Women and Restraint

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Why is this an issue?

- Physical Intervention Training does not differentiate
- Not about techniques – other than pregnancy

- Emotional/ psychological response and experience of restraint

Trauma and Risk

- Many negative experiences associated with restraint – anger, fear, shame, embarrassment, humiliation, helplessness ……
- These emotions can also be associated with an increased risk of violence or aggression
- Trauma history – restraint can re-traumatise
- Unknowingly/unintentionally clinicians can trigger past experiences.
- Responses to this may include further anger, aggression, flashbacks, DSH….
- Result may be a feeling of being punished, co-erced or abused.
- High level of complaints focus on this issue.

How do we manage this?

PLAN

Assess patients for trauma history

Collaborative crisis/care planning – include restrain position.

Sitting where possible

Prone vs supine?

Team Factors:

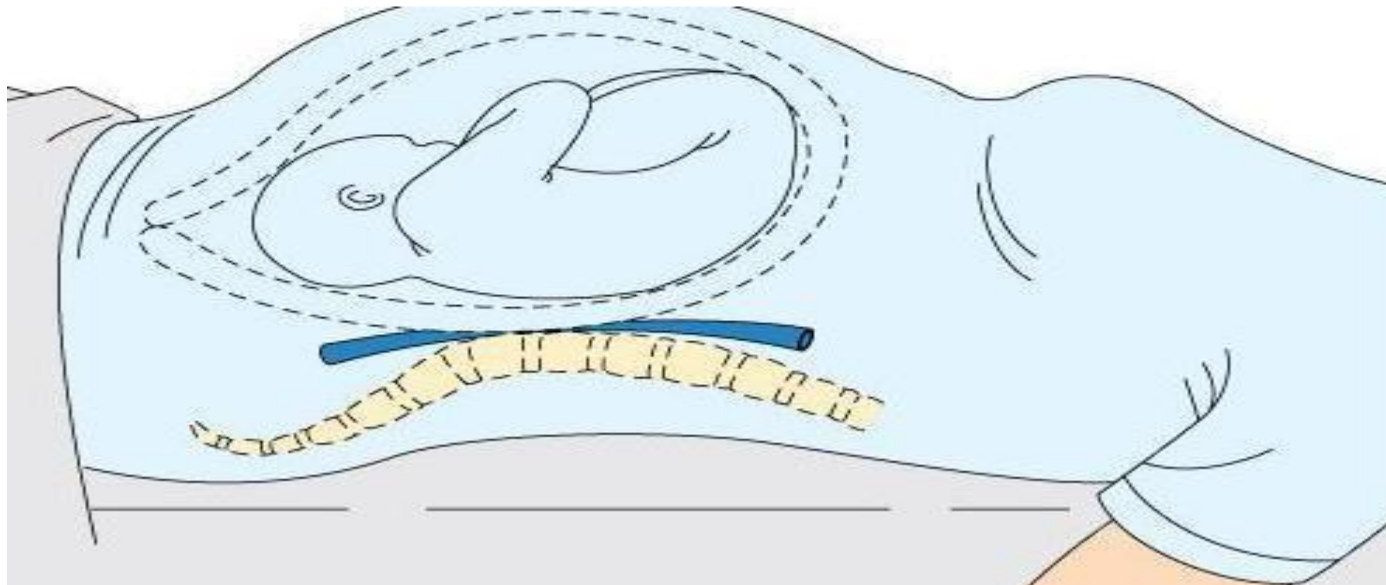
- Gender mix – proportion of female/male staff
- Allocation of roles / positions within team
- Communication – who is leading this?

Pregnancy

- PLAN!!!
- Must be care planned
- Team training
- Position
- Equipment

Risks

- Compression of inferior vena cava
- Pressure from enlarged uterus presses down on vena cava, reducing venous return.



Supine Hypotensive Syndrome

Symptoms

- Hypotension
- Pallor changes
- Brachychardia
- Dizziness
- Nausea

- Long term – significant risk to both mother and child

Management

- Semi – recumbent position
- If IM medication needed – role on to left side only
- As with all restraints – minimum possible time
- PH monitoring during restraint
- PH check post restraint

Thank you

South London and Maudsley NHS
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