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Longitudinal evaluation of a training program to promote routine antenatal enquiry for domestic violence by midwives

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ABSTRACT

Background: Routine enquiry about domestic violence during pregnancy is accepted best practice. Training is essential to improve knowledge and practice. Few studies have undertaken a comprehensive evaluation of training impact over time.
Aim: To evaluate the longitudinal impact of a domestic violence training and support program to promote midwives' routine antenatal enquiry for domestic violence using a mixed methods design.
Method: Data sources included (1) surveys of midwives at 6 months post-training, (2) interviews with key stakeholders at 12 months, (3) chart audit data of screening, risk, and disclosure rates (for 16 months). Measures included midwives' knowledge, preparation for routine enquiry, knowledge of domestic violence and perceptions of impact of the training and support for practice change.
Findings: Forty (out of 83) participant surveys could be matched and responses compared to baseline and post-training scores. Wilcoxon signed-rank test identified that all 6-month follow-up scores were significantly higher than those at baseline. Level of preparedness increased from 42.3 to 51.05 ($Z = 4.88$, $p < .001$); and knowledge scores increased from a mean of 21.15 to 24.65 ($Z = 4.9$, $p < .001$). Most participants (>90%) reported improved confidence to undertake routine inquiry. A chart audit of screening rates revealed that of the 6671 women presenting for antenatal care, nearly 90% were screened. Disclosure of domestic violence was low (<2%) with most women at risk or experiencing violence declining referral.
Conclusions: Training, support processes, and referral pathways, contributed to midwives' sustained preparedness and knowledge to conduct routine enquiry and support women disclosing domestic violence.

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Statement of Significance

Problem or issue

There is relatively little longitudinal evaluation of training programs for midwives to conduct routine enquiry for domestic violence.

What is already known

Asking pregnant women about their experiences of domestic violence is accepted best practice.
Training and workplace support can enable midwives to conduct routine enquiry about domestic violence.

What this paper adds

At 6 months post-training, midwives' knowledge and preparedness for routine enquiry continued to be higher than pre-training.
Training outcomes were enhanced by peer-support, changes to documentation, and awareness of referral pathways.
Organisational strategies are needed to maintain commitment to screening and referral.

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1. Introduction

In Australia, 36% of women who experienced violence by a partner reported that this occurred when they were pregnant.[1] Around seventeen percent of women experience domestic violence (DV) for the first time during pregnancy.[1] Research evidence shows that midwives and health professionals who have received DV training are more likely to routinely ask women about their experiences, respond sensitively, and offer appropriate referral.[2] Although asking all women about a history of DV is considered best practice, it may not lead to referral. O'Doherty et al.[2] suggested that poor referral rates by health professionals may be attributed to a lack of education and training around responding to a woman's positive disclosure. DV training is essential for staff working in services used by women at risk or experiencing violence. Although there is some research evaluating the longitudinal impact of nurse training for routine enquiry about DV with women attending emergency departments,[3,4] there is relatively little research examining the longitudinal impact of training on midwifery practice.

Robust training programs can provide midwives with the knowledge and skills necessary to confidently enquire and support women who positively disclose DV. Midwives participating in a recent Australian study reported that working in health services where there was initial training and a clear DV referral pathway increased their confidence for routine enquiry.[5] However, the provision of education and training programs to enhance midwives' knowledge and skills to carry routine enquiry in Australia has been somewhat inconsistent. In a survey of Australian midwives' knowledge about DV, most participants (n = 125, 82.2%) reported some workplace training, but this varied from watching a DVD (32%), to reading hospital policy (44%), or attending a skill based DV workshop (39.2%).[5]

McCosker-Howard et al.[6] investigated midwives' perceptions of barriers and supportive strategies for routine screening as part of the 1998 Domestic Violence Initiative in Queensland. Participants described minimal preparation for the introduction of routine screening, and none reported receiving ongoing training. Although midwives valued the identification and support for women experiencing DV, they felt overwhelmed by the expectations and additional workload that screening created. Midwives described the negative emotional impact of feeling relatively unprepared and unsupported for the introduction of routine screening.[6]

These findings contrast with the evaluation of a three-month Commonwealth funded pilot scheme for routine DV screening in the Sutherland Hospital Antenatal Clinic.[7] Training and site-specific resources that included referral pathways were made available to all antenatal clinic midwives. Whilst some midwives identified common barriers such as presence of the partner at antenatal appointments, most midwives reported feeling confident and strongly supported the introduction of routine enquiry.

In a systematic review of DV training for health professionals, Davidson et al.[8] concluded that most training programs were of limited duration, offered to small groups, were rarely repeated or followed-up, and provided scant detail of program content. Similar findings were reported by O'Campo et al.[9] in a systematic review of 23 studies. DV training programs were more likely to be successful if there was organisational support; training was offered in an ongoing way; included content about prevalence, impact of DV, and community resources, used screening protocols and were supported by readily available referral services.[9] More recently, a scoping review of DV education and training programs for midwives and nurses by Crombie et al.[10] also identified significant variation in how training programs were delivered. Relatively few training programs included a long-term evaluation.

The Bristol Pregnancy Domestic Violence Programme, a skills-based training course, aimed to equip community midwives (n = 79) in the United Kingdom with knowledge and confidence to enquire about DV during pregnancy.[11] The authors found improvements in knowledge, attitudes and efficacy that were still evident six months after the program. Five years after training, 58 midwives completed a repeat questionnaire and eleven participated in focus group discussions.[12] Midwives described continued feelings of confidence and a sense of pride regarding their role in routine enquiry. Their sustained commitment to routine enquiry also prompted these midwives to employ innovative strategies to overcome some of the previously identified workplace barriers.[12]

A review of the DV program evaluation literature suggests that most training programs have some degree of success in changing practice. For instance, Janssen et al.[13] examined medical records to determine the impact of a DV training program conducted 18 months previously. The training was brief (one hour), and consisted of participants watching a demonstration of how to ask the screening question and being offered practice supervision. Using the Diffusion of Innovation theory[14] as an evaluation framework, the authors reported positive change in staff behaviour and screening rates which improved from 42 to 60%. Similarly, a six-month follow-up evaluation of a 4-day DV training program with Sri Lanka public health midwives (n = 408) also found improved knowledge levels, ability to identify and follow-up women experiencing DV, and fewer perceived barriers to screening.[15] Factors contributing to changes in practice were attributed to an emphasis placed on cultural values and developing close relationships between women and midwives.[15] Protheroe et al.[16] undertook follow-up interviews with midwives (n = 26) to discuss the impact of DV training that occurred 6 to 22 months previously. Participating midwives identified that training improved their understanding of DV and skills in screening. Participants also suggested that future training could consider the inclusion of role play and involve specialist agencies.

The review of the literature revealed relatively limited research following-up the introduction of DV training for midwives. Building on the data collection approaches of others[12,13] this paper presents the findings of a multi-phased evaluation using a mixed method design to determine the longitudinal impact of training to promote routine antenatal enquiry for domestic violence.

2. Method

2.1. Design

A mixed method design with three phases was used. The three forms of data collection included: (1) follow-up survey of workshop participants; (2) interviews with key stakeholders; and (3) a chart audit of screening practices.

2.2. Setting and sample

All midwives offering direct antenatal care at three hospitals in South East Queensland were supported to attend a one day training workshop to promote awareness and preparedness for routine antenatal enquiry about domestic violence. A total of 88 midwives were invited to attend the workshops, 5 midwives were unable to attend due to sickness or annual leave. Workplace arrangements were made to facilitate workshop attendance for interested midwives during work time. This sample of midwives were followed-up at 6 months post-training.

Interviews were conducted with key stakeholders, including two 'local champions' and 3 maternity service managers. Local champions were experienced clinical midwives nominated by each

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