Clinician Perspectives on the Need for Training and Caring for Pregnant Women with Intellectual and Developmental Disabilities

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INTRODUCTION

Rates of pregnancy among women with disabilities are increasing.1 Women with intellectual and developmental disabilities (IDD) are more likely to experience preterm deliveries, low birth weight infants, and stillbirths.2,3 Women with IDD also have elevated rates of postpartum emergency department visits and hospitalizations.4,5 One important barrier to receipt of adequate and appropriate health care for people with IDD is the lack of appropriate training for healthcare professionals.6,7

METHOD

• We conducted individual interviews (n=9) and one focus group (n=8) with obstetric clinicians about their experiences providing obstetric care to women with IDD.

• Using a content analysis approach, the study investigators reviewed and discussed several transcripts to identify concepts emerging from the data using both inductive and deductive techniques.

• The concepts were converted to codes documented in a codebook which were then expanded and collapsed before being grouped in categories or themes.

AIM

• The objective of this study was to examine clinician perspectives on training and training needs regarding the care of pregnant women with IDD.

RESULTS

Our analysis revealed three main themes:

1) Need for education and training including the clinician participants’ own limited training experiences as a barrier to care for pregnant women with IDD.

• No participant reported receiving any training in caring for pregnant women with IDD

• Participants expressed a need for formal education

2) Recommendations for how to disseminate formal training and to what groups.

• Participants noted a dearth of clinical practice guidelines, the need for pregnancy-specific training during residency and beyond.

• Participants recommended all healthcare staff be included in training opportunities

3) Desired educational outcomes of training including increasing knowledge, enhancing attitudes, and developing practical skills for caring for and communicating with pregnant women with IDD.

CONCLUSIONS

Our findings indicate that inadequate knowledge, lack of confidence, and lack of guidelines may prevent clinicians from providing comprehensive obstetric care to women with IDD.

Additionally, clinicians may harbor negative attitudes or stereotypes regarding sexual and reproductive health for women with IDD.

These findings highlight the need for healthcare professionals to receive formal training in caring for women with IDD, support the need for development of clinical practice guidelines, and suggest a need for tools to support clinicians caring for women with IDD.

REFERENCES


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