

Maternal Disability, Health Outcomes, & Interventions: A review of the literature

Allie Bonagura, Emily Puetz, Jorg Westermann, & Teresa Whiteaker

Introduction & Background

- As of 2021, 10-12% of childbearing age individuals have a disability.¹
- Pregnant people with a physical, intellectual, or developmental disability experience persistent disparities in access to care and health outcomes compared to their nondisabled counterparts.¹
- Compared to nondisabled women, certain groups of disabled women:
 - Have a higher risk of UTIs and pyelonephritis – which is the number one cause of sepsis during pregnancy¹
 - Are more likely to have hypertension and pregestational diabetes¹
 - Are more likely to face challenges with entering and navigating pre-natal care successfully²
- Limited research and practice guidelines exist to address the inequities faced by individuals with a disability throughout prenatal care and childbirth.

Aim

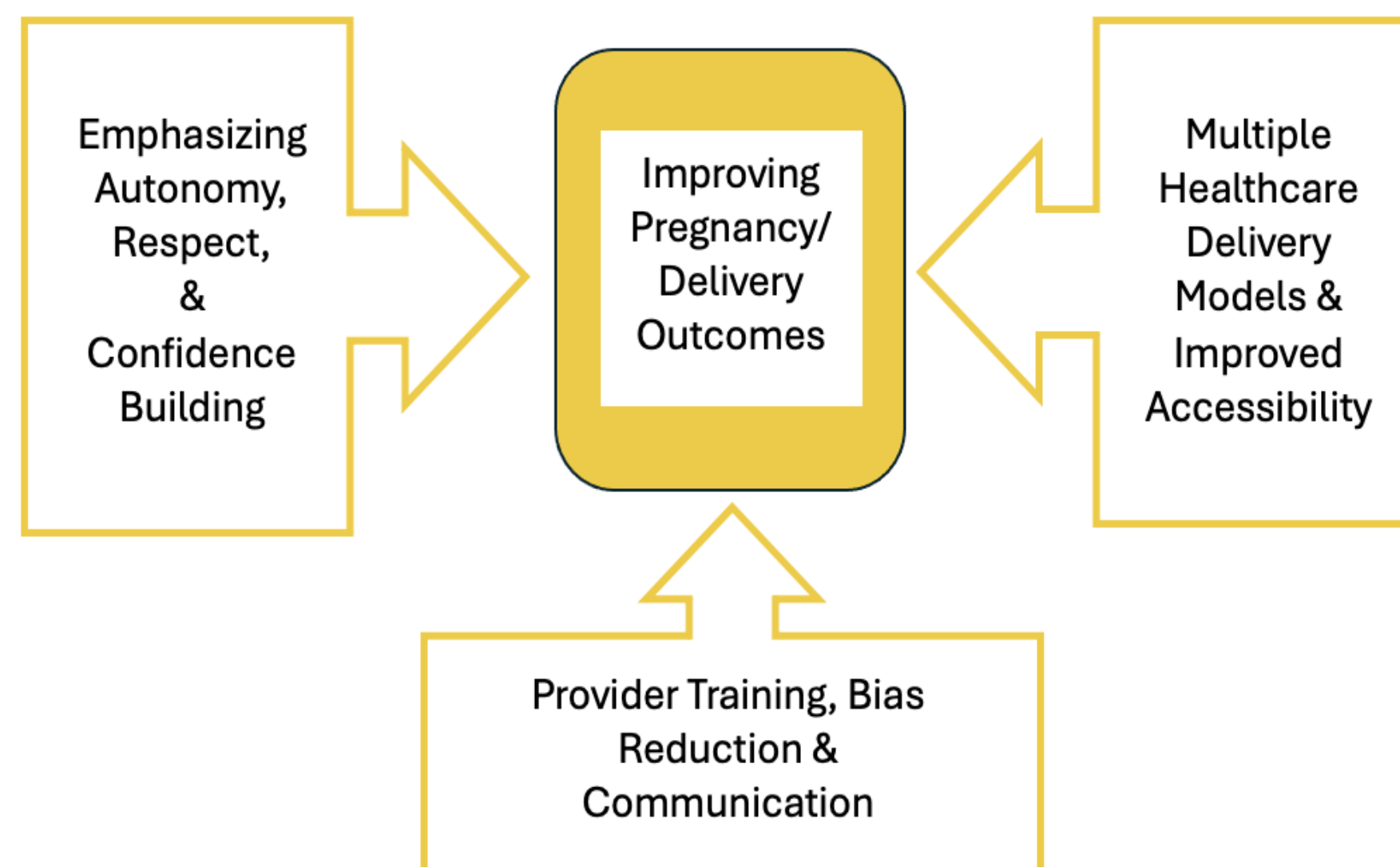
The purpose of this project is to determine the state of literature related to prenatal and postnatal health outcomes and interventions for pregnant people with a disability in the United States and to identify gaps requiring improvement and further research.

Methods

- Literature search conducted between October 2023 and February 2024
- Articles were searched for using Google Scholar and UIowa library resources
- Analyzed, themes among interventions and barriers to implementation

Current Data

- Gaps exist for identifying and implementing evidence-based interventions for this group.
- A systematic review of interventions could not find any published articles regarding improving access to sexual or reproductive healthcare for pregnant people with disabilities.³
- Research on experiences of pregnant people with disabilities is available and provides helpful insights for areas of improvement.
- Outlined below are some of these suggestions.⁴



Discussion

- People with disabilities want to have "normal" pregnancy experiences and be able to make decisions for themselves and their babies without being stigmatized.
- Providers should help to foster healthy pregnancies in those who would like to have children and partner with them and their other healthcare providers to enable them to fully participate in their pregnancies.
- Providers often assume sexuality does not pertain to patients with disability and avoid this aspect of exams or rely only on reports of caregivers – what can be missed?



Recommendations

- Provider training (with multiple healthcare delivery models) should be expanded to include special populations of individuals such as women with disabilities
- Increase research into barriers of women with disabilities and maternal health outcomes
- Improved sexual education for adolescents with disabilities adapted to level of functioning with sexual health discussion included

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