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**Empowering survivors: A trauma informed approach to vaginal examinations for women with a history of sexual assault.**

Women with a history of sexual assault are at an increased risk of labour dystocia, caesarean section, assisted deliveries, and birth trauma, with significant impacts on postnatal wellbeing, breastfeeding, and infant bonding. Distress caused by routine intrapartum vaginal examinations (VE’s), leading to increased fear during labour and potential delays in labour progress is a contributing factor. The implementation of a new hospital policy, namely only offering a VE as clinically indicated for women known to have a history of sexual assault will mitigate this issue.

Women who reveal a history of sexual assault in antenatal appointments or during labour will be flagged in the Digital Health Record (DHR) and by healthcare providers. When the woman is in labour, her progress will be assessed through means other than cervical dilation, such as behavioural cues, contractions, fluid loss, the rhombus of Michaelis, and the 'purple line'. The policy will outline the clinical indicators for VE’s, which will be offered without coercion and exhibiting trauma-informed care.

This tailored approach fosters an environment of trust, respect, and partnership between the woman and her healthcare provider. It also seeks to reduce the heightened risk of birth trauma and interventions among this population of women and the possible implications these interventions have on the postnatal period.

By implementing this policy, we aim to promote best practices in trauma-informed care and provide a policy that can improve the quality of care for vulnerable women.

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