What do we know?

Adverse Childhood Experiences: Maternity services have a unique opportunity to support women and families to build resilience and mitigate against the harmful impact of parental exposure to adverse childhood experiences (ACEs) but, most importantly, to prevent exposure to ACEs in future generations. Identifying a 'potential to reduce risk, build resilience and strengthen parenting capacity which could protect infants from experiencing a cycle of adversity' (Mortimore et al, 2021). Discussing the potential impact of ACEs upon the health of their child could trigger changes in behaviour of the parents which the midwife would be well-placed to facilitate.

Gender Based Violence and Childhood Sexual Abuse: Estimates of the prevalence of gender-based violence (GBV) or sexual trauma vary widely due to high levels of under reporting, while challenges in data collated within research and statistics, using different definitions or collation methods. However, we know GBV and childhood abuse crosses all boundaries of class, sex, ethnicity, religion and disability. With females predominately at a much higher risk. 'One out of Four' has been identified as a realistic estimate of the proportion of women in Scotland who have experienced either childhood sexual abuse or sexual violence as an adult (Scottish Government 2005). We also know that women who have grown up within households with parental substance use, domestic violence and have experienced neglect or periods requiring social work, are more likely to have experienced sexual abuse or exploitation.

Gender-Based Violence

80% Victims are Female

Most women are of childbearing age (26 – 30Yrs)

40% of victims have dependent children living at home

Sexual Abuse

20% Women are victims of sexual abuse by age 18

87% Know their Perpetrator 52% Partner

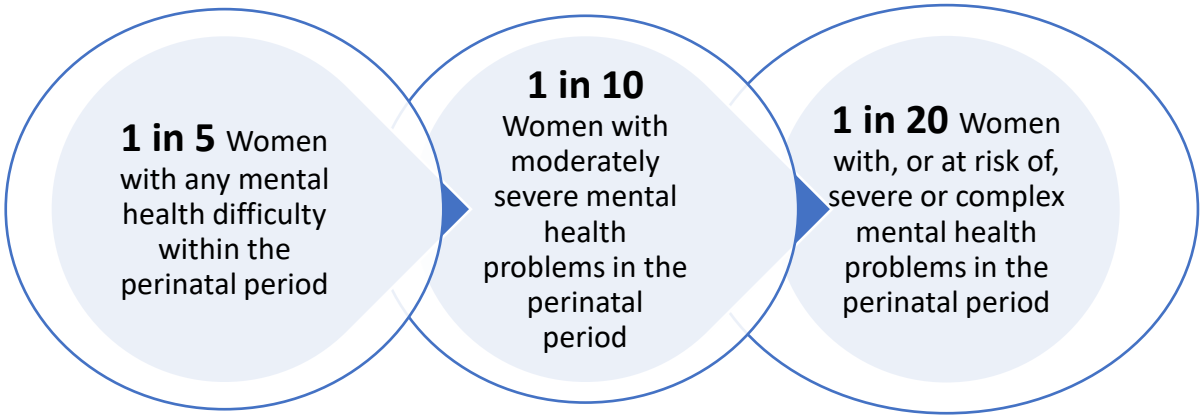
72% of childhood sexual abuse did not disclose event

*"Overall, **One in Four** women experience domestic abuse at some point in their lives, often a combination of physical, sexual, emotional, psychological or financial and **1 in 3** cases of domestic abuse against women **begin during pregnancy**, with things becoming worse during pregnancy if relationship is already abusive".*

(NHS Choices 2018)

Perinatal Mental Health: Within the perinatal period, mental health is an area where workers can play significant roles in mental health promotion, the prevention of mental health problems and in the care, treatment and intervention for women and their families whose lives may be impacted. 1 in 5 women (over 11,000 per year in Scotland) experience a mental health problem during their pregnancy. The most common being postnatal depression, with rates ranging between 13% in the first few weeks to 20% in the first year after the birth. Stability in pregnancy is promoted to reduce risks of potential pregnancy complications, fetal complications and risk-taking behaviours.

Maternal perinatal mental health is closely connected to that of infant mental health, care not solely on the mother but also on the relationship between mother and baby. Working with mothers and infants to improve their interaction and attachment is a primary prevention of the development of mental health problems in children.



Bereavement and Loss: Pregnancy loss and the death of a baby is not a rare occurrence. Miscarriage affects approximately 1 in 4 pregnancies. The neonatal death rate in Scotland is 1.5 per 1,000 live births. In the UK, 1 in 200 babies are lost. Thousands of parents each year will experience the devastation of their baby dying before, during or shortly after birth or within the first years of life. The death of a baby affects all parents differently, but the grief is often overwhelming and prolonged. The intensity of the loss parents feel for their baby is not measurable in the weeks or months of pregnancy.

The quality of care that bereaved families receive when their baby dies can have long-lasting effects. Good care cannot remove parents' pain and grief, but it can help parents through this devastating time. Poor care can and does make things much worse. The bereavement care received by parents varies hugely nationally. All bereaved parents should be offered the same high standard of parent-centered, empathic and safe care when a baby dies.

Access to Maternity Care: Evidence has highlighted that many women who have experienced significant trauma, are often found to delay access to their antenatal care and may have reduced attendance for routine pregnancy appointments. Some consequences of experiencing barriers to healthcare include:

- Lack of appropriate and timely care for physical or mental health issues.
- Lack of opportunity to make any routine enquiry and provide support and guidance.
- Lack of antenatal care increasing likelihood of delayed or missed diagnosis of perinatal complications.