

06.01.2020

PREVENTION OF SEXUAL VIOLENCE IN PERINATAL SERVICES

Experience of Strasbourg
Hospital CHU with Perinatal
service SVS-Alsace



Nicole Andrieu

Midwife co-ordinator, Perinatal service
SVS

Nadine Knezovic-Daniel

Midwife co-ordinator, Strasbourg
Hospital CHU



WHY?

- Commentaries that were hard to hear
 - Debate about violent obstetric practices
 - Becoming aware of the need for training
 - Friendship and good professional confidence between two midwives
 - Enough energy to go round!!!
-



MEANS: DEBATE/ TRAINING/DOCUMENTARY...

Event/debate " Chatouilles"

Film screening and debate bringing together the Council of Europe, CHU Hospital, SVS-Alsace, with Andréa Bescond and Dr Violaine Guérin

Room full - 600 places, 350 health care staff in the room, plus live streaming on the Hospital's Facebook page du CHU and user uploaded platforms

The event underlined the willingness of many staff to be trained



TRAINING FOR THE WHOLE TEAM AND PARTNERS

- Midwives (all services, maternity units, PMA, echography...)
 - Doctors
 - Psychologists
 - Social workers
 - Medical workers, creche workers
 - Nurses
 - Framework
 - Open invitations were made to independent midwives, PMI, lawyers, police, children's social work services
-



TRAINING

- Basics (2 days)
- Introduction (1 days) within CHU Hospital and local service SVS-Alsace
- Perinatal training (2 days) within the CHU Hospital
- Health care professional training (Dr Guérin)
- Specific training for doctors within the hospital CHU (Dr Guérin)

Results:

- Nearly 400 people received the general training
 - 51 people received the perinatal training – midwives and psychologists
 - Creation of links and a network beyond the actual training
-



RESULTS

- Reduced stress for teams
 - Appropriate attitude, adapted to patients
 - Systematic screening (at the most appropriate time)
-



OTHER ACTION

RETEX: feedback on experience, taking particular cases, and identifying areas for improvement

Putting a RETEX in place every two months and for complicated cases

Systematic feedback of patient testimonials to teams

CLINICAL STICKERS:

Example of an optimal intervention

Example of an catastrophic intervention



BARRIERS AND INITIAL DIFFICULTIES

- Resistance from teams
 - Divide psychologist/ clinical practitioners
 - Inadequate co-ordination local service/hospital and/or internal
 - Finances
-



OTHER ACTION : CREATING A DOCUMENTARY

PRIMUM NON NOCERE (directed Eric Lemasson, financed by CHU Strasbourg Hospital, CNGOF, Semeurs d'Etoiles, Réseau Naître en Alsace)

Introductory video on taking care of patients who are victims of sexual violence

- Used by young interns and new staff, and for all external agents doing a traineeship, when they start
- Will be used by all universities and medical schools
- Rights free, screening of the avant-première tomorrow

<https://vimeo.com/374187610>
LPDM

Vidéo
Bande
annonce



CREATING SPECIFIC CARE PROGRAMME FOR PREGNANT WOMEN

- Different professionals involved:
 - Widwives – independent and hospital employees
 - Doctors - independent and hospital employees
 - Psychologists
 - Osteopaths
 - Acupuncturists
 - Prenatal singing
 - Relaxation, yoga...
 - EMDR
 - Specific birthing preparations
 - Preparation of the other parent
 - Pedopsychiatrists
 - ...



CREATING SPECIFIC CARE PROGRAMME FOR PREGNANT WOMEN

- Conditions for proper functioning:
 - Obligatory training for professionals at local SVS service
 - Coordination to organise the programme
 - Setting up multi-disciplinary staff
 - Staff must be made available at no cost to the patient
 - Patient commitment to follow the programme adapted to their needs
 - Review
 - Interdisciplinary nature indispensable
 - Links between local service/hospital indispensable based on confidence
-



CREATING SPECIFIC CARE PROGRAMME FOR PREGNANT WOMEN

- Expected results from the programme
 - Care adapted to the patient's needs
 - Preventing pathologies
 - Lowering co-morbidities
 - Better patient experience
 - Better mother/child bond
 - Preventing violent obstetric practices
 - ...



ASSESSMENT

- Still to come, haven't taken a step back yet
- Indispensable to make the system last



CONCLUSION

Treatment that's safe, adapted to patient, satisfaction of patient and partner

Multi-disciplinary approach

Prevention of sexual violence et education for children to come



MORAL

“ THEY DIDN'T KNOW IT WAS
IMPOSSIBLE ... ”

SO THEY DID IT... »

The wife of MARK TWAIN



 **VOUS EN PARLEZ**
NOUS IRONS LOIN

Thank you for listening

luna&pté