Improving intimate partner violence knowledge, patient screening rates, and resource accessibility for labor & delivery nurses

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Improving Intimate Partner Violence Knowledge, Patient Screening Rates, and Resource Accessibility for Labor & Delivery Nurses

November 9th, 2022 | Bryn Adams, MN, RNC-MNN, CNL
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Background

- Intimate partner violence (IPV) is a type of domestic violence
- Scholarly sources estimate that 3%-30% of women experience IPV during the perinatal period
- Victims of IPV (and their fetuses/newborns) experience negative physical, psychological, behavioral, and socioeconomic effects
Background

- Routine screening of all obstetric patients for IPV is recommended by top professional health care organizations
- Multiple barriers to IPV screening in the health care environment are identified in the literature
  - Lack of training
  - Concerns about time and workload priorities
  - Discomfort with the screening process
  - Lack of adequate knowledge of support services
Local Problem

• A microsystem assessment was conducted in the Fall of 2020 of the labor & delivery (L&D) unit at a large suburban hospital
  • 21-bed unit (including a 3-bed obstetric emergency department)
  • Level III maternal subspecialty care
  • About 3500 deliveries annually
Local Problem

- L&D nurses are required to ask all patients about violence and abuse upon admission to the unit.
- EHR audit revealed that only 38.0% of Violence/Abuse screens were completed by the time the patient was discharged.
Objectives

• Quality improvement project aims:
  • Increase IPV screening rates through increasing L&D nurses’ IPV-related knowledge and comfort
  • Equip nurses with the tools and resources for when a patient screens positive for IPV
Methods

• Virtual educational seminar attended by L&D nurses in March 2021
• L&D unit supplied with IPV resource cards
• Pre- and post-intervention survey conducted
• EHR-based IPV screening rates monitored weekly
Results

• Post-intervention survey results showed improvement in all categories

• IPV screening rates markedly improved
Implications for Practice

- Limitations:
  - Unknown if more victims of IPV were identified
  - Staff turnover

- Results suggest this intervention is helpful and recommended for other perinatal health care settings
Works Cited


