

Care for women with disabilities during pregnancy, childbirth and postpartum period from the midwife's point of view

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SUMMARY

Introduction. Medical literature offers only few reports on disability in obstetrics. Caring for women with disabilities requires individual supervision depending upon the type and grade of disability. There are still no standards of care for disabled women in obstetrics. The aim of this paper was to analyze midwives' experiences in care for disabled patients during pregnancy, childbirth and postpartum period.

Material and methods. A survey was conducted among 205 actively working midwives. The statistical analysis was performed using the chi-squared test of independence and Pearson's contingency coefficient. The level of statistical significance was $p=0.05$.

Results. Most of the surveyed midwives (67.3%) were 22–30 years old. In the opinion of 45.9% of the midwives, their workplace is not adjusted to providing services to disabled women during pregnancy, childbirth and postpartum period. The lack of established standards of obstetric care for women with disabilities is reported by 71.7% of the surveyed midwives. The percentage of midwives experiencing anxiety associated with caring for a disabled woman declines with age ($p=0.022$). The length of professional experience and age of the respondents were not found to be significantly correlated with the level of preparation for providing services to disabled women ($p=0.789$).

Conclusions. In the opinion of the surveyed midwives, there are no standards of obstetric care for disabled women. Irrespective of the length of professional experience, midwives report greater psychological burden associated with caring for disabled women compared with patients without disabilities. Trainings and courses are needed to prepare midwives for work with disabled patients.

Key words: disabled pregnant women; care; childbirth; midwife

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INTRODUCTION

The role of a midwife in obstetrics is focused on individualizing care and ensuring safety during childbirth [1–4]. Caring for women with disabilities requires individual supervision depending upon the type and grade of disability [5,6]. Medical literature offers only few reports on disability in obstetrics, and discussions on problems associated with obstetric care in disabled women have been more broadly undertaken only recently [5]. For women with various dysfunctions, motherhood is often linked with numerous problems [5,6]. There are still no standards of care for disabled women in obstetrics [7].

The report of the Polish Central Statistical Office from 2011 states that the disabled constitute 12.2% of the Polish population, of which 2,530.4 are females [8]. Disability does not preclude pregnancy and its positive outcome [5,9]. However, medical care is limited to disabled women due to their dysfunctions. Also, they experience various obstacles, ranging from architectural to social ones [10,11]. Such patients sometimes encounter problems in contacts with health care professionals. Moreover, midwives must also face dilemmas associated with services provided to disabled patients [12–14]. Frequently, midwives experience emotions linked with the manner of communicating information and with their insufficient knowledge on providing obstetric services to women with both physical and intellectual disabilities [11,13,14]. To date, only few publications devoted to the improvement of obstetric care in disabled women have appeared. Attempts to develop standards of care for the disabled during childbirth have already been made [7]. It is frequently difficult for midwives caring for a disabled woman to find themselves in this

situation. In order to provide appropriate services, they need both psychological and technical support.

AIM

The aim of this paper was to analyze midwives' experiences in caring for disabled patients during pregnancy, childbirth and postpartum period.

MATERIAL AND METHODS

A survey-based study, using a proprietary questionnaire, was conducted among 205 actively working midwives from October 2015 to April 2016. The statistical analysis was performed using the chi-squared test of independence, Pearson's contingency coefficient, interaction plots, contingency tables (cross tabulation) and basic quantitative characteristics for measurable variables. The level of statistical significance was $p=0.05$.

| Place of employment | n | % |
|---|----|-------|
| Gynecology and Obstetrics Clinic | 41 | 14.0% |
| Ante-natal school | 15 | 5.1% |
| Primary health care clinic – community midwife | 22 | 7.5% |
| Hospital – delivery room | 49 | 16.8% |
| Hospital – obstetrics ward | 39 | 13.4% |
| Hospital – gynecology ward | 24 | 8.2% |
| Hospital – neonatal ward | 29 | 9.9% |
| Hospital – pregnancy pathology ward | 17 | 5.8% |
| Hospital – gynecology and obstetrics ward (rotation system) | 38 | 13.0% |
| Other | 18 | 6.2% |

* several answers possible

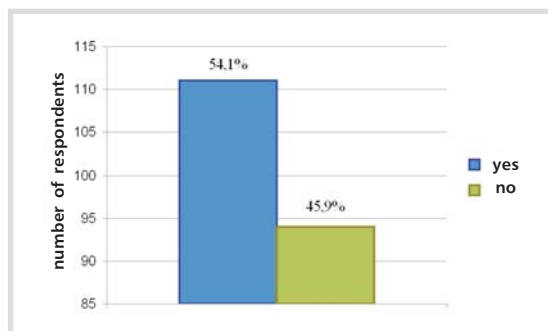


Fig. 1. Adjustment of the work place for providing services to disabled women during pregnancy, childbirth and postpartum period

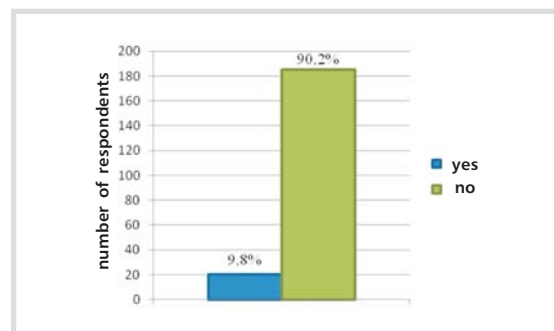


Fig. 3. Training sessions or courses on care for disabled patients during pregnancy, childbirth and postpartum period organized at the respondents' work places

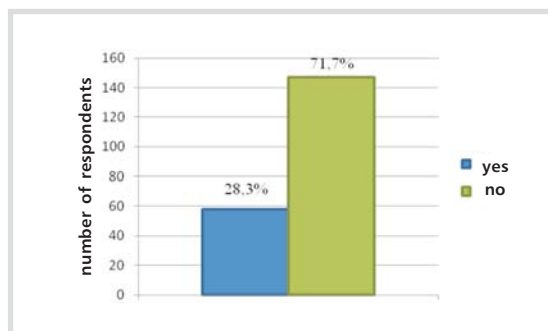


Fig. 2. Presence of established standards of care concerning disabled women during pregnancy, childbirth and postpartum period

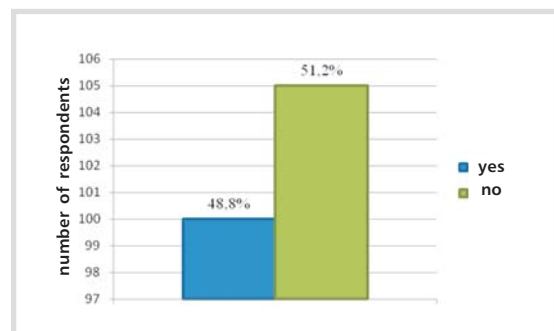


Fig. 4. Concerns regarding care for disabled women reported by the respondents

RESULTS

More than a half (67.3%) of the surveyed midwives were aged 22–30 years, 12.2%: 31–40 years and 12.7%: 41–50 years. The least numerous group (7.8%) were midwives older than 50 years of age. The surveyed midwives worked in different health care facilities, most of them in hospital delivery rooms (Tab. 1).

A half of the surveyed midwives (54.1%) declare that their work place is adjusted to providing services to disabled women during pregnancy, childbirth and postpartum period in terms of architectural aspects and access to amenities for improved patient comfort. Most respondents (71.7%) report the lack of established standards of care concerning disabled pregnant and parturient patients (Fig. 1, 2).

In the respondents' work places, there are no training sessions or courses (90.2%) on care for disabled patients during pregnancy, childbirth and postpartum period (Fig. 3). Anxiety associated with caring for disabled women was reported by 48.8% of the respondents (Fig. 4). Causes of anxiety are presented in Table 2.

The age of the respondents was found to be correlated with the presence of anxiety associated with providing services to disabled women.

The percentage of midwives experiencing anxiety declines with age: $p=0.022$ (Fig. 5).

The age of the respondents was not found to be significantly correlated with the level of preparation for providing services to disabled women ($p=0.789$). Independently of age, a similar percentage of the midwives declared preparation for providing services to disabled women (Fig. 6).

There was no correlation between the length of professional experience and preparation for providing services to disabled women. The highest percentage of midwives (33.3%) that declared preparation for providing services to disabled women were those with work experience of 31–40 years, and the lowest percentage was noted in the midwives who had worked for less than 5 years (17.1%) (Fig. 7).

There is a relationship between anxiety concerning services provided to disabled women and midwives' past experience in caring for such patients during pregnancy, childbirth and postpartum period ($p=0.01$, correlation coefficient=0.252). The correlation coefficient indicates low correlation. Of the surveyed midwives who did not experience anxiety associated with caring for disabled women, more respondents (72.4%) had cared for such a patient in

Tab. 2. Causes of anxiety experienced by midwives

| Causes of anxiety | n = 100 | |
|---|---------|-------|
| | Number | % |
| No sufficient knowledge about caring for disabled patients during pregnancy, childbirth and postpartum period | 76 | 42.2% |
| Inability to establish contact with a disabled patient | 27 | 15.0% |
| Inadequate preparation of work place to provide services to disabled women | 59 | 32.8% |
| The lack of self-confidence | 18 | 10.0% |
| Other | 0 | 0.0% |

* several answers possible

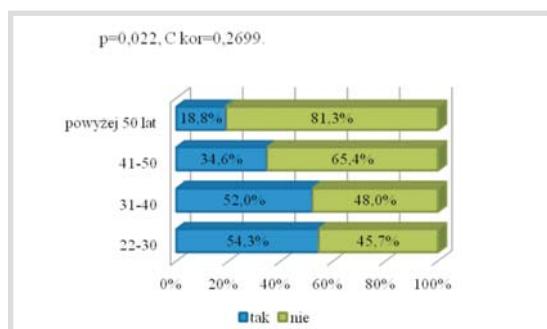


Fig. 5. Relationship between age and anxiety associated with providing care to disabled women (Ckor – Correlation coefficient; powyżej 50 lat – over 50 years; tak – yes; nie – no)

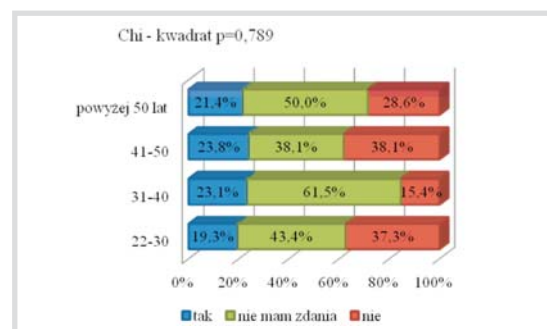


Fig. 6. Relationship between age and the level of preparation for providing services to disabled women (Chi kwadrat – Chi-squared test; powyżej 50 lat – over 50 years; tak – yes; nie mam zdania – I do not know; nie – no)

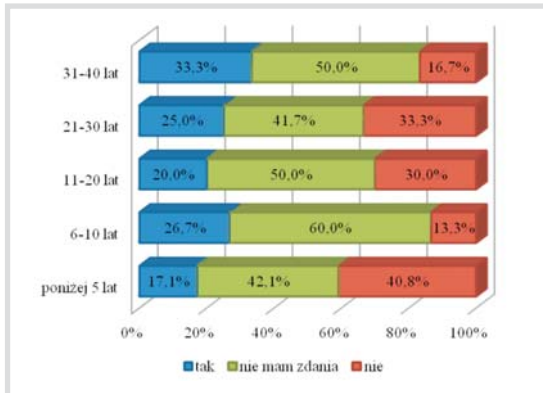


Fig. 7. Relationship between professional experience and the level of preparation for providing services to disabled women (poniżej 50 lat – below 50 years; tak – yes; nie mam zdania – I do not know; nie – no)

the past compared with the other group (55%). The results are presented in table 3.

DISCUSSION

This study on midwives' experience and preparation for providing care to disabled women is one of few that have been published in both Poland and abroad. Of 205 respondents, 131 (63.9%) had an opportunity to care for a disabled woman in the past. These were usually women with physical disability (40.1%) followed by those with intellectual disability (29.7%). In the opinion of most respondents (87.0%), caring for a disabled patient is more difficult than caring for a woman without disabilities. Höglund et al. evaluated knowledge, attitudes and experience of Swedish midwives associated with caring for patients with intellec-

tual disability during pregnancy and childbirth. They enrolled 600 midwives, of whom 300 provided pre-natal care and 300 worked in delivery rooms. The final analysis included 375 midwives, all of them females (180 providing pre-natal care and 195 working in delivery rooms) [13]. The mean age of midwives caring for pregnant patients was 51.2 years and of those working in delivery rooms – 49.7 years. Most midwives had experience in caring for a woman with intellectual disability (74.2% in pre-natal care and 88.8% during childbirth) [13]. Almost all respondents (98.7%) confirmed that care for women with intellectual disability is different compared with care for women without disabilities. McKay-Moffat and Cunningham report that their group of midwives from North West England had an opportunity to care for 2 to 6 patients with sensory or physical disability of varying mobility-limiting degree [15].

In our study, more than a half of the respondents (55.7%) gained knowledge needed to provide obstetric services to disabled patients during their professional work. Only a slight percentage of the midwives (14.5%) acquired this knowledge in the course of their education. Similar results are also presented by Höglund et al. [13]. In our study, 34.4% of the midwives declared no preparation for providing services to disabled women. In Sweden [13], 74.8% of midwives caring for pregnant patients and 69.3% of midwives caring for parturients confirmed the lack of knowledge associated with the needs of intellectually disabled women [13]. The lack of adequate knowledge and

Tab. 3. Relationship between anxiety associated with providing services to disabled women and past experience in caring for such a patient (Cross tabulation)

| | | Experience in caring for a disabled woman | | Total | |
|---|-----|--|-------|-------|--------|
| | | yes | no | | |
| Anxiety associated with caring for a disabled patient | yes | Number | 55 | 45 | 100 |
| | | % of respondents with anxiety associated with care for disabled patients | 55,0% | 45,0% | 100,0% |
| | no | Number | 76 | 29 | 105 |
| | | % of respondents with anxiety associated with care for disabled patients | 72,4% | 27,6% | 100,0% |
| Total | | Number | 131 | 74 | 205 |
| | | % of respondents with anxiety associated with care for disabled patients | 63,9% | 36,1% | 100,0% |

$s=1$ $\chi^2_{obl} = 6,708$ $\chi^2_{tabl} = 3,841$ $\chi^2_{obl} > \chi^2_{tabl}$ $p=0,01$ Correlation coefficient = 0,252

experience as well as anxiety and fear associated with one's own ability to provide adequate services to disabled women were also declared by midwives from North West England [15]. Most midwives (95.1%) believe that additional training in this aspect is justified. Similar results are presented by Höglund et al. [13].

Anxiety associated with caring for disabled women, resulting from the lack of adequate specialist knowledge, has been reported by the midwives (48.8%). A study of Mazurkiewicz from 2009 revealed that anxiety accompanied 20% of midwives during contact with a disabled patient. Much more midwives reported uncertainty [14]. Anxiety and fear were caused by the lack of or insufficient knowledge on providing services or help to disabled women [14].

Our research demonstrates that more than a half of the surveyed midwives (50.4%) have found it difficult to communicate with disabled patients. A significant percentage (76.6%) of the respondents did not know the sign language or any alternative forms of communication with disabled women. Similar aspects were investigated by McKay-Moffat and Cunningham. All midwives stressed the necessity of effective communication with a disabled patient. Four midwives confirmed that the knowledge of sign language proved useful [15].

Most respondents (90.2%) are unable to participate in courses on care for disabled

women since facilities in which they work do not organize such trainings. Similar opinions were expressed by midwives in Mazurkiewicz's study [14].

More than a half of the midwives surveyed in our study (53.2%) did not receive training in this aspect during their education. In the study conducted in 2009 by Mazurkiewicz, this percentage is even higher (only about 10% of midwives had classes on obstetric care in disabled women) [14].

CONCLUSIONS

1. According to the surveyed midwives, their work places are not prepared in architectural aspects for providing services to disabled patients during pregnancy, childbirth and postpartum period.
2. There are no established standards of obstetric care for disabled women.
3. The number of midwives experiencing anxiety associated with care for disabled patients declines with age.
4. Irrespective of the length of professional experience, midwives report greater psychological burden when caring for disabled women compared with patients without disabilities.
5. Trainings and courses aiming to prepare midwives for providing services to women with disabilities are necessary.

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