Care during the perinatal period for women who have suffered sexual abuse

Do

1. Be aware of the reality of sexual abuse. It affects women from all walks of life.

2. Be aware of the clinical symptoms and indicative behaviours which could potentially occur in a woman with a history of sexual abuse eg non engagement with maternity services, unease with touch or examination.

3. Listen, believe and accept. Respond with individualised care planning including assessment of current safety (for both mother and baby).

4. Find out what the woman needs from you.

5. Give clear explanations, and obtain informed and ongoing consent prior to and during all care provision, especially relating to physical contact.

6. Do truly endeavour to maintain privacy and dignity at all times eg aim to have the minimum number of attendants, aim to have minimal interventions.

7. Be sensitive to potential triggers eg the language you use, or some smells such as aftershave may provoke memories.

8. With the woman's consent, maintain accurate records that are easily accessible on a 'need to know' basis. Be aware, however, of your particular duty of care requirements where there are child protection issues.

9. Have knowledge of local and national agencies and organisations to provide information to women, or assist with referral.

10. Be aware of the potential effect of assisting a woman who has a history of sexual abuse on yourself and on others caring for her. Know how to seek support for yourself.

Don’t be reluctant to raise the issue of sexual abuse. Don’t assume that someone else will take action.

Don’t ask for detailed accounts.

Don’t assume you know what is best, take control, disempower the woman, or make assumptions on her behalf.

Don’t use phrases that may be potential triggers to previous abuse eg ‘lie still sweetie’.

Never underestimate yourself or your actions.
Background

This guidance was drawn up by the Maternity Team Improvement Forum at NHS Quality Improvement Scotland (NHS QIS) which became Healthcare Improvement Scotland on 1 April 2011. It was developed following one of the meetings of the forum where one of the members of a maternity team shared the experience of caring for women who had been sexually abused. The forum agreed that some high level guidance would be helpful for all members of the maternity team.

Sexual abuse affects many women, perhaps as many as one in eight. Sexual abuse could have occurred in childhood, or later in life, most commonly from rape by a partner or stranger. Its effect during antenatal care, labour and in the post natal period is complex and unpredictable. Given the context of their empathetic listening, physically touching women, and the woman’s anxiety, maternity care professionals often receive disclosures of this nature. Although not in a position to solve the issues, they can listen, and direct the woman to further sources of support if the woman wishes this. It is acknowledged that the safe and confidential recording and, where necessary, transfer of this sensitive information is good practice. Child protection issues may also require consideration.

A literature search was commissioned from knowledge services in NHS QIS in August 2010 using the following search terms; labour, pregnancy, woman’s experience, post natal, in combination with violence, sexual abuse, incest, rape, midwifery care, midwife, post traumatic stress syndrome, child sex abuse, survivors of sexual abuse. The literature searched was written in English and had been published in the last ten years (from January 2000). Primary literature and national documents were identified; local guidelines were not included in the search.

Findings were further interrogated and summarised by a researcher; case studies were not accessed since similar experiences were furnished by the members of the improvement forum. This summary document and an article describing the process of compiling this guidance is published on our website at www.healthcareimprovementscotland.org

Women who have been victims of sexual violence may confide in a member of the maternity team. It is important to have good knowledge of local support to direct the woman to further sources of help.

Maternity professionals who care for women who have been the victims of sexual abuse are often themselves affected by the issues. Professionals can seek further information not only from the literature accessed in the initial search, linked above, but may wish further support from their peers, line manager, or if relevant, a supervisor of midwives.