

# Unintended pregnancy rates higher among women with disabilities, study says

February 28 2020, by Tracy Brawley

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Pregnancies among women with disabilities are 42% more likely to be unintended than pregnancies among women without disabilities, says a new report published in the journal *Perspectives on Sexual and Reproductive Health*.

Using data from the National Survey of Family Growth, researchers at Oregon Health & Science University found that females with independent living challenges, or those who may have difficulty completing day-to-day tasks such as banking or shopping without assistance, have the highest risk for [unintended pregnancy](#). Women with hearing loss or cognitive disability also showed higher proportions of unintended pregnancy, compared with women without disabilities.

"In general, women who experience unplanned or unwanted pregnancy are less likely to obtain timely prenatal care. Unfortunately, delayed care can contribute to poorer pregnancy outcomes," says the study's lead author Willi Horner-Johnson, Ph.D., an associate professor with the Institute on Development and Disability in the OHSU School of Medicine, and the OHSU-PSU School of Public Health. "This concern is greatly exacerbated when we consider women with disabilities. Many already have complex health care needs and are more susceptible to pregnancy complications or postpartum depression."

While additional research is needed to pinpoint exact factors, Horner-Johnson believes the high proportions of unintended pregnancies among [women](#) with disabilities may be linked to societal views.

"Perceptions of what is appropriate, in terms of sexuality, [family planning](#) and parenting, for individuals with disabilities are likely to influence reproductive education and care in this population," she says. "If we don't provide sex education materials with appropriate accommodations, such as sign language interpretation or tactile learning, or we simply don't ask a woman about her reproductive preferences because of an assumption that a disability would inhibit parenting skills, we are effectively limiting access to critical knowledge and [health care services](#) that will ensure optimal timing of [pregnancy](#) and ideal birth outcomes."

**More information:** Willi Horner-Johnson et al, Pregnancy Intendedness by Maternal Disability Status and Type in the United States, *Perspectives on Sexual and Reproductive Health* (2020). [DOI: 10.1363/psrh.12130](https://doi.org/10.1363/psrh.12130)

Provided by Oregon Health & Science University

Citation: Unintended pregnancy rates higher among women with disabilities, study says (2020, February 28) retrieved 20 April 2024 from <https://medicalxpress.com/news/2020-02-unintended-pregnancy-higher-women-disabilities.html>

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