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Making maternity services accessible to physically challenged women

By EH News Bureau — On Jul 19, 2022

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Dr Anisha Gala, Consultant Obstetrician and Head, Department of Academics, Fernandez Foundation explains that caring for pregnant woman with disability presents a challenge to medical professionals. Doctors rely on anecdotal incidents and case reports because there is a scarcity of evidence-based literature on such cases. The rarity of the cases also makes it difficult for medical bodies to develop guidelines and standard procedures

In the last few decades, medical care has advanced rapidly. This has allowed people with physical disabilities to live near-normal lives. A few decades ago, it was unthinkable for a woman with physical disabilities to bear a child. But now, owing to the advancements in maternal health, these women are considering pregnancy and are enjoying motherhood.

Caring for such women presents a challenge to medical professionals. We rely on anecdotal incidents and case reports because there is a scarcity of evidence-based literature on such cases. The rarity of the cases also makes it difficult for medical bodies to develop guidelines and standard procedures.

Before planning a pregnancy, the woman (in this case, a physically challenged woman) should consult an obstetrician who specialises in medical obstetrics. This will give the doctors enough time to conduct the necessary medical tests to evaluate her health in order to carry out a pregnancy, correct medical problems such as anaemia, review and change medications, offer genetic counseling in case of inheritable disorders, and optimize her health. There are several things that have to be addressed before going for a pregnancy like

posture and ambulation issues, healthy lung function and body weight.

Most importantly, the medical condition of the woman must be explained to her family members. There should also be a discussion around potential pregnancy complications. This will ensure domestic support which can help the mother immensely. Simultaneously, communication that implies a woman is incompetent will lead to self-doubt and a lack of confidence on her part. As a result, one must be sensitive enough to maintain dignity and self-respect.

Pregnant women with disabilities require assistance with posture for an ultrasound scan, getting onto the examination couch, and mobility in the hospital (lack of special parking spaces, narrow corridors and doorways, inaccessible restrooms, and lack of adjustable examination tables restrict movement).

If the woman has an inheritable condition, the fetus is at risk of inheriting it. There is also a risk of preterm delivery and low birth weight babies. Some recommended tests include: first-trimester screening for aneuploidies (abnormal number of chromosomes in a cell), second-trimester targeted ultrasound for anomalies, and growth monitoring in the third trimester.

Pregnancy can be carried to the term for the majority of women. The mode of delivery and pain relief options should be discussed in the antenatal period by a team of experts that include family members. During labor, special attention should be paid to posture and birthing positions. To avoid straining, forceps or ventouse delivery (assisted vaginal birth) may be necessary. In the case of cesarean delivery, special attention should be given to posture, anesthesia technique, recovery from anesthesia, and post-operative care.

These women require postpartum support for lactation (lactation positions, holding infants while breastfeeding), ambulation, and coping with childcare responsibilities.

To summarise, pregnancy and childbirth can have positive outcomes in these groups of women if they are managed by a team of experts and the women and their family members maintain a positive attitude



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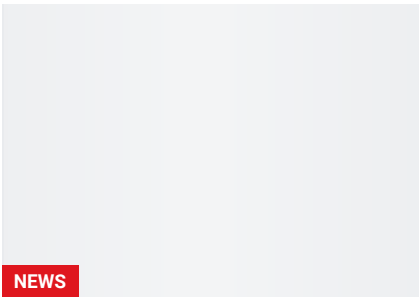
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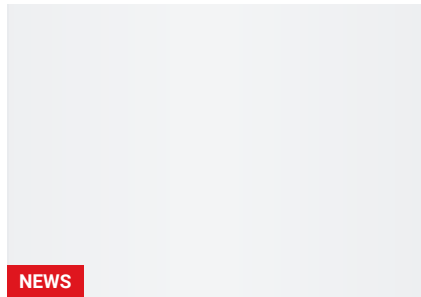
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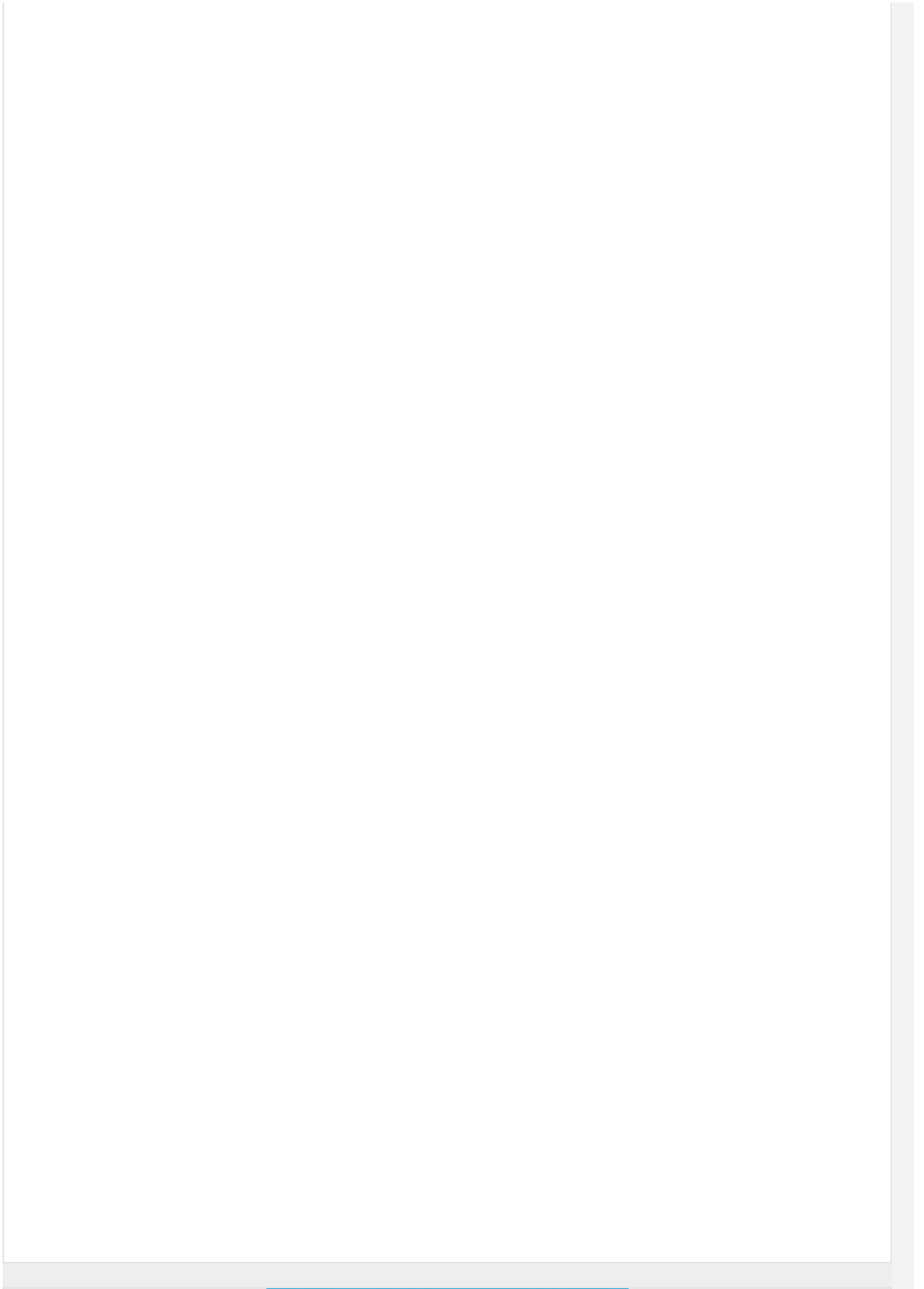
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