



# COVID-19: Emerging Considerations Regarding the Care for Women Veterans for Clinicians and Researchers

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Moderator: Susan Frayne, MD, MPH**

**Spotlight on Women's Health Cyber Seminar Series  
April 7, 2020**





# Reproductive Health and COVID-19

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Women's Health Services

VA Central Office



# WHS Has an Epidemic SharePoint

- WHS Reproductive Health Repository for COVID-19
  - Updated regularly
- VHA National Guidance
- Clinical Guidance from CDC
- Clinical guidance from professional societies
  - ACOG, ASCCP, ASRM



# New: Maternity Care Consults

- Requirement for positive pregnancy test **temporarily suspended**
  - Reduces lab burden
  - Reduces need to come to facilities
  - Reduces need for PPE
- Maternity Care Coordinator remains essential
  - Pregnancy/lactation flags
- Initial PACT visit via VVC or Telehealth



# Maternity Care Changing Rapidly

- Access to maternity care providers
- Routine Prenatal Visits
  - Telehealth
- Planned delivery hospital
- Number of visitors allowed



# Maternity: Key Information to Have

- Important facts about health and pregnancy
  - Complications?
  - Medications?
- Paper copy of prenatal records
- On-call or emergency number for maternity care provider



# Support During Delivery

- Partners/Support People Limited at Delivery
  - Infection control measures
  - Illness of loved ones/partner/support person
- Plan ahead as much as possible
- Use technology, whenever possible



- Notify Office of Community Care
  - Change preferred provider on consult
  - Ensure new provider “in-network”
  - Referral packet sent to new provider; Veteran scheduled
  - If new provider not “in-network” then apply for Veteran Care Agreement (VCA)
    - Possible delay in care



# Maternity Care: Birth Centers

- Covered maternity benefit
- Issues to be considered
  - Birth centers follow same infection control measures
  - Extensive registration process
    - Not every pregnant Veteran candidate
    - Prior to being accepted
      - Consultation
      - Lab testing
      - Possible delay in care



# Maternity Care: Home Birth

- Not a covered benefit
- Veteran responsible for costs
- Know the benefits and risks:
  - fewer maternal interventions than planned hospital birth
  - 2X increased risk of perinatal death (infant death)
  - 3X increased risk of neonatal seizures or serious neurologic dysfunction
- COVID-19 makes access to ambulance/help less available
  - Already strained healthcare system



# Maternity: Coronavirus Testing

- Testing criteria and availability varies by locality
  - expected to change
- VHA facilities not equipped to care for critically ill pregnant patients
- Triage pregnant Veterans
  - Mild or no symptoms, test at VHA
  - Severe symptoms
    - Test at emergency department of facility with OB capacity
    - Notify Veteran's maternity care provider
    - Veterans PCP notify referral facility



# Maternity: COVID-19 Triage

- Pregnant Veterans at VHA with severe symptoms of COVID-19
- Stabilize for transfer
  - Should be managed at facility with obstetrical and critical care capacity
- Ensure local facilities have processes in place
  - Agreements, SOPs



# Gynecology Care and COVID-19

- Limited data to inform policy
- Facility dependent
  - Local burden of disease
  - Local resources/availability of PPE
  - Patient acuity
- Goal: balance between resource management and preservation of patient health
  - Non-essential face to face office visits suspended
  - Elective surgeries/procedures suspended
  - Gynecologist/PCP often has best sense of individual patient acuity



# Cervical Cancer Screening

- Routine screening cervical cancer screening for average risk Veterans
  - May be deferred 6-12 months
  - Ensure tracking system in place
  - Communicate rationale to Veterans
- Self-swab for HPV?
  - Not yet recommended
  - Awaiting USPSTF/ASCCP guidelines



- ASCCP Interim Guidance for COVID-19
- Low-grade cytology: postpone diagnostic evaluations up to 6-12 months
- High-grade cytology: attempt to schedule diagnostic evaluation within 3 months
- High-grade disease (no suspicion of invasive disease): attempt to schedule therapeutic procedure within 3 months
- High-grade disease (+suspicion of invasive disease): attempt to contact within 2 weeks, attempt to schedule within 4 weeks



# Access to Contraception

- Prevention of unplanned pregnancy is critical during global pandemic.
- Condoms are available through pharmacy
  - provide protection against sexually transmitted infection (unlike other forms of contraception)
  - can be prescribed and mailed to Veterans
  - have some limitations
- Emergency contraception is available through pharmacy
  - useful in the case of contraceptive failure and/or unplanned sexual intercourse
- Determination about face-to-face visits determined locally



- VVC/Telehealth allows access to many forms of contraception
  - combined oral contraceptive pills
  - progestin-only contraceptive pills
  - contraceptive vaginal rings
  - contraceptive patches
  - condoms
  - emergency contraception
- Assess for Pregnancy
  - Ask about timing of LMP and unprotected intercourse
  - Home pregnancy test
  - Remember OCPs and Emergency contraception will not disrupt an implanted pregnancy, nor will they harm a pregnancy



- Assess medical conditions, refer to the CDC MEC app
- Look in CPRS for normotensive blood pressure
  - Hypertension is a contraindication to estrogen
  - Progestin only pills generally safe
- Ask about a history of migraines with aura
  - Migraine with aura is contraindication to estrogen
  - Progestin only pills are safe
- Patch change weekly
- Vaginal ring change after 3 or 4 weeks
- Discuss/document common side effects, instructions for use, warning signs
- Refill x 1 year



# Injectable Contraception

- Depot medroxyprogesterone acetate (DMPA) is effective for 15 weeks (scheduled Q13 weeks)
- “Drive through” injection is one option for delivery
- Self-administration of depo-provera is not approved by the Federal Drug Administration.
- **However**, can enhance access and facilitate timely continuation.
- Practices for delivery of DMPA determined locally based on available resources and burden of disease
- DMPA is available through VA, both SQ and IM. Can be ordered and mailed to Veteran if deemed appropriate.



- Duration of Use

- Nexplanon: FDA approved for 3 years; evidence based for 5 years
- Liletta: FDA approved for 6 years; evidence based for 7 years
- Mirena (same dose of levonorgestrel as Liletta): FDA approved for 5 years; evidence based for 7 years
- Skyla: FDA approved, and evidence based for 3 years
- Kyleena: FDA and evidence based for 5 years
- Paragard: FDA approved for 10 years; evidence based for 12 (not a hard stop)



# Gynecologic Surgery

- Non-urgent, elective procedures should not be performed per DUSHOM Memorandum, “Coronavirus (COVID-19) – Guidance for Elective Procedures,” dated March 15, 2020.
- Use COVID-19 precautions for following emergency procedures
  - High risk for aerosolization (laparoscopic insufflation)
  - If a reliable patient history is unable to be obtained



# Infertility and COVID-19

- Recommendations regarding infertility treatment based on
  - Limited information on maternal and neonatal effects of COVID-19
  - No data on COVID-19 effects on fetal development with infections that occur in the first trimester
- Other considerations
  - Use of limited resources such as PPE needed to perform infertility procedures
  - Exposure of uninfected patients



# Infertility Treatment COVID-19

- Suspend initiation of new treatment cycles
  - ovulation induction
  - intrauterine insemination (IUI)
  - in vitro fertilization (IVF)
    - retrievals
    - frozen embryo transfers
  - non-urgent gamete cryopreservation
- Strongly consider cancellation of all embryo transfers (fresh/frozen)
- Continue to care for patients “in-cycle” or who require urgent stimulation and cryopreservation
- Suspend elective surgeries and non-urgent diagnostic procedures
- Minimize in-person interactions and increase utilization of telehealth



# Resources Maternity

## **RH Epidemic page:**

- <https://dvagov.SharePoint.com/sites/VHAWomensHealth/SitePages/Reproductive-Health--Epidemics.aspx>

## **ACOG ADVISORY**

- <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019>

## **Outpatient assessment of pregnant patients with suspected corona virus**

- <https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/clinical-guidance/practice-advisory/covid-19-algorithm.pdf?la=en&hash=2D9E7F62C97F8231561616FFDCA3B1A6>

## **Inpatient obstetrics settings**

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>

## **Breastfeeding**

- [Interim Guidance on Breastfeeding for a Mother Confirmed or Under Investigation for COVID-19.](#)
- [https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpregnancy-faq.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpregnancy-faq.html)



# Resources Gynecology

- See Memorandum from VA Undersecretary
- <https://www.spinespecialistspune.com/flexispineclinic/news/COVID-19-Recommendations-for-Management-of-Elective-Surgical-Procedures/1276/so60q411n5p5o72o2r7q3527psp84sq0>
- <https://www.asccp.org/covid-19>

## GENERAL INFORMATION

Information for HealthCare Professionals

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>



## American Society of Reproductive Medicine

- <https://www.asrm.org/Patient-Mgmt-COVID-19>



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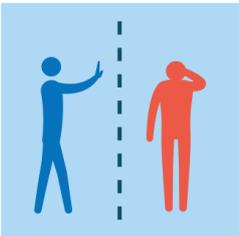
# PREGNANCY & COVID19

JODIE G KATON, MS, PHD



# PREGNANCY & RISK OF INFECTION

- Pregnant people may be at increased risk of infection from COVID-19
- Pregnant people may be at risk of more severe symptoms
- To avoid infection:



Avoid close contact with people who are sick.



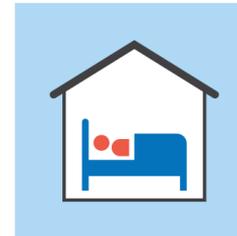
Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.

# PRE-HOSPITAL CONSIDERATIONS

- Hospitals should be notified prior to arrival if a pregnant patient tested positive or is a person under investigation (PUI) for COVID-19
- Some but not all hospitals are implementing pre-labor and delivery screening
- Healthcare facilities are expected to ensure recommended infection control practices for hospitalized pregnant patients, this includes:
  - Training for all personnel who care for pregnant patients and provide obstetric care
  - Follow guidance on managing visitor access including essential support people during labor and delivery

# LABOR & DELIVERY

- Those with COVID-19 do not need to automatically have a c-section
- Those with COVID-19 may be temporarily separated from their babies, there are case-by-case exceptions
- Based on local conditions, PPE supplies, and capacity, hospitals are limiting the number of support persons & visitors allowed in the delivery room
- Decisions/policies regarding labor and delivery and postpartum care are evolving based on local epidemiology
- Pregnant people are encouraged to talk with their obstetric provider about their concerns and to be aware of local policies

# BREASTFEEDING

- With proper precautions those with COVID-19 are able to breastfeed, have skin-to-skin contact with their baby
- Greatest risk is thought to be infection through coughing or surface contamination
  - To reduce risk of infection the breastfeeding individual should wear a face mask and practice good hand hygiene
- Unknown whether virus can be transmitted through breast milk
- If separation from infant is necessary, pumping is possible
  - Clean and disinfect pump after every use per manufacturer's instructions

# RESOURCES FOR UP TO DATE INFORMATION & GUIDELINES

- [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)  
[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30191-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30191-2/fulltext)
- <https://www.smfm.org/covid19>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>
- <https://www.acog.org/en/Topics/COVID-19>
- <https://www.acog.org/news/news-releases/2020/03/patient-centered-care-for-pregnant-patients-during-the-covid-19-pandemic>

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# Women Veterans' Mental Health During the Pandemic

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*Medical Director of Reproductive Mental Health*

*Women's Mental Health*

*Office of Mental Health and Suicide Prevention*

*VA Central Office*



## CHALLENGES TO MENTAL HEALTH IN A PANDEMIC

- Fear of illness/death
- Social isolation
- Financial insecurity
- Uncertainty, unpredictability
- Reduced access to usual coping strategies
- Exposure to disaster/trauma
  - Having COVID-19
  - Losing loved ones (often without farewells, funerals)
  - Repeated witnessing of disaster scenes (e.g. first responders, front line health care workers)



## CHALLENGES ESPECIALLY AFFECTING WOMEN

- More women than men are reporting substantial psychological distress during the pandemic
- People with pre-existing mental health conditions are more susceptible to medical and psychological complications (40% of women Veterans)
- Concerns disproportionately affecting women
  - Pregnancy
  - Parenting
  - Intimate partner violence (IPV)
- Provider awareness of specific concerns can help



# PERINATAL WORRIES DURING A PANDEMIC

- Am I more vulnerable to COVID-19 while pregnant?
- Can COVID-19 be transmitted to my fetus?
- Does COVID-19 increase the risk of pregnancy complications?
- Am I better off attending or skipping my prenatal care visits?
- How do I manage labor and delivery, since my childbirth prep class was canceled and my loved one can't be with me?
- Will I be able to deliver at my chosen hospital, or will I be diverted?
- Is my newborn more vulnerable to COVID-19?
- Is it safe to hold my baby close?
- Is COVID-19 transmitted through breast milk?
- If I have COVID-19, is it safe to store my breast milk and use it later?
- Is it safe to use a rented or shared breast pump?
- What if I can't find formula or diaper wipes?

**Resource for VA clinicians who want consultation about helping perinatal women with mental health concerns: [ReproMHConsult@va.gov](mailto:ReproMHConsult@va.gov)**



# PARENTING CONCERNS DURING A PANDEMIC

- Most children are out of school and child care settings
- As a result, parents are challenged to
  - keep children busy and safe, often while teleworking, for an indefinite period of time
  - explain the pandemic to children and provide emotional support amidst their own fears and worries
- During school closures for health emergencies
  - Parenting stress increases
  - Violence toward children increases
  - Parental PTSD increases stresses and risks

Resource for parents: <https://www.unicef.org/coronavirus/covid-19-parenting-tips#6>



## STRESS MANAGEMENT DURING A PANDEMIC

- Encourage women Veterans to call upon their disaster preparedness skills and experiences
- Adapt usual coping skills to new circumstances
  - If exercise helps, switch from gym to YouTube
  - If social connection helps, use video chats
  - If structure helps, develop new routines
- Promote basic anxiety management skills
  - Slow, deep breathing
  - Squeeze each muscle group tight, then release, starting with face and working down to toes
  - Separate out the things you can control from things that you can't



## SUPPORTING WOMEN VETERANS' MENTAL HEALTH

- Outreach to women at high risk
- Expand avenues of communication and support
  - MyHealtheVet for secure messaging to clinicians
  - Video chats with loved ones
  - Mindfulness apps – e.g. [VA Mindfulness Coach phone app](#)
- Reducing risk of future PTSD
  - Identify women who have experienced/witnessed traumatic scenarios during the pandemic
  - Mental health evaluation for Acute Stress Disorder (ASD) and other conditions
  - Initiate prompt trauma-focused psychotherapy for those with ASD
  - Psychopharmacology when indicated



## REFERENCES

- Bryant RA: The current evidence for acute stress disorder. *Curr Psychiatr Rep* 2018 Oct 13;20(12):111. doi: 10.1007/s11920-018-0976-x
- Cluver L, Lachman JM, Sherr L et al: Parenting in a time of COVID-19. *Lancet* 2020 Mar 25. pii: S0140-6736(20)30736-4. doi: 10.1016/S0140-6736(20)30736-4
- Qiu J, Shen B, Zhao M et al: A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *Gen Psychiatr* 2020 Mar 6;33(2):e100213. doi: 10.1136/gpsych-2020-100213
- Zandifar A, Badrfam R: Iranian mental health during the COVID-19 epidemic. *Asian J Psychiatr* 2020 Mar 4;51:101990. doi: 10.1016/j.ajp.2020.101990

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# Intimate Partner Violence Considerations



**Kelly E. Buckholdt, PhD**

Acting National Program Manager

Intimate Partner Violence Assistance Program



# WHAT IS INTIMATE PARTNER VIOLENCE?

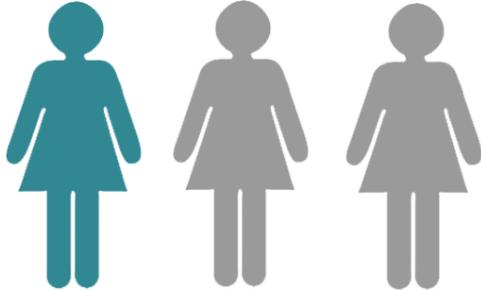
The term "***intimate partner violence***" (IPV) describes

- behavior including, but not limited to, physical or sexual violence, stalking and psychological aggression (including coercive acts)
- by a current or former intimate partner
- on a continuum of frequency, severity, and duration
- in heterosexual or same-sex relationships
- does not require sexual intimacy or cohabitation

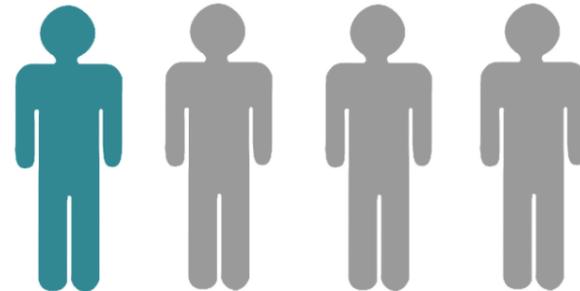


# WHAT IS INTIMATE PARTNER VIOLENCE?

**1**  
IN  
**3**



EXPERIENCED  
SEVERE PHYSICAL  
VIOLENCE



**1**  
IN  
**4**



PHYSICAL ABUSE

**20**

PEOPLE  
PER MIN

THE COST OF IPV

**\$8.3**

BILLION PER YEAR

**72%**

OF MURDER-SUICIDES  
INVOLVE AN INTIMATE PARTNER



# IPV ASSISTANCE PROGRAM

# IPVAP

INTIMATE PARTNER VIOLENCE  
ASSISTANCE PROGRAM





# TRAUMA INFORMED CARE

## Applying TIC Principles to Screening & Documentation Process

### Safety

- Environment and timing
- Body language

### Transparency

- Limits of confidentiality
- Purpose of screening

### Choice

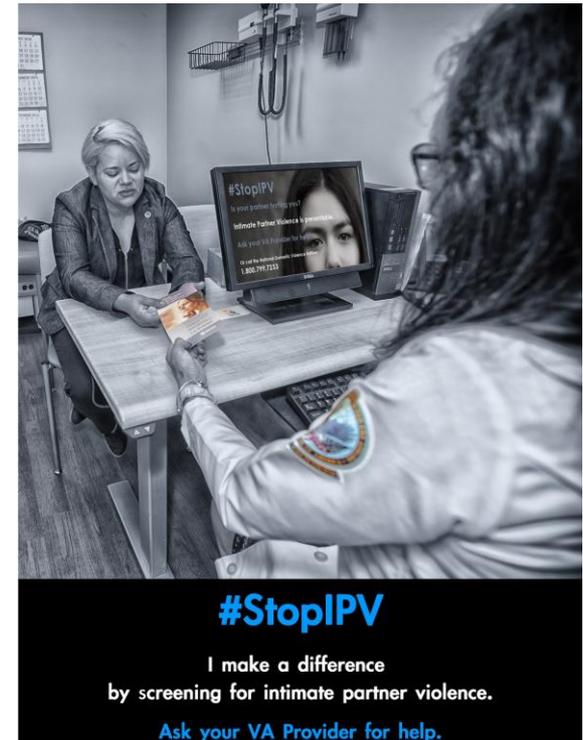
- Consent to screening
- Collaborative documentation

### Documentation

- Avoid stigmatizing labels
- Discuss access to records

### Intervention

- Resources readily available
- Patient directed actions (e.g., to stay or leave relationship)





# SERVICES



## Universal Education

- Educate about IPV
- Discuss Risks and Health Impact

## Resources

- National DV Hotline # 1-800-799-SAFE
- Offer Materials

## Referrals to Community

- Shelters, Coalitions, and Agencies
- Community Based Support Programs

## Consultation and Assessment

- Further Assessment
- Safety Planning

## Treatment when Indicated

- Individual
- Couples & Groups



# CONSIDERATIONS

**It is crucial to consider how a public health crisis, and subsequent precautions, has the potential to negatively impact those experiencing Intimate Partner Violence (IPV).**

- Relationship conflict, or even abuse, occurs or escalates during times of crisis.
- For individuals experiencing IPV, any disruption to normal life or access to services can mean increased potential for harm. This often occurs during natural disasters or human-based disasters, such as fires, chemical spills, and mass violence.
- Restrictions have an outsized impact on safety of individuals experiencing IPV: school and childcare closures, access to public transportation, ability to report to work, being quarantined with a violent partner. Seeking assistance in hospitals, court houses and other public service agencies may also be limited.



# CONSIDERATIONS

## What are some examples of abuse?

- Monitoring a person's cell phone or internet activity
- Keeping a person isolated or limiting access to private communication with others
- Using threats to scare a partner as a form of control or coercion
  - threatening to kick a partner out of their home where they have no shelter in a pandemic situation
  - threatening to kick someone out of the home if they become ill
  - withholding access to medical care are all forms of coercion
- Exposing person and their loved ones to risk regardless of pleas



# CONSIDERATIONS

- Those impacted by IPV may not be safe at home.
- Disruptions to typical coping strategies can increase use of violence.

**SOCIAL DISTANCE DOESN'T MEAN DISCONNECTED.  
VA CAN HELP.**

The National Domestic Violence  
**HOTLINE**  
1.800.799.SAFE (7233) • 1.800.787.3224 (TTY)

**IPVAP**  
INTIMATE PARTNER VIOLENCE  
ASSISTANCE PROGRAM

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Veterans Health Administration

- Precautions can limit access to resources (e.g., public resources, social supports).



# CONSIDERATIONS

- Individuals may experience healthcare coercion (e.g., limited access to medical care, use of medical status as a means of control or abuse).
- IPV may compromise immune functioning.
- This can be a time to reconnect and strengthen relationships.

IN TIMES OF UNCERTAINTY,  
VA CAN HELP.

The National Domestic Violence  
**HOTLINE**  
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# PUBLIC AWARENESS

[“Home Is Not A Safe Place For Everyone” \\*](#)

[“Trapped at home: Coronavirus could be disastrous for domestic violence victims” \\*](#)

[“If You Are Locked Down with Someone Who May Become Violent” \\*](#)

[“Who’s most at risk for COVID-19? It’s probably not you” \\*](#)

[“As Cities Around the World Go on Lockdown, Victims of DV Look For A Way Out” \\*](#)

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# SERVICES

## What services are available to Veterans impacted by IPV and how can those be accessed?

- Intimate Partner Violence Assistance Program (IPVAP) Coordinators are continuing to offer services at VA facilities and through virtual technologies. Due to the safety issues associated with IPV, any staff conducting virtual encounters follow the IPVAP protocol to first determine environmental safety (e.g., the partner is not present) before proceeding with an encounter.
- IPVAP Leadership has coordinated messaging with the developers of Strength at Home, a treatment for Veterans who use violence, to send consistent guidance encouraging the continuation of training and services whenever possible.



# SERVICES

## What services are available to Veterans impacted by IPV and how can those be accessed?

- Intimate Partner Violence Assistance Program (IPVAP) Coordinators were instructed to “facilitate access to available services in VA and the community by ensuring resource and referral information is up-to-date and distributed to those who might pass on information to Veterans and others we serve (e.g., inform screeners of which shelters are accepting individuals).”
- Materials were developed as noted in response 1 that are Veteran-facing and provide a place for the Coordinator contact information. Also, social media posts provide a link to the IPVAP public-facing website and the National Domestic Violence Hotline number, in line with a pre-established MOU between IPVAP and NDVH.



# RESOURCES

On our [SharePoint](#) within the [IPV Awareness Toolkit](#), there is a [folder](#) that contains:

- [IPV Awareness Supplemental Sheet to the IPV Toolkit](#): This toolkit contains promotional images, social media messages for Facebook/Twitter (with suggested images), a template e-mail to be used for local VA staff, and links to various resources.
- [IPV Staff Factsheet](#): This document is designed to provide information about the public health crisis, the relationship between the outbreak and IPV, and resources.
- [IPV Patient Facing Factsheet](#): This document can be used to provide information to those we serve. It provides information about risk, safety planning, and resources as well as offers a section where you can place your own contact information for easy access.
- [Image Files](#): This file contains the images referenced in the Supplemental Sheet. These should be used for posts and printing (e.g., instead of copying from the supplemental sheet).



# RESOURCES

Partnership in these efforts is paramount in order to best address the unique circumstances faced by those who are at heightened risk due to IPV as well as ways to encourage and sustain healthy relationships.

It is important to help your local facility, community, Veterans, partners, and VA employees understand the importance of addressing IPV during disasters to ensure continued access to services and supports.

- Facilitate opportunities for the local IPVAP Coordinator to brief staff and leadership on key considerations to increase awareness and understanding of how those experiencing/using IPV are impacted during this public health crisis.
- Inquire about available services in VA and the community, ensuring local resources that are on hand are up-to-date
- Provide and/or connect with those who can provide consultation and direct care.



# RESOURCES

Everyone's safety plan is different. A safety plan may include ways to remain safe while in a relationship, planning to leave, or after leaving.

- An application downloaded to your smartphone, such as myPlan



- Worksheets or interactive guides found on IPV/Domestic Violence (DV) organizations websites, such as <https://www.loveisrespect.org/for-yourself/safety-planning/interactive-safety-plan/>
- By following safety planning tips on <https://www.thehotline.org/help/path-to-safety/>
- Getting help from a healthcare provider or advocate



# RESOURCES

## Disaster Specific Resources

- [National Domestic Violence Hotline\\*](#)
- [NNEDV Resources for Coronavirus\\*](#)
- [Futures Without Violence Information on Coronavirus\\*](#)
- [National Resource Center on Domestic Violence, Response in Times of Disaster\\*](#)
- [DV and Natural Disasters Curriculum, NNEDV Economic Justice Summit, 2018\\*](#)
- [National Coalition Against Domestic Violence\\*](#)

## Building Healthy Relationships:

- [VA Whole Health](#)
- [125 Ideas for Kids During COVID19\\*](#)
- [Coping with Loneliness\\*](#)

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# CONNECT WITH IPVAP

Intimate Partner Violence Assistance Program

**Welcome to the VA Intimate Partner Violence Assistance Program!**

Here you will find everything you need to implement, expand and maintain your local IPVAP including the VHA's DV/IPV Task Force Plan for Implementation, research articles, PowerPoint trainings, toolkits, topic-specific fact sheets, important announcements and links to other resources. Also be sure to join us on the VA PULSE IPVAP PAGE and join the discussion!

**Mission Statement**

Our mission is to implement a comprehensive **Veteran-centric, person-centered, trauma-informed, recovery-oriented** assistance program for Veterans, their families and Caregivers and VHA employees who use or experience intimate partner violence.

**Announcements**

Title	Modified
CM/SW Consolidated POC Roster - IPVAP Coordinators	June 27
2014 DV Awareness Month Data Summary	December 18, 2016
Richmond Virginia - VA Medical Center 2016 DV/IPV Awareness Month	October 28, 2016

**VA Resource Links**

- Care Management & Social Work Services
- National Center for PTSD - Intimate Partner Violence
- Managing Stress
- VHA Blueprint for Excellence
- Women's Health IPV Page

## IPVAP SHAREPOINT

U.S. Department of Veterans Affairs

VA > Health Care > VHA Social Work > Intimate Partner Violence (IPV) Assistance Program

VHA Social Work

Intimate Partner Violence (IPV) Assistance Program

**QUICK LINKS**

- Hospital Locator
- Health Programs
- Protect Your Health
- A-Z Health Topics

**RESOURCES**

- QUICK ESCAPE - Click here to leave this site immediately
- National Domestic Violence Hotline - 1-800-799-SAFE (7233)
- NO-HPCP: Do Safe Prevent Intimate Partner Violence
- VHA Women's Health Services - Intimate Partner Violence
- PTSD - Domestic Violence
- Healthfinder.gov: Take Steps to Protect Yourself from Relationship Violence
- Make the Connection - Relationship Problems | Symptoms & Treatment | Military Veterans
- VA Blog - Help End Domestic Violence

## PUBLIC FACING WEBSITE



# Trauma-Informed Telehealth Considerations



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# TRAUMA-INFORMED TELEHEALTH

- Dress professionally
- Avoid busy/complex backdrops which can be busy/unprofessional
- Use headphones to assure patient's privacy
- Minimize ambient noise
- Try to look at the camera when speaking so patient experiences you making direct eye contact
- Recognize that you are getting less body language/visual data and ask more explicit questions about well-being



# TRAUMA-INFORMED TELEHEALTH

- Allow patient to choose location/setting for visit avoid suggestions like bedroom.
- Obtain consent for physical exam. Minimize requests for removal of clothing. Ask patient what would make her feel most comfortable.
- Wait for patient to put clothing back on before continuing with discussion/planning.
- Use trauma-informed language, ex. avoid use of “for me”, “spread your legs.”
- If your client looks up as if someone came in, be quiet and wait. If they have headphones ask yes or no questions like: Do you need to hang up? Is everything safe? Do I need to send 911?



Thank you for all you do to care for women Veterans at this difficult time; care for yourself, too.

[https://www.ptsd.va.gov/covid/COVID\\_healthcare\\_workers.asp](https://www.ptsd.va.gov/covid/COVID_healthcare_workers.asp)

Be well.





# Pregnancy during the pandemic: What to do if a loved one can't be with you during labor and delivery

During the pandemic, we've all had to adopt "social distancing" to protect ourselves and our communities. This creates unique challenges when you're pregnant. In addition to doing what you can to safeguard your own health and that of your baby, you may be in the unexpected situation of having to go through labor and delivery without a loved one being present, or not having family be able to visit you when the baby is born. Your access to prenatal care, childbirth preparation classes and your chosen delivery hospital may have changed. This time might be especially challenging if you're also faced with other stresses, mental health concerns or reminders of difficult past experiences.

If this happens, here are some ideas about how to manage the stress:

## Reach out to VA resources for information and support

- Maternity Care Coordinator
- Women's Mental Health Champion
- Women Veterans Program Manager

## Find ways to communicate

- Keep in close touch with your VA Maternity Care Coordinator. She can help you navigate changes in the health care environment.
- To reach your VA providers, you can use Secure Messaging in [MyHealththeVet](#). You can also request phone or video visits with your VA providers.
- If your non-VA providers (for example, obstetrician or midwife) have secure email services, consider signing up so you can get messages and questions to them quickly.
- Reach out to loved ones for video chats on a smartphone or tablet that you can bring with you to a labor and delivery room.
- Consider online or phone-based resources, such as [VA Mindfulness Coach phone app](#).

### **Plan ahead**

- Pack in advance what you'll need to bring with you during labor and delivery. Remember to pack a charger for your phone or tablet.
- Identify things that will help you to relax, and plan to bring them with you. Here are some examples:
  - Pictures of loved ones, including pets
  - Favorite music or soothing sounds
  - Post-its or notecards with encouraging statements
- Be aware of what may cause you the most distress during labor or postpartum and find out your options ahead of time. Here are some examples:
  - If you're concerned about pain, or being drowsy or immobile because of pain medications, ask about options
  - If it upsets you to lie on your back, ask if you can deliver in another position, such as squatting
  - If you sometimes take "as needed" anti-anxiety medication, ask if it's okay to take it during labor
  - If you're wondering about the safety of breastfeeding or have concerns about caring for the baby, choose a pediatrician and ask questions before your baby is born.
- Consider writing down requests and preferences to share with hospital staff when you arrive

### **Use strategies during labor**

- Let providers know when you're feeling upset and ask for help
- Take slow breaths in and short, firm breaths out
- Imagine a relaxing or happy scene; focus your attention on it
- Scan your body for muscles that are tensed; squeeze them tightly for a few seconds, then let go to release the tension
- Repeat phrases (aloud or to yourself) that help you feel confident and supported (e.g., "One contraction at a time," "I can do this")

It's normal to feel anxious about the current situation and to experience feelings of loss and grief about disruptions to your plans. Though your experience may be different than what you had hoped or planned, you can get through it and your providers are here to help.