**Presentation title**

Digital processes to facilitate screening for domestic violence in pregnancy

**Explain why your paper is relevant, important and of interest to GP22 participants**

Domestic and family violence (DFV) during pregnancy is a critical issue in Australia, and it often goes unrecognised in primary care, despite the fact that universal screening is recommended for pregnant women. Recognising the challenges and time pressures of delivering this care, we are developing a prototype of a digital clinical screening process to support GPs to identify and respond to pregnant women experiencing DFV.

**Take home message**

Domestic and family violence causes significant harm to pregnant women and their babies. Early intervention and access to support can help improve outcomes, but current workflows are a barrier to GPs screening in busy antenatal consultations.

**Background**

It is estimated that a full time GP in Australia sees 5 women a week experiencing DFV, but most go unrecognised. Existing resources to support DFV screening require separate processes outside of the commonly used clinical information systems (CIS).

**Aim / Hypothesis**

We aim to evaluate a prototype of a new digital workflow within general practice CISs to understand whether it facilitates GPs screening pregnant patients for DFV.

**Method**

We are creating a prototype of a digital process for screening for and referring women experiencing DFV during pregnancy. We plan to demonstrate the prototype to focus groups of GPs and explore their perspectives on whether this digital process could be usable and feasible in their antenatal care consults.

**Results**

We anticipate having preliminary results by November 2022.

**Discussion**

GPs identify a range of barriers to DFV screening, with time pressures and a lack of confidence in processes for screening and referral often cited. A digital process integrated into existing CISs has potential to ameliorate some of these barriers.

**Conclusion**

GPs need support to identify and respond to pregnant women experiencing DFV. Digital processes incorporated into CISs may be a useful vehicle to offer this support.