance and expertise to the Maternity Project. To allow for a diverse range of voices to have input to the project.</p>	<p>x 4 (3 in Dublin x 1 in Cork)</p> <p>Who: WA Project Coordinator & WA Maternity Outreach Support Worker as required, key staff allocated to project from each of the participating Maternity Hospitals.</p> <p>Role: 1. To collaborate with the Coordinator on the design and development of domestic abuse training to be piloted in the maternity hospitals. 2. To be involved in the roll out of the pilot training and to co-deliver this training with the Project Coordinator.</p>

	<p>3. To support the phased evaluation of the training impact.</p> <p>4. Collaborators for the duration of the project that can be consulted for input and assist in problem solving for the practical operation of the project in particular in relation to referral pathways into specialist DVA service, creation of awareness raising materials and use of mediums, and data collection.</p>
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3. Delivering Success

- For women receiving maternity care and experiencing domestic violence and abuse.

IMPACT	MEASURING SUCCESS
<p>Overall better maternal outcomes for pregnant women and child/ren due to maternity staff intervention and support from the of the Specialist DVA Service including:</p> <ul style="list-style-type: none"> • Woman has increased knowledge and awareness on specialist domestic violence and abuse support available to her and how to access these; • Reduction in risk to her and her children/unborn child/foetus; • Woman feels safer; • Woman feels more empowered;⁸ • Improved physical and mental health of the woman. 	<ul style="list-style-type: none"> • Increased number of maternity patients experiencing DVA accessing specialist services. • Increased number of maternity staff experiencing DVA accessing specialist services.

- For Maternity Hospitals, Units and Staff:

IMPACT	MEASURING SUCCESS
<p>Increased Staff Confidence, Knowledge and Awareness across <u>the following areas</u>:</p> <ol style="list-style-type: none"> 1. Knowing the definition of domestic abuse. 2. How to ask service users about domestic abuse. 3. How to respond to a disclosure of domestic abuse. 4. How and when to refer to specialist services. 5. Own personal disclosure (or colleague's disclosure) of DVA will be treated non-judgmentally and appropriate support offered. 	<ul style="list-style-type: none"> • Increased numbers of staff (who are mandated to ask about DVA) trained around DVA • Increased referrals to specialist DVA services • Increased enquiry around DVA • Increased Identification of patients experiencing DVA • Increased Disclosures of DVA

⁸ stronger and more confident, especially in controlling their life and claiming their rights.

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- For All Stakeholders:

IMPACT	MEASURING SUCCESS
<ul style="list-style-type: none"> • The evaluation of the maternity project will provide an evidence base for mainstreaming of project inputs nationally. 	<ul style="list-style-type: none"> • Independent evaluation of all key project components completed and recommendations to enable stakeholders to resource the continuing rollout of training, policy and practice and dedicated specialist outreach supports across maternal health setting nationally. • Commitment from funders and senior health professionals to build on the pilot and mainstream. • The positive outcomes for staff and mothers and children/unborn child*ren/foetuses alike, which benefited those involved in the pilot is extended to all, in a consistent manner for the long term.

4. Women's Aid Specialist Team

Named DVA Specialist Worker

- Accessible and efficient referral pathway for women experiencing DVA.
- On-going support and Consultancy.
- Continuous data collection.
- Continuous evaluation of women's experiences and outcomes.

DVA Specialist Coordinator

- On-going support and consultancy.
- Training development and delivery.
- Creation of awareness raising materials and ongoing consultancy around awareness raising.
- Enhancement of data collection for hospitals and units.
- Continuous evaluation and monitoring

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**Please see the Maternity Project Outreach Service Information Sheet for more on the Outreach Service provision*

This work was made possible through the support of KKR Covid Response Fund, a sponsored project of Rockefeller Philanthropy Advisors.