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Infusing technology into perinatal home visiting: Screening and intervening for intimate partner violence

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Background and purpose: As part of the Marie Curie International Fellowship, a nested interpretive qualitative study was undertaken within the DOVE trial with the Nursing Schools at the University of Virginia and John Hopkins University. DOVE tests the effectiveness of screening and intervening for IPV using (i) paper assessments and brochures administered by nurse home visitors versus (ii) DOVE delivered by mHealth technology.

Data collection, sample and analysis: 51 qualitative interviews were undertaken with: 25 women, 23 home visiting staff and 2 DOVE tablet designers. 4 non-participant observations of home visits were conducted. Study sites were rural and urban. Data were stored in NVIVO Version 10. Thematic analysis was undertaken.

Results: The computer tablet is a safe and confidential way for abused women to disclose their experiences without feeling judged. The tablet helped to facilitate discussion between home visitors and women rather than act as a barrier to communication. Screening by either method helped to build trust between home visitors and women which enabled some women to share other sensitive issues. Women and home visitors felt that the intervention should vary on each occasion. Women had little knowledge about support services prior to DOVE and few had told a professional, particularly those living in rural areas. Home visitors are a key link to liaison with community resources. Women do not mind being asked about IPV, even those who have never experienced IPV. Home visitors see it as part of their role to enquire about abuse and offer support.

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Effect of an educational program on pregnancy outcomes among obese pregnant women in Kurdistan region of Iraq

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Maternal obesity is associated with health risks. In Kurdistan, Iraq, obesity during pregnancy is increasing. This RCT of 300 women in Kurdistan developed an educational program to decrease obesity and investigated pregnancy outcomes and women's perceptions of the program. Caesarean delivery is more prevalent among obese women, normal weight were more likely to deliver normally (including episiotomy and induction). Gestational diabetes decreased among participants of the intervention group. Problems experienced by women included dominant male culture, interference for women by family, cultural views of obesity and roles of women in society. It argues that educating men and educating elder women is recommended.

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