

OBSTETRICS

Pregnancy among US women: differences by presence, type, and complexity of disability

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BACKGROUND: Approximately 12% of women of reproductive age have some type of disability. Very little is known about sexual and reproductive health issues among women with disabilities, including what proportion of women with disabilities experience pregnancy. Data on pregnancy are important to inform needs for preconception and pregnancy care for women with disabilities.

OBJECTIVE: The purpose of this study was to describe the occurrence of pregnancy among women with various types of disability and with differing levels of disability complexity, compared with women without disabilities, in a nationally representative sample.

STUDY DESIGN: We conducted cross-sectional analyses of 2008–2012 Medical Expenditure Panel Survey annualized data to estimate the proportion of women aged 18–44 years with and without disabilities who reported a pregnancy during 1 year of participation on the survey panel. We used a multivariable logistic regression to test the

association of pregnancy with presence, type, and complexity of disability, controlling for other factors associated with pregnancy.

RESULTS: Similar proportions of women with and without disabilities reported a pregnancy (10.8% vs 12.3%, with 95% confidence intervals overlapping). Women with the most complex disabilities (those that impact activities such as self-care and work) were less likely to have been pregnant (adjusted odds ratio, 0.69, 95% confidence interval, 0.52–0.93), but women whose disabilities affected only basic actions (seeing, hearing, movement, cognition) did not differ significantly from women with no disabilities.

CONCLUSION: Women with a variety of types of disabilities experience pregnancy. Greater attention is needed to the reproductive health care needs of this population to ensure appropriate contraceptive, preconception, and perinatal care.

Key words: people with disabilities, population-based data, pregnancy, women

Nearly 57 million Americans have a disability, constituting approximately 19% of the United States population.¹ Disability is more common among older individuals, but approximately 12% of US women of child-bearing age have some type of disability.² Despite the size of the disability population, the sexual and reproductive health needs of this population have largely been ignored. Sexuality in people with disabilities has historically been viewed as either nonexistent or dangerous; thus, there has been little impetus until recently to develop a knowledge base regarding the reproductive health of people with disabilities.^{3,4}

Disability is conceptually defined as the interaction of an individual's

impairments with characteristics of the environment, resulting in restricted ability to carry out social roles or access needed services.⁵ In practical measurement terms, however, disability is typically assessed through self-report of difficulty performing basic functions such as movement, vision, hearing, or cognition. Each of these broad categories of disability may also include difficulty with more complex tasks such as activities of daily living (ADLs, eg, bathing or dressing), instrumental activities of daily living (eg, shopping or preparing meals), or participation in social roles such as work or recreation.⁶

Numerous studies have documented disparities between women with and without disabilities in receipt of one aspect of care related to reproductive health: Papanicolaou testing to detect cervical cancer.^{7–12} There is, however, much fewer data available on other components of sexuality and reproductive health of women with disabilities, including sexual behavior, needs for and use of contraception, family planning decision making, pregnancy, and maternal and infant birth outcomes.

Historically, women with disabilities have been discouraged from having children. Although practices such as involuntary sterilization are now illegal,¹³ women with various types of disabilities have reported discouraging responses from health care providers and others regarding potential pregnancy and a profound lack of health care provider knowledge about how their disability and pregnancy may interact.^{3,14–16}

Very little is known about how common pregnancy is among women with disabilities. Recent evidence suggests that women with and without disabilities were equally likely to want children, but women with disabilities were less certain about their intentions to have children.¹⁷ Findings limited to current pregnancy at the time of the interview found a lower prevalence of pregnancy among women with chronic physical disabilities compared with those without disabilities, but pregnancy prevalence was similar after adjusting for other sociodemographic characteristics associated with pregnancy.¹⁸ An analysis of data from

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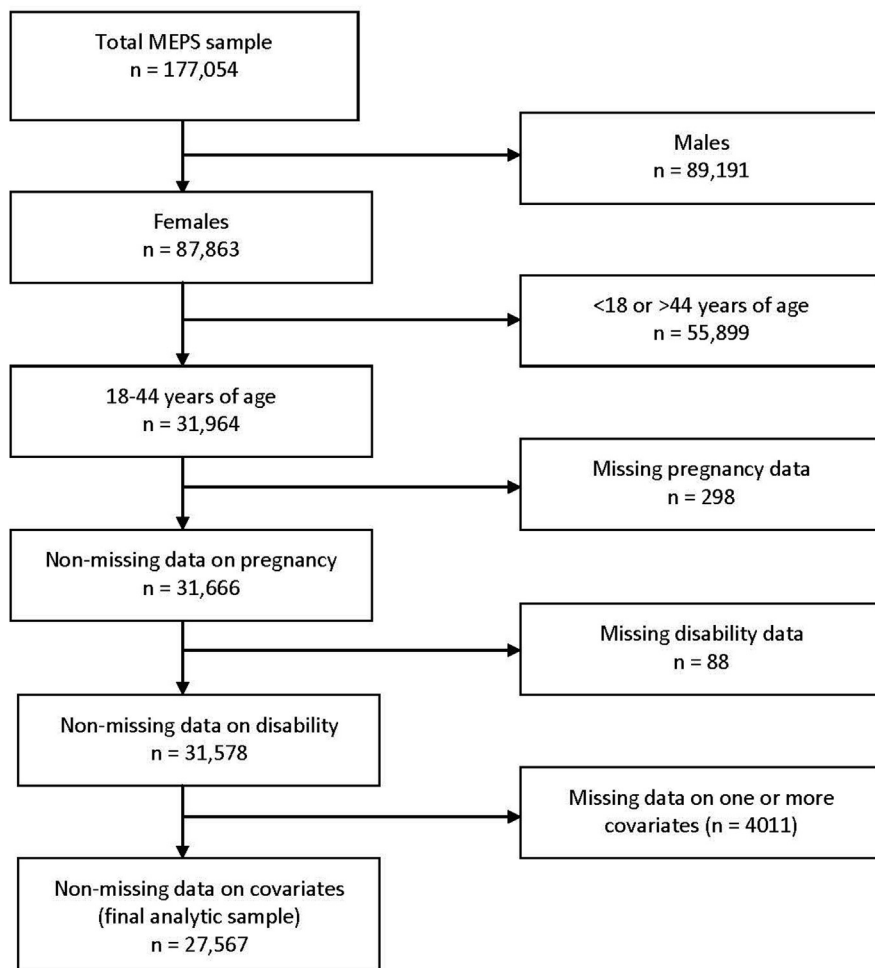
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FIGURE

Analytic sample selection, Medical Expenditure Panel Survey, 2008–2012



This is a flow chart depicting the steps in narrowing the sample from the full number of individuals available in the data source to the number included in our analyses.

MEPS, Medical Expenditure Panel Survey.

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women with spinal cord injuries found that 2% reported a pregnancy during the past 12 months, similar to the rate of current pregnancy among all women with physical disabilities.¹⁹

Important gaps remain in our knowledge of the sexual and reproductive health of women with disabilities. No research has documented the rate of unintended pregnancy among women with disabilities. Nor has research to date examined pregnancy rates among women with cognitive or sensory (vision or hearing) disabilities. Such data are important to understand the needs for

pregnancy care, and to ensure adequate access to contraception to prevent unintended pregnancies, among women with disabilities.

Reproductive health care providers need evidence to inform discussions about contraception, child-bearing plans, preconception care, and prenatal care for women with disabilities. The purpose of this study was to describe the occurrence of pregnancy among women with various disability types and differing levels of disability complexity, compared with women without disabilities.

Materials and Methods

Data source

We used existing data from the Medical Expenditure Panel Survey (MEPS) Household Component. MEPS data are collected by the Agency for Healthcare Research and Quality to provide nationally representative data on health and utilization of healthcare among non-institutionalized individuals. The MEPS uses an overlapping panel design with a new panel selected each year from the previous year's National Health Interview Survey sample.^{20,21} Panel members complete 5 in-person interviews over a 2-year period. Thus, MEPS can capture a relatively broad range of pregnancy occurrences, including those that are short lived.

The Agency for Healthcare Research and Quality creates full-year consolidated files weighted to provide annualized US population estimates. These files can be pooled across multiple years to increase sample size. We conducted cross-sectional analyses of combined full-year files from 2008 through 2012, the available years in which a variable about pregnancy was included in the public use data sets. Because data are deidentified and publicly available, the Institutional Review Board of Oregon Health and Science University classified the study as nonhuman subjects research.

Sample

Our analyses included women aged 18–44 years. The combined 2008–2012 MEPS data set included a total of 31,964 women in this age range, 27,567 of whom had nonmissing data on all variables of interest for our analyses (see Figure). The proportion of women reporting a pregnancy did not significantly differ between women excluded due to missing data on covariates (described in the following text) and women with complete data.

Measures

Dependent variable

A pregnancy indicator is available for each MEPS round, specifying whether any female household members were

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