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Why don't Obstetricians ask?: A Systematic review to identify the barriers to screening or asking about IPV in the antenatal outpatient setting

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Background

The World Health Organization (WHO) estimates that globally, at least one in three women experiences physical, emotional or sexual abuse within a relationship with an intimate partner or behaviour that is coercive or controlling (1). Intimate Partner Violence (IPV), comprises a significant part of gendered violence or violence against women. IPV is known to commence, continue and even increase during pregnancy (2). It is recommended that all women are screened for IPV during their pregnancy, however it is known that there is wide variation in uptake of screening practices (3). Routine enquiry or screening is recommended by WHO (1) and international professional organisations such as the American College of Obstetricians & Gynecologists (ACOG), and RANZCOG (3). Despite recommendations, rates of screening by obstetricians are low in the antenatal setting.

Aim

To determine the barriers to screening of intimate and domestic violence among registrars and consultants involved in antenatal care.

Methods

Systematic review conducted according to PRISMA guidelines and registered with the PROSPERO database (ID: CRD42020188994). Embase, Ovid and PubMed were searched from 1993-2020 restricted to studies published in English. Thematic analysis of data was performed. Quality was assessed using CASP checklists (4).

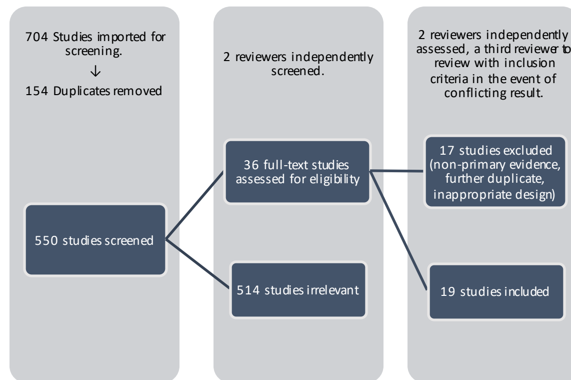


Figure 1. Prisma Flowchart

Results

Nineteen studies were included in the review, following screening of 550 articles from 704 citations. Qualitative data of low quality was obtained from four studies of focus groups or semi-structured interviews, and eleven survey-questionnaires. Moderate quality quantitative data was obtained from one cohort study and three RCTS. The RCTs addressed facilitators such as assessment or cueing tools.

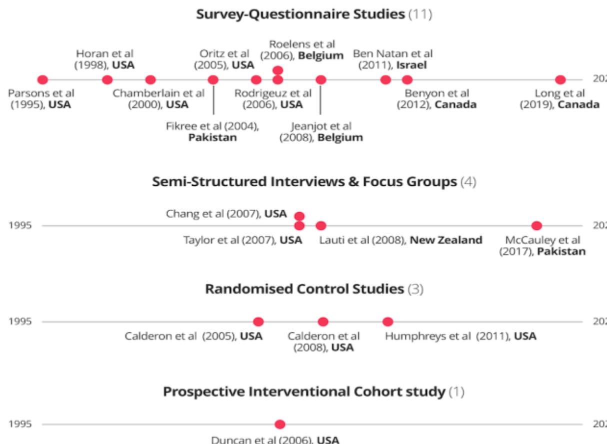
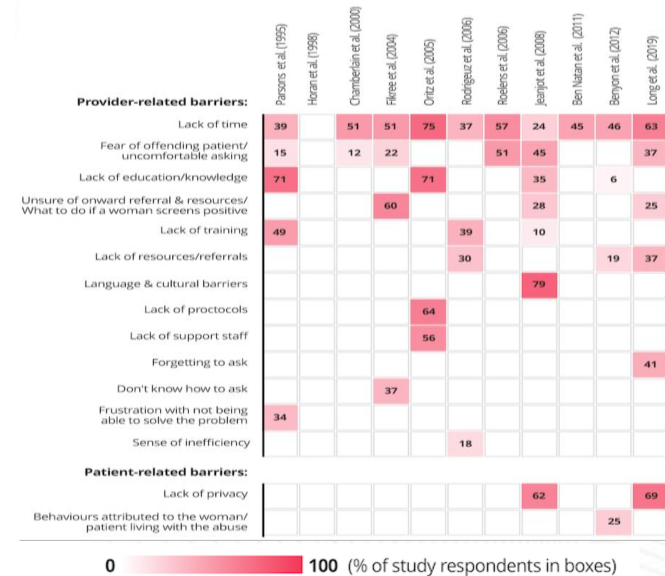


Figure 2. All included studies by type and country

The five main barriers to screening or asking about IPV were: 1. lack of time in patient consultation, 2.Lack of education or training, 3. lack of support or referral pathways, 4. lack of privacy or time alone with the patient and 5. fear of offence or reprisal from asking.



	Parsons et al. (1995)	Horan et al. (1998)	Chamberlain et al. (2000)	Fikree et al. (2004)	Oritz et al. (2005)	Rodrigeuz et al. (2006)	Roelens et al. (2006)	Jeanjot et al. (2008)	Ben Natan et al. (2011)	Benyon et al. (2012)	Long et al. (2019)
Provider-related barriers:											
Lack of time	39		51	51	75	37	57	24	45	46	63
Fear of offending patient/ uncomfortable asking	15		12	22			51	45			37
Lack of education/knowledge	71				71			35		6	
Unsure of onward referral & resources/ What to do if a woman screens positive				60				28			25
Lack of training	49					39		10			
Lack of resources/referrals						30				19	37
Language & cultural barriers								79			
Lack of proctocols					64						
Lack of support staff					56						
Forgetting to ask											41
Don't know how to ask				37							
Frustration with not being able to solve the problem	34										
Sense of inefficiency						18					
Patient-related barriers:											
Lack of privacy								62			69
Behaviours attributed to the woman/ patient living with the abuse										25	

0 — 100 (% of study respondents in boxes)

Figure 3. Infographic: Main Barriers to IPV screening- survey data

Discussion

Individual factors such as inadequacies in time, education and privacy together with systems issues such as lack of referral pathways and resources are powerful barriers to asking about IPV. Identified barriers are consistent with studies conducted in the primary care setting. Moderate quality evidence from three RCTs included indicated that use of an assessment or cueing tool improved enquiry. Audit processes also improved enquiry.

References

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3. RANZCOG. Mental Health in the Perinatal Period. Australia: Royal Australian and New Zealand College of Obstetricians and Gynaecologists; 2018.
4. https://casp-uk.net/casp-tools-checklists/

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