



An overlooked point in midwifery practices: A traditional review on prenatal period and care in physically disabled women

Ebelik uygulamalarında gözden kaçabilen bir nokta: Fiziksel engelli kadınlarda doğum öncesi dönem ve bakım üzerine geleneksel bir derleme

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ABSTRACT

Since her existence, women have had many roles such as being a mother, being a wife, being a housewife and having a profession. Pregnancy is a sensitive period for women. Being disabled in women with physical disabilities also increases their difficulties. Disabled women are less likely to receive prenatal care. Among the reasons, there are many situations such as difficulties in reaching the hospital, exposure to negative views and behaviors of the environment and caregivers, and lack of knowledge about prenatal care. The primary way to reduce these health inequalities between physically disabled women and non-disabled women will be possible by training midwives. Thus, the quality of care provided will increase and the proportion of physically disabled women receiving prenatal care will increase.

Keywords: midwifery; physically disabled; pregnant woman

ÖZET

Kadının, var olduğundan beri annelik, eş olma, ev kadınlığı, meslek sahibi olma gibi birçok rolü mevcuttur. Kadınlar için gebelik, en hassas süreçlerden biridir. Fiziksel engelli kadınların ise bu sorumluluklar ile beraber engellik durumları zorluklarını arttırmaktadır. Engelli kadınların, engelli olmayan kadınlara göre doğum öncesi bakım alma oranlarının daha düşük olduğu bilinmektedir. Engelli kadınların doğum öncesi bakım alma oranlarının düşük olmasının sebepleri arasında engellerinden dolayı hastaneye ulaşımında zorluk yaşamaları, çevrenin ve bakım veren sağlık çalışanlarının olumsuz bakış ve davranışlarına maruz kalmaları, doğum öncesi bakım hakkında yeterli bilgilerinin olmaması, bakım veren sağlık personelinin bilgi ve iletişim yönünden yetersiz kalması gibi birçok neden vardır. Fiziksel engeli olan kadınlarda, fiziksel engeli olmayan kadınlar arasındaki bu sağlık eşitsizliklerini azaltmanın birincil yolu ebelerin eğitilmesi ile mümkün olabilecektir. Böylece verilen bakımların kalitesi artacak ve fiziksel engelli kadınların doğum öncesi bakım alma oranları artacaktır.

Anahtar kelimeler: ebelik; fiziksel engelli; gebe kadın

Introduction

Since their existence on the basis of society, women have many roles such as motherhood, being a wife, being a housewife and having a profession (Timur et al., 2006). Physically disabled women's difficulties, on the other hand, increase with these responsibilities.

The World Health Organization (WHO) defines disability as the state of being unable to comply with the requirements of normal life as a result of the absence or impairment of an organ that causes permanent loss of function and appearance, to a certain extent, from physical, mental and spiritual characteristics (Cumurcu et al., 2012).

The disability may have occurred before, during or after birth. When the causes of disability are examined, maternal age (below 18, over 35), genetic causes (hereditary disorders), teratogenic drugs used by the mother during pregnancy, maternal smoking, alcohol or drug use during pregnancy, maternal nutritional disorders, consanguineous marriages, pregnancy occurring during pregnancy, such as febrile diseases; difficult labor, premature birth, late birth, position anomalies of the baby, head-pelvis incompatibility occurring during birth; Postnatal causes such as accidents (traffic accidents, etc.), febrile diseases, polio, meningitis, measles,

rubella, encephalitis, infections may cause disability. Many of these causes are preventable (Cumurcu et al., 2012).

According to the results of the Population and Housing Research conducted by the Turkish Statistical Institute (TUIK) in Turkey in 2011, 6.9% of the population of Turkey consists of individuals with at least one disability. In addition, while the disability rate is 7.9% for women, it is 5.9% for men (Aytekin, 2016). Considering these rates, it cannot be ignored that there are health needs of disabled women.

When the literature is examined, there are limited studies on the prenatal period of disabled women and the care they need during this period (Cebe & Aksu, 2021; Kapan & Boyacıoğlu, 2019). In the light of this information, no study has been found in the literature evaluating the issue of prenatal and care in women with disabilities in midwifery practices. In this study, in order to fill the gap in the literature, the care and approaches of physically disabled women in the prenatal period will be mentioned in midwifery practices, and suggestions will be made for midwives who play an active role in these cares.

Physical disability

Physical disability is defined as a problem that prevents or eliminates the physical abilities of the human being by creating

any defect or deficiency in his/her physical aspect (Cumurcu et al., 2012).

Individuals with physical disabilities can be classified as:

1. Orthopedically disabled: It is a person who has inadequacy, deficiency and loss of function in the musculoskeletal system. Those who have shortness, deficiency, excess, absence, movement restriction, deformity, muscle weakness, paralysis, cerebral palsy and spina bifida in their hands, arms, feet, legs, fingers and spine are included in this group (Serenli, 2011).

2. Visually impaired: A person who has complete or partial vision loss or impairment in one or both eyes. Those who use eye prosthesis with vision loss, color blindness, night blindness (chicken black) fall into this group (Serenli, 2011).

3. Hearing impaired: A person who has complete or partial hearing loss in one or both ears. Hearing aid users are also included in this group (Serenli, 2011).

4. Speech Impaired: A person who cannot speak for any reason or who has a speech disorder, fluency, and speech disorder. Those who cannot speak despite hearing, who stutter, and those who have disorders in the tongue-lip-palate-jaw structure are included in this group (Serenli, 2011).

Prenatal period and care of physically disabled women

When women with physical disabilities become pregnant or want to become pregnant, they are most afraid of the reaction of the environment. This is because society sees them as incomplete, inadequate and asexual (Timur et al., 2006). There is a widespread prejudice in society that women with physical disabilities cannot marry or even have children (Karataş & Gökçearsan Çiftci, 2010). Like every human being, people with disabilities also have a sexual life and desires. These should not be ignored. Every woman wants to be a mother and this is the most natural right of all disabled women as well as all women. Bad reactions from the environment can cause disabled women to question themselves and feel inadequate (Karataş & Gökçearsan Çiftci, 2010).

In women with physical disabilities, anxieties such as the fear of being able to get pregnant during pregnancy, the anxiety that her disability may affect her pregnancy, and the feeling of inadequacy in the process of caring for her baby begin to emerge. Physically disabled mothers who constantly try to find answers to such questions may experience higher anxiety and anxiety than other women (Başgöl & Oskay, 2015). In prenatal care, a pregnant woman is given training on many subjects such as nutrition during pregnancy, sleep, exercise, pregnancy hygiene, breathing exercises at birth, postpartum care, newborn care and breastfeeding. In our country, it is aimed for every pregnant woman to receive antenatal care at least 4 times. It is recommended to do it once in 15 days between weeks, and once a week until delivery after these weeks (Kissall & Kartal, 2019). According to TDHS 2012 results, it is seen that 97% of mothers in Turkey receive prenatal care. (Cumurcu et al., 2012).

When the national literature is examined, it has been determined that there is limited research on the pregnancy, birth and postpartum experiences of women with physical disabilities (Kapan & Boyacioğlu, 2019). There is no data on receiving antenatal care focused on women with physical disabilities. However, it is stated in the literature that women with physical disabilities may be 2 times more likely to receive inadequate prenatal care than women without disabilities (Lim et al., 2015; Cebe & Aksu, 2021). However, it is reported that many women with physical disabilities face barriers in

accessing appropriate perinatal care (Tarasoff, 2015). It is stated that among the reasons why physically disabled women cannot receive antenatal care, there are many reasons such as difficulties in accessing the hospital due to their disabilities, being exposed to the exclusionary gaze of the environment and caregivers, lack of sufficient information about prenatal care, and inadequate information and communication of caregivers. In Çebitürk Bayrak's (2019) study, which examines the thoughts and experiences of midwives and nurses regarding the pregnancy, birth and postpartum periods of disabled women, it is emphasized that women with physical disabilities approach their pregnancy periods with prejudice. In a study by Karataş and Gökçearsan Çiftci (2010), it was stated that disabled women thought that the health personnel did not have sufficient equipment. In another study, it was stated that midwives did not have sufficient medical knowledge about sign language education, pre-pregnancy, pregnancy and postpartum period in disability (Cebe & Aksu, 2021). Based on these studies, it is seen that there may be situations where physically disabled women need to receive prenatal care more frequently during their pregnancy. In these follow-ups, it is important for midwives to evaluate the problems related to the woman's disability and changes related to pregnancy, the health status of the fetus, and the information about the drugs used due to her disability (Cebe & Aksu, 2021). It is suggested that subjects about sign language, the physiology of disabled women, disability and pregnancy, childbirth and postpartum period and their risks should be included, especially in undergraduate education. (Cumurcu et al., 2012). It is important that all healthcare providers have adequate equipment and equipment in this regard. For example, it is recommended to have a platform scale suitable for use with wheelchairs for the visually impaired, yellow roads for the visually impaired, elevators with audio and embossed support, wheelchair compatible elevator systems, ramps, wide door entrances, bathroom and toilet architectures, and weight control during pregnancy. Adjustable examination tables should be provided for pelvic examination, as taking the lithotomy position is difficult for most women with limited range of motion (Cebe & Aksu, 2021). Health personnel who can speak sign language or Braille alphabet should be available for hearing and visually impaired individuals (Orhan & Ozkan, 2020).

Conclusion

All women have the right to receive care in the antenatal period. As with every woman, women with physical disabilities should be given individualized care. All these cares will be an effective way to reduce health disparities between women without physical disabilities and women with physical disabilities. Training the midwives who provide care and follow-up of physically disabled women in the prenatal period is the first way to increase the rate of receiving care in the antenatal period.

As a result of this study, the subjects related to women with physical disabilities are covered in the curricula of universities; It is recommended that regular in-service trainings be given to midwives in the field. With the elimination of these trainings and access problems, it is thought that the rate of women with physical disabilities receiving prenatal care will increase.

As a result of this study, it is recommended that the subjects related to women with physical disabilities should be covered in the curricula of universities and regular in-service training should be given to midwives in the field. With the

elimination of these trainings and access problems, it is thought that the rate of women with physical disabilities receiving prenatal care will increase.

Conflict of Interest

Regarding this study, the authors and/or their family members do not have a potential conflict of interest, scientific and medical committee membership or relationship with its members, consultancy, expertise, employment in any company, shareholding or similar situations.

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Author Contributions

F.H.Y.: Literature Review and Writing.

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