Women's Aid Submission to the Joint Committee on Health on Pregnancy and Infant Loss

April 2026

1. About Women's Aid

Women's Aid welcomes the opportunity to make a submission to the Joint Committee on Health on the topic of pregnancy and infant loss.

Women's Aid is a leading national organisation that has been working in Ireland to stop domestic violence and abuse (DVA), against women and children since 1974. In this time, the organisation has built up a huge body of experience and expertise on the issue, enabling us to best support women and share this knowledge with other agencies responding to women and children experiencing domestic violence. More information on Women's Aid's work is available on www.womensaid.ie.

Given our remit we will focus solely on pregnancy loss in the context of DVA.

Women's Aid offers a range of supports to women experiencing DVA. Particularly relevant for this submission is the Women's Aid Maternity Outreach Service, which provides support, information and advocacy to women who are experiencing domestic abuse and who are receiving maternity care from the three Dublin-based Maternity hospitals: the Rotunda Hospital, the National Maternity Hospital at Holles Street and the Coombe Hospital. The goals of the maternity project are to create safe conditions for women to disclose, address some of the known barriers to effective identification of women subjected to DVA in the perinatal period, and to strengthen timely access to appropriate supports.

2. DVA and pregnancy

DVA is very common in Ireland, with a recent FRA and Eige report finding that 33.2% of women have experienced psychological violence and 22.7% of women physical or

5 Wilton Place, Dublin 2, Ireland
Tel: 01-6788858
Email: info@womensaid.ie

24hr National Freephone
Helpline **1800 341 900**
Registered Charity No. 20012045

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sexual violence from an intimate partner[1]. The same report finds that in the EU among women who have experienced violence and have been pregnant during the relationship, 26% experienced sexual or physical abuse by a current partner and 28% by a former partner at least once during pregnancy[2]. Unfortunately, there is little current and robust data on DVA in pregnancy in Ireland, and even less on DVA and pregnancy loss.

Research within maternal health shows that pregnancy can be a period of increased risk for intimate partner violence, as the perpetrator may perceive shifting attention, external support, or medical engagement as threats to control. Survivors report heightened surveillance and restriction during this time, including being monitored constantly, denied privacy, and subjected to degrading treatment.

Perpetrators may insist on attending all medical appointments, speaking on behalf of the woman and making unilateral decisions about her care. They often justify this behaviour as concern for the unborn child, masking control as protection. In parallel, they may intensify monitoring of the woman's daily life, dictating her diet, movements, and social interactions. Emotional abuse frequently targets bodily changes associated with pregnancy, with insults aimed at appearance contributing to isolation and diminished self-worth. Sadly, abusers can even directly target the pregnancy with physical or sexual violence.

It is important to note that pregnancy can also be a time where new opportunities to intervene may present themselves due to ongoing healthcare appointments and women being able to access services without arousing suspicion. In order to take advantage of these intervention opportunities, it is vital that women are screened for DVA (and therefore that appointments are scheduled without the perpetrator present), that maternity services are trained in identifying, responding and referring DVA cases and that a joined up response between health professionals and specialist services is available, as modelled by our collaboration with the three Dublin hospitals mentioned above.

1 FRA and EIGE, EU Gender-based Violence Survey – Evidence for Policy and Practice, Publications Office of the European Union, Luxembourg, 2026, Tables 1 and 8

2 Ibidem, page 65. Data by member state not available

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3. DVA and Pregnancy Loss

Research in public health and perinatal medicine links intimate partner violence with higher rates of pregnancy loss, premature birth, and low birth weight, underscoring the intersection between violence and reproductive outcomes. Abusers may directly or indirectly contribute to pregnancy loss through physical violence, chronic stress, or neglect, all of which are associated with adverse outcomes such as miscarriage and stillbirth.

For example, pre-term birth and low birth weight, which are leading causes of neonatal death, are two to six times more likely for women experiencing perinatal DVA, with the strongest risk for those subjected to physical violence. Physical assault during pregnancy that results in hospitalisation triples the risk of baby having a low birth weight, with an associated range of short- and long-term negative child outcomes. Neonatal death is six times more likely in these cases. Coercive control may also induce premature labour through activating stress pathways in the body and raising cortisol levels which cross the placenta.[3]

When pregnancy loss occurs in an abusive relationship, the feelings of grief, guilt and isolation which often accompany the loss can be intensified and also exploited by the abuser. Women may feel they have not protected the pregnancy from the abuser or may be blamed by him for miscarriages, accused of failing in their role, or subjected to further emotional abuse following the loss.

Unlike women in healthy relationships, women experiencing pregnancy loss within an abusive relationship may have no one to support them and grieve with them: not the partner who may be using the loss as a part of continuing abuse and often not her family or friends as the abuser may have isolated the woman from them.

The aftermath of pregnancy loss in abusive contexts often lacks adequate support. Perpetrators may prevent access to healthcare, counselling, or social networks, leaving survivors to process grief in isolation. This can have long-term consequences for mental health, including depression, anxiety, and symptoms consistent with

3 Centre for Effective Services, Evaluation of the Women's Aid Maternity project, November 202, page 30. Available at https://www.womensaid.ie/app/uploads/2024/11/Evaluation-of-the-Womens-Aid-Maternity-Project-Full-Report.pdf

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trauma. The disruption of maternal identity and attachment, already significant following pregnancy loss, may be further compounded by ongoing abuse and control.

When loss occurs in the context of DVA, specialist support needs to be offered, keeping in mind the extreme vulnerability and isolation that abused women experience at this time. It is essential therefore that DVA specialist training is provided across the maternity health ecosystem, including public health nurses, so that staff can identify and respond to DVA, including at a time of pregnancy loss. This training would also play as a key preventative measure, in that better support of women experiencing DVA may reduce the risk of pregnancy loss.

Women's Aid Maternity project provides awareness campaigns, training and outreach to three Dublin Maternity Hospital, seeking to improve support to women currently or recently in receipt of maternity care (pregnancy, post-partum, pregnancy loss and termination). The project has been independently and positively evaluated.[4] Women who accessed the service were overwhelmingly positive about their experience of accessing support from the outreach worker, the majority agreeing that they received information and support about their rights and options; received emotional support and felt stronger and more confident in managing their situation. Below are some comments from women accessing the Outreach Worker[5].

> *"The maternity project outreach support service has given me support mentally and financially when I was alone. I really appreciate the good work of the women from the protection team which has given me confidence to survive in my situation and thanks a lot to support service and miss Lucy."*
>
> *"The service, information and support I received was fantastic, I couldn't have done it on my own. Thank you so much again."*[6]

Expanding this model to other maternity hospitals would support pregnant and perinatal women experiencing DVA, including those who suffer pregnancy loss.

4 REF evaluation
5 These are not specific to pregnancy loss
6 Ibidem page 73

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We also note that it is very unlikely that domestic violence is identified as the cause of the pregnancy loss, even though there was a physical assault. Women's Aid is aware of two cases where a postmortem was carried out but remained inconclusive. The perpetrator is also unlikely to be brought to justice for physical assault resulting in pregnancy loss.

Facilities

In our work within the hospitals, we have noted that many woman who have experienced loss are attending appointments in the hospital surrounded by pregnant and postpartum women, which compound their grief and should be avoided.

4. Recommendations

1. Ensure that training on Domestic Violence and Abuse, including coercive control, is provided by specialist DVA services to maternal hospitals staff and to public nurses.
2. Replicate in other locations the collaborative model between specialist DVA services and maternity hospitals developed by Women's Aid and the three Dublin maternity Hospitals.
3. Continue to improve DVA screening in Maternity services, including for women in private clinics.
4. Improve data collection on DVA and pregnancy, and specifically on pregnancy loss in the context of or due to DVA.
5. Provide facilities in hospitals, so that women who have suffered pregnancy loss do not have to attend appointments together with pregnant and post-partum women.

Women's Aid thanks the committee for their consideration of this submission and its recommendations and would welcome the opportunity to further discuss with members at their convenience.

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