



# INEQUALITIES SENSITIVE PRACTICE INITIATIVE MATERNITY PATHWAYS

## Women Affected by Gender Based Violence



## Standard of Care

1. All staff should have awareness training and education on Gender-Based Violence (1)

### Antenatal Care

2. Communication support needs should be documented at as early a stage as possible and the relevant midwifery team informed so that support arrangements can be put in place for the maternal history taking visit.
3. Family members/partners should not be used to interpret or advocate for women and where possible only female interpreters should be used. Where appropriate, the telephone service should be utilised to ensure clients understand arrangements for continuing care. Special arrangements, e.g. attendance of an advocacy worker, along with the use of easy read materials, may be required to support communication and understanding with women who have learning disabilities. (2)
4. All pregnant women should have private time during maternal history taking or early in the antenatal period, to allow women the opportunity to disclose and discuss any personally sensitive issues. Women with communication support needs should have an interpreter present or if more appropriate, be seen on their own with back up from the telephone service. (3)
5. Routine enquiry into gender based violence should be undertaken within private time. Enquiry should be raised in context and be explicit i.e. include inquiry around physical, psychological, emotional and sexual abuse or control, child sexual abuse and where appropriate female genital mutilation. Midwives should listen attentively, provide emotional support and information, and facilitate referral to a helping agency where appropriate. Women should be made aware that maternity staff can be approached at any stage, for help and support on gender based violence. (4)
6. If private time is not achieved during the maternal history taking visit this should be documented in the handheld record and the appropriate team/midwife informed. Private time should be undertaken at the earliest opportunity thereafter. Clients with communication support needs should have private time, with the appropriate support, by the 3rd antenatal visit.

7. If a woman discloses gender based violence, the signifying box in the handheld record should be completed in order to signpost other health care professionals to the base record for further information. The base record should contain an account of the gender based violence and include a record of client statements and where possible and appropriate, a visual representation e.g. a body map, of any related physical injury. New information, along with a record of any action taken, should be documented in the base record throughout the pregnancy.
8. Following disclosure the midwife should seek to affirm the woman and validate her experience and, while informing her of the limits of confidentiality in relation to the safety of the client, the unborn child and any other child in the household, encourage her to talk about her situation and experience. Discussion should include exploration of the abuse, risk assessment, information and options for support, including a social work referral, the development of a care plan for ongoing support and a safety plan where appropriate. It should be made clear to the women that a social work referral will be made in situations of ongoing risk. (4)
9. All disclosures of gender based violence should be reported to the Gender Based Violence Resource Unit in Yorkhill Hospital, either in writing or by phone. If abuse is current and ongoing, information should be shared with the relevant midwife and/or consultant teams. Referral to social work should be undertaken on the basis of a risk assessment process that incorporates child protection guidance. (5)
10. Midwives should be alert to any signs of possible gender based violence throughout the maternity episode and further enquiry undertaken.
11. Staff should have access to supervision and support when dealing with stressful client situations.

## Hospital-Based Care

12. Staff caring for the woman on an inpatient basis should be informed of any GBV issues through written documentation in the base record.
13. Staff should be vigilant for any indicators of physical, psychological or emotional abuse and be prepared to undertake sensitive enquiry. Information should be shared with the appropriate health and social care providers and documented in the base record. See Standard 7.
14. Staff should be aware of issues of privacy and confidentiality in relation to GBV and ensure that sensitive information is kept safe.

15. Following disclosure staff should discuss with the woman her wishes with regard to her partner's access to the ward during her stay and what information, if any, should be given over the phone.
16. Staff should ensure that relevant information is passed to the community midwives.

## Postnatal Care in the Community

17. Staff should be vigilant for any indicators of physical, psychological or emotional abuse and be prepared to undertake sensitive enquiry. Information should be shared with the appropriate health and social care providers and documented in the base record. See Standard 7.
18. Where GBV has previously been disclosed, community midwives should endeavour to achieve private time in order to discuss the woman's support needs and care plan.
19. Staff should ensure that the health visitor is informed of GBV issues both verbally and in writing and where appropriate, arrange a joint visit.

## Staff Competencies

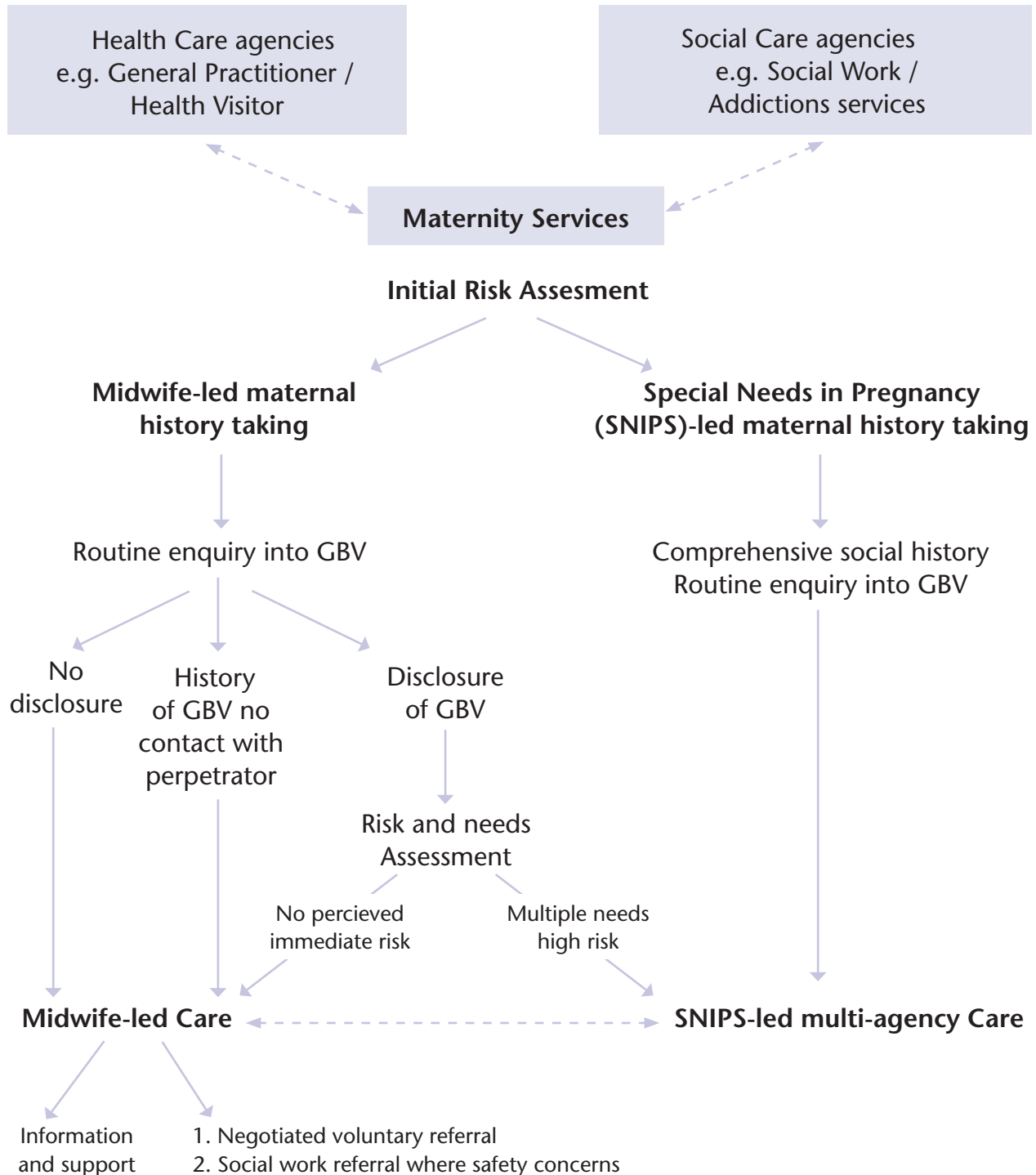
- Midwives should be competent to assess communication and language support needs and to arrange for appropriate interpretation support and / or easy read resources.
- All staff should have a basic awareness of gender based violence through completion of the SDLU and/or attendance at gender based violence training.
- All staff should be confident and skilled in undertaking routine enquiry in to gender based violence including raising the issue sensitively, asking open ended questions, listening and responding empathetically and taking a non judgmental, respectful approach.
- Staff should be aware of the limits of their own role and competence and knowledgeable of local sources of support.
- Staff should support self efficacy in the woman by working openly and in partnership with her in the assessment of current needs and risks, by providing information about support services including the role of social services, by discussing care options and by developing jointly a care plan and where appropriate, a safety plan.

- Staff should be familiar with child protection guidance and the limits of confidentiality with respect to child safety and be competent to discuss support needs that require referral to social services.
- Staff should be alert to controlling and/or dominating behaviour in partners and/or family members and seek to manage situations to achieve private time and routine enquiry without causing suspicion or potential conflict.

## References

1. NHS Greater Glasgow and Clyde Gender-Based Violence Action Plan.
2. Communication Support and Language Plan, NHS Greater Glasgow and Clyde. [www.equality.scot.nhs.uk](http://www.equality.scot.nhs.uk)
3. Maternal History Taking Best Practice Statement (2008), NHS Quality Improvement Scotland.
4. NHS Greater Glasgow and Clyde (2008), Protocol for Identifying and Responding to Domestic Abuse in Pregnancy.
5. Inter Agency Procedural Guidance for Vulnerable Women During Pregnancy (2008), Glasgow Child Protection Committee.

## Pathway: Women Affected by Gender Based Violence



- Continuous risk and needs assessment throughout pregnancy pathway
- Professional support and advice through the GBV Resource Unit
- Multi-agency liaison group support through SNIPS