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

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INTRODUCTION

Care of pregnant women with IDD.

The objective of this study was to examine clinician perspectives on training and training needs regarding the appropriate health care for people with IDD.

METHOD

• Rates of pregnancy among women with disabilities are increasing1.
• Women with intellectual and developmental disabilities (IDD) are more likely to experience preterm deliveries, low birth weight infants, and stillbirths2,3.
• Women with IDD also have elevated rates of postpartum emergency department visits and hospitalizations4,5.
• One important barrier to receipt of adequate and appropriate health care for people with IDD is the lack of appropriate training for healthcare professionals2,3.

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 when caring for women with IDD.

REFERENCES


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