

Recognizing disabilities vital to improve maternal outcomes, say researchers

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Credit: Royal Women's Hospital

Researchers from the Royal Women's Hospital are calling for disabilities to be routinely asked about and recorded on patient maternity records to enable disability-aware care for women who need it throughout their

pregnancy and birth.

The Women's, in partnership with La Trobe University, has conducted the first study in Australia to examine pregnancy and [birth](#) outcomes of [women](#) with various types of disabilities including physical, cognitive, sensory and intellectual—with the findings published in leading obstetric journal the *Australian and New Zealand Journal of Obstetrics and Gynaecology*.

The research adds to the global evidence base acknowledging that women with disability have higher rates of poor perinatal outcomes—including preterm births, low birthweight [babies](#) and admittances to Special Care and Neonatal intensive Care Units—when compared with general [maternity](#) data.

Midwife Cherise Smith was a member of the research team and runs the Women with Individual Needs (WIN) Clinic at the Women's—the only specialist pregnancy clinic for people with disability in Australia.

"Around 9.5 percent of women of childbearing age have a disability, but disability status is not routinely recorded in maternity care—and this can cause a number of significant problems for these women and their babies," she said.

"By asking women if they have a disability and accurately entering their disability status into the medical record, clinical teams can share [relevant information](#) and partner with women to customize maternity care to meet their specific needs. It also helps identify existing co-morbidities that can impact their pregnancy.

"At the WIN clinic, we know that disability-aware care from both a [social worker](#) and a midwife is beneficial, ensuring that women with disability get to their antenatal appointments, have their needs understood and are able to care for their baby as independently as

possible."

Charlie Smithson led the research at La Trobe University and said the benefits of routinely identifying these women within maternity services doesn't stop at patient care.

"Identifying women with disabilities in maternity services on a national scale will allow us to further understand the potential links between disability and poorer perinatal outcomes. At this stage there's a lot we have yet to learn about the effects of various disabilities on pregnancy and birth," she said.

"We are continuing our research in this important area. The next phase of our research will enable us to understand how women like to be asked about disability status and also give us more insight into the existing identification processes in maternity services nation-wide."

Key statistics from the paper:

Preterm birth

- Occurrence in women with disabilities: 17%
- Occurrence hospital-wide: 4%

Cesarean section birth

- Occurrence in women with disabilities: 52%
- Occurrence hospital-wide: 32%

Baby has low birthweight

- Occurrence in women with disabilities: 20%

- Occurrence hospital-wide: 9%

Baby requires resuscitation

- Occurrence in women with disabilities: 35%
- Occurrence hospital-wide: 11%

Baby is admitted to Special Care or Neonatal Intensive Care Unit

- Occurrence in women with disabilities: 29%
- Occurrence hospital-wide: 13%

Baby receives formula in hospital

- Occurrence in women with [disabilities](#): 54%
- Occurrence hospital-wide: 28%

More information: Charlie A. Smithson et al, Perinatal outcomes of women with a disability who received pregnancy care through a specialised disability clinic in Melbourne, Australia, *Australian and New Zealand Journal of Obstetrics and Gynaecology* (2021). [DOI: 10.1111/ajo.13326](#)

Provided by Royal Women's Hospital

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