Providing Care for Women with Disabilities During the Perinatal Period

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Disclosure

• The authors report no conflict of interest.
Educational Objectives

• At the conclusion of this presentation the attendee will be able to:
• Discuss the rates and prevalence of common disabilities among women of childbearing age.
• Discuss the impact of a disability on the perinatal period.
• Develop effective plans of care for women with disabilities during the perinatal period.
• Utilize evidence based practice to improve maternal/child outcome for women with disabilities.
• Impact future considerations for policy, practice, research and education.
Introduction

- Women with disabilities account for approximately 12% of the childbearing population and a substantial number intend to become mothers.
- There are substantial barriers to achieving this goal for the majority of women with disabilities.
- This presentation discusses the impact of disabilities on care during the perinatal period and how NPs and other health care providers can meet this growing and understudied need.
A physical or mental impairment that substantially limits one or more major life activities (ADA, 1990).

A disability is any condition of the body or mind that makes it more difficult for the person with that condition to do certain activities and interact with the world around them.

Types of disabilities include: physical, sensory, intellectual or developmental.
Rates and Prevalence of Disabilities in the US

• Overall 27 million women report being disabled. 1 million women of childbearing age report needing assistance with ADLs or being disabled.

• The most commonly reported disability is a mobility disability. Etiologies include SCI, MS, arthritis, congenital disabilities, and CP.

• Women (24.4%) are more likely to report being disabled than men (19.8%).
A model of the baby’s face was made using a 3D printer for a visually impaired mother-to-be.
Types of Impairments Women 16-64

Type of Impairment

- Physical
- Mental
- Sensory
- Other
Impact of a Disability on Women

- Women who are disabled are greater risk for interpersonal violence (IPV), to live in poverty and not completing a college education.
- Women with physical disabilities have lower rates of screening for breast and cervical cancer and are more likely to have unmet sexual and reproductive health care needs.
- Women with disabilities are at greater risk for developing depression.
- Smoking prevalence is greater among women with disabilities.
- Women with disabilities are often perceived to be asexual.
General Care Considerations

- Make accessible equipment available. Don’t examine the patient in her w/c unless that is her preference.
- Allow for more time. Be aware of spasticity, contractures, skin breakdown & impaired balance or weakness.
- Indicate the type of disability on the patient’s chart and her preferences for care provision.
- Practice safe transfer with staff.
- Do not assume the patient is asexual.
Important Facts about Sexuality

• Sexual response is mediated by T10-12 and S2-4.
• Vaginal lubrication involves S2-4.
• Up to 50% of women with SCI can achieve an orgasm.
• Limited research about WWD and sexuality.
• Limited training about sexual health and function available for HCPs.
• Be direct but sensitive when taking a sexual history.
Sexual Health Care Considerations

- Discuss concerns with patient and partner.
- Limit alcohol and tobacco before sexual activity.
- Use analgesics/muscle relaxants as indicated before sexual activity.
- Use lubricants as indicated (water based, coconut oil).
- Plan sexual activity when energy level is high, empty bowel/bladder before, use pillows for comfort.
- Experiment with different positions.
Autonomic Dysreflexia

- The most common OB/GYN concern for women with SCI.
- If lesion is at or above T6 - 50% incidence.
- Causes severe hypertension.
- Potentially lethal medical emergency.
- Precipitating factors: bladder or bowel distention or irritation, cutaneous lesions, menses, pelvis and/or rectal exam, labor.
- Avoid bladder distention, constipation, fecal impaction. Discuss past episodes of ADR, triggers and measures to relieve.
# Autonomic Dysreflexia

- Prevention is key. Baseline VS. Conduct exam only if indicated.
- S/S: hypertension, h/a, blurred vision, nausea, arrhythmia, malaise.
- Removal of stimulus, end exam.
- Assist patient into sitting position, loosen clothing, and monitor B/P.
- Check bladder/rectum
- Administer rapid acting antihypertensive (nifedipine or nitrate paste).
Preconception Care Considerations

- Discuss reproductive plans and pregnancy intention.
- Disability does not impair fertility.
- Take a complete sexual history, medication history, contraceptive history, menstrual history, social/behavioral history.
- Conduct physical/gyn exam only as indicated.
- Discuss risks specific to individual disability with patient. Consider genetic counseling.
- Aim for optimal health prior to pregnancy. Folic acid, PNV, consultation with specialists.
Prenatal Care Considerations

- Complications for women with physical disabilities include UTI, DVT, constipation, alteration in pulmonary function, decubitus ulcers, spasticity.
- Monitor ability to transfer, weight gain, need for increased services. Implement ROM and keep LE elevated.
- Anticipate methods of communication for WWD sensory.
- Establish a plan for labor and delivery.
Intrapartum Care Considerations

- Assistive devices and equipment for position changes.
- Uterine contractions are autonomic and are not disrupted by SCI.
- Monitor the woman for ADR.
- Higher risk for preterm labor and delivery due to inability to sense contractions for women with some physical disabilities.
- Anxiety and need for control due to strange environment, fear of the unknown, and knowledge deficit.
Postpartum Care Considerations

- Nursing, PT, SW and OT can work collaboratively assisting with breastfeeding and other ADLs for women with physical disabilities.
- Assess risk of certain medications and breastfeeding.
- Anticipatory guidance for woman and her family for transitional home care.
- Adaptations for visually impaired and hearing impaired parents are available through organizations & networks.
Reported in the news!
Future Implications

- Clinical Practice
- Education
- Research
- Policy
Resources

• Association of Maternal & Child Health Programs (AMCHP). Toolbox for Clinical Preventive Services among Women with Disabilities.

• American Congress of Obstetricians and Gynecologists. Interactive site for clinicians serving women with disabilities.

• Disabilities and Health Data System (DHDS).
Resources

- Center for Research on Women with Disabilities at Baylor College of Medicine
- Centers for Disease Control and Prevention Disability and Health
- Through the Looking Glass: Services for Parents with Disabilities


Success!
Thank you! Questions? Comments?

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