Pregnant and Parenting People with Disabilities in Nebraska

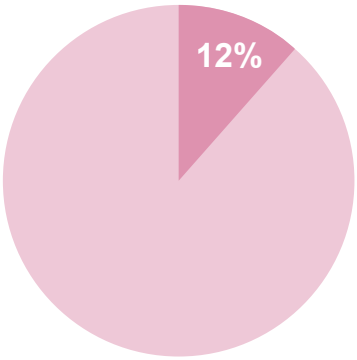
Maternal Child Health Topics in Nebraska

When looking at maternal and child health indicators for pregnant or parenting people with disabilities, there are important areas where these parents are thriving.

Parents with disabilities need individual and systems-level support to increase safe sleep practices and reduce depression, cigarette use, unintended pregnancy, and stress before delivery.

Disability is a broad description of experiences that are complex and varied. A disability can be present since birth or acquired, be continuous or episodic, and limit functioning or life expectancy.

Historically, women with disabilities were restricted from making their own choices about starting families. A concerted and coordinated approach to public policy, including maternal and child health policy, is needed to better address the sexual and reproductive needs of people with disabilities and their families.[2]



12% of reproductive-aged women in the US have a disability[1]

This document is intended to provide local data for women with disabilities and their experiences before, during, and after pregnancy. Each section has action steps that providers can take to improve the health of all Nebraska residents.

What Does "Disability" Mean?

The Americans with Disabilities Act defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability.[3]

- Physical disabilities affect mobility, flexibility, or dexterity.
- Sensory disabilities affect hearing, vision, taste, touch, or smell.
- Intellectual/developmental disabilities affect cognitive and conceptual, social, or practical skills.

1. Horner-Johnson, W., Darney, B. G., Kulkarni-Rajasekhara, S., Quigley, B., & Caughey, A. B. (2016). Pregnancy among U.S. women: Differences by presence, type, and complexity of disability. Am J Obstet Gynecol, 214(4), 529.E1–529.E9. https://doi.org/10.1016/j.ajog.2015.10.92
2. Long-Bellil, L., Valentine, A., & Mitra, M. (2021). Achieving Equity: Including Women with Disabilities in Maternal and Child Health Policies and Programs. In D. J. Lollar, W. Horner-Johnson, & K. Froelich-Grobe (Eds.), Public Health Perspectives on Disability: Science, Social Justice, Ethics, and Beyond (2nd ed., pp. 207–224). essay, Springer.
3. Americans With Disabilities Act of 1990. Public Law 101-336. § 12102. 108th Congress, 2nd session (July 26, 1990).

Measuring Disability

Data used in this fact sheet was gathered by a six-question supplement to the Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Women in Nebraska who had a live birth during late 2018 or anytime in 2019 were surveyed at 2-6 months postpartum. The questions asked about respondents' difficulty with the following:

- Seeing
- Hearing
- Walking or climbing steps
- Remembering or concentrating
- Self care
- Communicating

The data presented in this publication are based on 1,937 completed surveys representing Nebraska mothers who gave birth to live infants between 2018-2019. In this fact sheet, women were coded as having "broad difficulty" with daily living functions if they responded to any of the six questions with any mention of difficulty (including: some difficulty, a lot of difficulty, and I cannot do this at all). Some disabilities may not be represented by the data presented here.

● Broad difficulty ◆ No difficulty

Disparities Present / Multi-System Intervention Necessary

Demographics

There were no differences in self-reported difficulty with daily living by race or ethnicity.

Compared to women without difficulty, women with difficulty were

- less likely to be married,
- had lower educational attainment, and
- were more likely to be underweight or obese.

Considering insurance coverage during delivery and the postpartum period, women with difficulty with daily living functions were less likely to have private or other insurance and more likely to have Medicaid or Indian Health Service insurance. (Data available upon request.) Anyone can apply for benefits and handle their Medicaid and Economic Assistance needs on the ACCESSNebraska website from a computer anywhere, at any time.

Depression

Depression is a serious mood disorder that may last for weeks or months at a time. It can happen before, during, and after a pregnancy and it is common and treatable.[4] Women with difficulty with daily living were more likely to have depression before pregnancy (25.9%), during pregnancy (25.1%), and in the post-partum period (16.3%), compared to women without difficulty (10.4%, 12.6%, and 8.1% respectively).
(See data on next page)

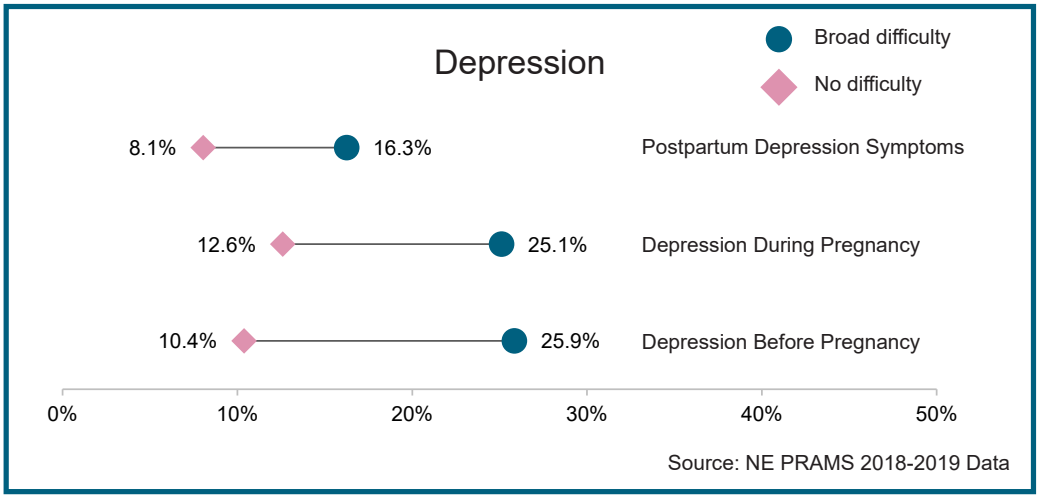
4. Centers for Disease Control and Prevention. (2021, May 13). Depression During and After Pregnancy. Centers for Disease Control and Prevention. https://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fmaternal-depression%2Findex.html.

Depression *(continued)*

In order to identify depression in pregnant and postpartum people, providers should:

- Create and implement a screening follow up system including resources and a referral to an appropriate behavioral health provider in the area.[5]
- Screen for depression/anxiety during each pregnancy, at postpartum visits, and during well-baby visits.
- Be prepared to initiate medical therapy and referrals with a positive screen.

An *Action Plan for Depression and Anxiety Around Pregnancy* and other materials regarding depression and anxiety around pregnancy are provided by the National Institutes of Health, under Mom's Mental Health Matters. The Maternal Mental Health Fact Sheet includes Nebraska data on screenings for depression, recommendations for screening tools for depression anxiety, and resources to refer women to. Postpartum Support International has resources available for clinicians seeking mental health consultations for patients.

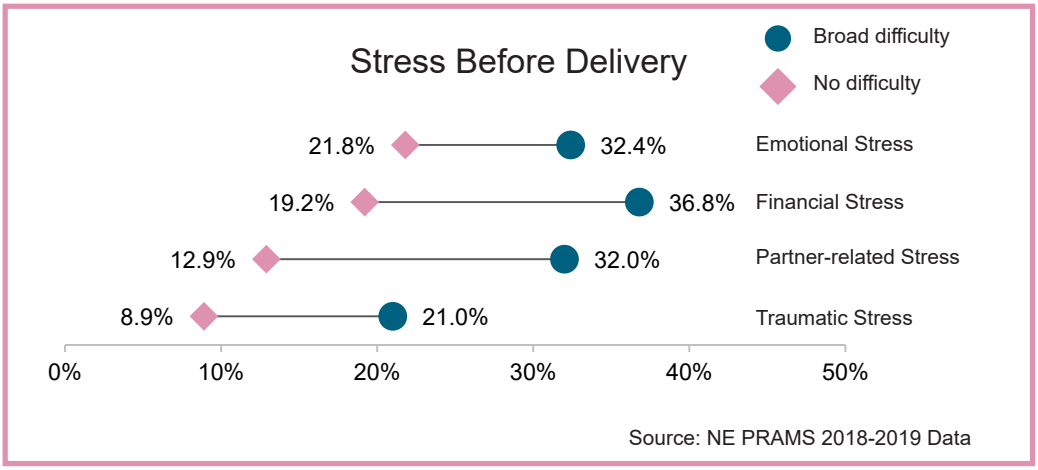


Emotional, Financial, Partner-Related, and Traumatic Stress

Stressors before and during pregnancy were all higher among women with difficulty with daily living than for women without difficulty with daily living. Each composite stress measure contrasted women who said yes to having any type of stressor with women who did not experience any of those types of stressors.

Local resources for stress management are available. Support is available for all Nebraska families. Any problem. Any time. The Nebraska Family Helpline at (888) 866-8660 makes it easier for families to obtain assistance by providing a single contact point 24 hours a day, seven days a week.

The Special Supplemental Nutrition Program for Women, Infants and Children, popularly known as WIC, is a nutrition program for pregnant, breastfeeding women and families with children younger than five. WIC helps eligible families access healthy food, breastfeeding support, nutrition education, and health and community resources.

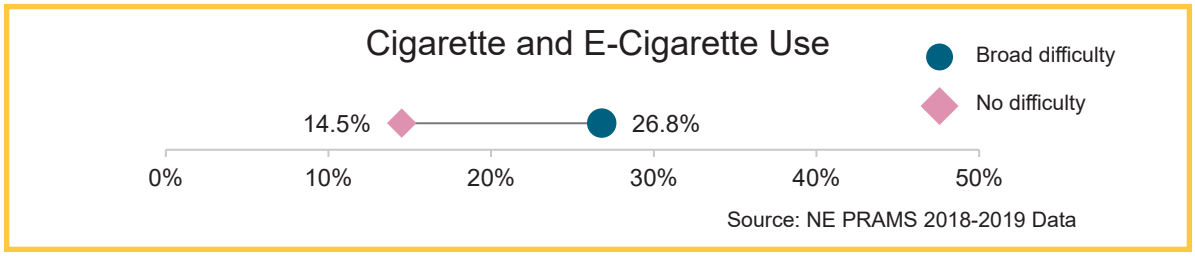


5. Committee on Obstetric Practice. (2018). Screening for Perinatal Depression. Obstetrics & Gynecology, 132(5), 1314–1316. https://doi.org/10.1097/aog.0000000000002928

Cigarette and E-Cigarette Use

Cigarette and e-cigarette use in the 3 months before pregnancy was nearly twice as likely for women with difficulty with daily living functions (26.8%) than women without difficulty with daily living functions (14.5%). Providers should make referrals to smoking cessation programs and interventions when appropriate.

Tobacco Free Nebraska provides resources for Nebraskans who want to quit using tobacco. Coaches to help people quit are available 24/7 at the Quitline (1-800-QUIT-NOW). Web-based coaching and in-person cessation classes are available. Free nicotine replacement therapy is available to those who qualify. Association of State and Territorial Health Officials (ASTHO) has created a resource promoting strategies for smoking cessation for women before, during, and after pregnancy. The recommendations in the resource are appropriate for local-level implementation or through partnership with state and regional health systems.

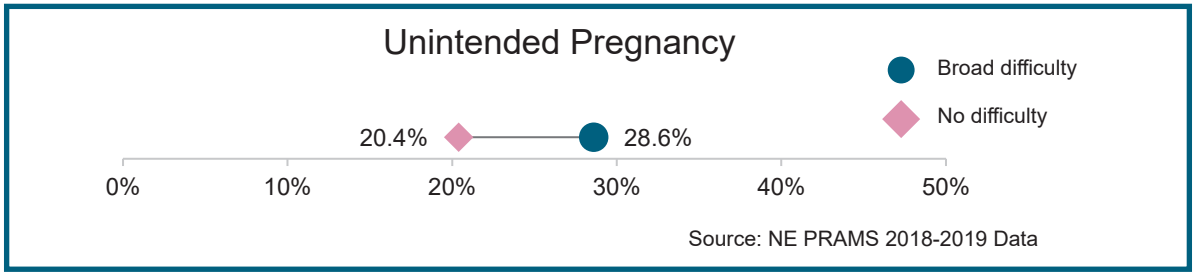


Disparities Present / Intervention Necessary

Unintended Pregnancy

Women with difficulty with daily living functions were more likely to report that their pregnancy was unintended than women without difficulty (28.6% vs. 20.4%, respectively). Unintended pregnancy is defined as a pregnancy that a woman wants "later" or "not then or at any time in the future."

Strategies exist to reduce unintended pregnancy. One Key Question prompts providers to ask women of reproductive age if they plan to become pregnant in the next year and follow-up as appropriate. The American College of Obstetricians and Gynecologists (ACOG) recommends long-acting reversible contraceptive (LARC) use immediately postpartum to reduce unintended and short-interval pregnancy. Providing access to contraception, including immediate postpartum LARC use, may reduce disparities in unintended pregnancy for women with difficulty with daily functions.



From a PRAMS Mom

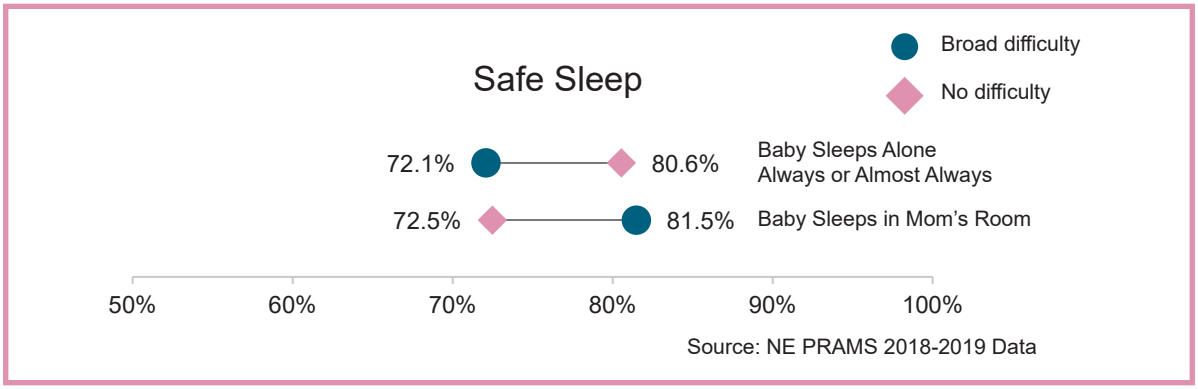
I got pregnant with my boyfriend of 2 years because I was working random hours of retail & often forgot to take birth control pills. I didn't know I was pregnant til 8 weeks but couldn't go to the doctor because I was on my mom's health insurance & didn't want her to know I was pregnant yet. I then lost my job a few months later which then put me on medicare which SAVED my life. It help my stress while I was trying to find a new job. Now I have the most beautiful & healthy girl! :-)

- 2019 respondent, Asian / Pacific Islander, age 20-29

Safe Sleep

The American Academy of Pediatrics recommends a safe sleep environment that includes putting a baby to sleep on their back, the use of a firm sleep surface, room-sharing without bed-sharing, and the avoidance of soft bedding and overheating.[6] Women with difficulty with daily living functions were more likely to have their baby sleep in mom's room (81.5%) than to women without difficulty with daily living functions (72.5%) and less likely to always or often have a baby sleep alone (72.1%) compared to women without difficulty with daily living functions (80.6%).

Learn more about infant safe sleep by visiting sites from the National Institutes of Health, Centers for Disease Control and Prevention, and the American Academy of Pediatrics. Providers should review safe sleep practices with all new parents to reduce the risk of Sudden Infant Death Syndrome, suffocation, strangulation, and entrapment. Recent data about Nebraska mothers' safe sleep practices and safe sleep disparities are available from Nebraska PRAMS.



No Disparities Present / Minimal Intervention Necessary

Preterm Birth

Preterm birth (defined as delivery before 37 weeks and 0/7 days of gestation) is a leading cause of infant morbidity and mortality in the United States.[7] There are no significant differences in the percent of women who have a preterm birth for women who have difficulty with daily living and women who did not. Overall, 8.9% of women had a preterm birth. Interventions to reduce preterm birth should target a woman's risk factors. The "Preventing Preterm Birth in Nebraska" fact sheet provides a comprehensive list of risk factors for preterm birth and actions providers can take to reduce a pregnant person's risk.

Cesarean Delivery

Overall, 28.3% of mothers delivered by cesarean section and there were no differences in cesarean delivery between women with and without difficulty with daily living. ACOG recommendations and interventions for the safe prevention of primary cesarean delivery can contribute to safely lowering the primary cesarean delivery rate.

6. Task Force on Sudden Infant Death Syndrome. (2016). SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Pediatrics, 138(5). https://doi.org/10.1542/peds.2016-2938
7. Shapiro-Mendoza, C. K., Barfield, W. D., Henderson, Z., James, A., Howse, J. L., Iskander, J., & Thorpe, P. G. (2016). CDC Grand Rounds: Public Health Strategies to Prevent Preterm Birth. MMWR. Morbidity and Mortality Weekly Report, 65(32), 826–830. doi: 10.15585/mmwr. mm6532a4

Prenatal Care Initiation in the First Trimester

Prenatal care initiation in the first trimester is high among Nebraskan mothers, though there were differences between women with difficulty with daily living functions (87.2%) and women without difficulty with daily living functions (92.0%). Early and regular prenatal care is an accepted strategy to improve health outcomes of pregnancy for mothers and infants.[8] A comprehensive overview of recommendations for pregnant people can be found in ACOG's Guidelines for Perinatal Care. Nebraska is currently meeting the Heathy People 2030 Target of 80.5% of pregnant females receiving early and adequate prenatal care.

From a PRAMS Mom

Depending on where you go some doctors do care and some really don't care. I had to use some medicine and needed help from the doctors but they didn't take any interest so I switched to a different doctor. But everything turned out okay and my son is healthy even though I have some health issues from pregnancy, hormones, and all that.

- 2018 Respondent, Hispanic, age 20-29

Breastfeeding

Breastfeeding is recommended by the American Academy of Pediatrics exclusively for the first 6 months of life with continued breastfeeding through one year or longer with the introduction of appropriate food.[9]

Women with difficulty with daily living were as likely to initiate breastfeeding (91.2% of women) and continue to breastfeed at 4 and 8 weeks postpartum (80.6% of women at 4 weeks, 71.1% of women at 8 weeks) as women without difficulty with daily living.

The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies promotes strategies like provider and parent breastfeeding education starting in the prenatal period, peer support, breastfeeding support in the hospital, workplace, and community along with longer maternity leaves. These strategies may help more women breastfeed longer.

An increasing number of women with disabilities are becoming mothers. Women with disabilities experience greater risk of morbidity and mortality resulting from pregnancy.

*The **definition** or **recognition** of a disability by a pregnant/parenting person or their health care provider might differently impact a person's health, health care, and/or parenting practices.*

8. U.S. Department of Health and Human Services & Health Resources and Services Administration. (2011, April). Prenatal - First Trimester Care Access. https://www.hrsa.gov/sites/default/files/quality/toolbox/pdfs/prenatalfirsttrimestercareaccess.pdf
9. Facts About Nationwide Breastfeeding Goals. (2020, September 28). Centers for Disease Control and Prevention. https://www.cdc.gov/breastfeeding/data/facts.html

Featured Data Sources

Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population-based surveillance system of maternal behavior and experiences before, during, and shortly after pregnancy.
For more information, visit www.dhhs.ne.gov/PRAMS