

Facility Accessibility for Pregnant Patients with Disabilities: Results from a Statewide Assessment

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Positionality Statement

I am here today to share information on improving accessibility in healthcare settings for pregnant people with disabilities. As a person without a disability and a public health researcher/evaluator, my knowledge on this topic comes from my professional work and not my personal experiences. Being non-disabled has given me a lot of unearned privileges in healthcare settings. I have been able to receive care without thinking about physical access, communication, and arranging accommodations, and as such, there is a lot I don't see. I am committed to increasing my understanding of healthcare accessibility, learning from those with lived experiences, and supporting efforts to improve healthcare for people with disabilities.

Learning Objectives

Describe

Accessibility barriers encountered by pregnant patients with disabilities in healthcare settings and their impacts on health outcomes.

Discuss

Results from Montana's assessment of facility accessibility for perinatal patients with disabilities.

Identify

Practice improvements to support improved perinatal care for patients with disabilities.

Language used in this presentation

Current research and data collection on perinatal care have primarily focused on individuals who identify as women. We support additional research and improved data collection methods that better reflect the diversity of individuals and families that may seek perinatal care. When citing specific data, gendered language, such as women or mothers, may be used. We strive to use inclusive and person-first language throughout this presentation.

Outline

- Background
- Methods
- Results
- Findings
- Public Health Implications
- Conclusions





Background – Pregnancy Among People with Disabilities

- An estimated 12% of reproductive-aged women have a disability.¹
- Women with disabilities are just as likely to be pregnant as those without disabilities.²
- Women with disabilities experience higher rates of pregnancy-related complications and adverse outcomes.³⁻⁶
- The Americans with Disabilities Act (ADA) requires that pregnant women with disabilities receive perinatal care of equal quality as other women.⁷

Maternal Functional Difficulties in Montana

October 2018 – December 2020 PRAMS Survey

- Disability Supplement added to PRAMS survey – *Washington Group Short Set of Questions on Disability*.
- **6.4%** of Montana respondents reported having any functional difficulties compared to **6.7%** nationally in 2020.
- The most common functional difficulties reported were remembering (4.2%), followed by difficulty seeing (1.8%).
- Functional difficulties are more common among mothers who are American Indian, have less education, are publicly insured, and have income below the federal poverty line.





Background – Continued

- Many people with disabilities face barriers to accessing equitable and appropriate perinatal care.⁸
 - **Physical barriers** – inaccessible perinatal care environment (patient rooms, washrooms, medical diagnostic equipment).⁹⁻¹⁵
 - **Communication barriers** – inconsistent accommodations (interpreters, assistive equipment and technology).^{5,16}
 - **Provider knowledge barriers** – lack of training in pregnancy-related needs of women with disabilities.^{13,15,17}

Consequences of Inaccessible Perinatal Care Settings

- Inaccessible care environments can impede pregnant people with disabilities from receiving standard prenatal care impacting the quality of care and patient safety.¹⁸⁻¹⁹
 - **Quality of Care** ^{7,16,18-20}
 - Not weighing patients
 - Conducting physical exams in a wheelchair
 - Inconsistent communication access (gaps in health information)
 - **Patient Safety** ^{18,19}
 - Delayed diagnoses
 - Inadequate treatment
 - Risk of Injury

Healthcare Facility Structural Barriers to Care

- Research on perinatal care among people with disabilities has focused on patient experiences,^{7,13-16,21} and provider perspectives.^{22,23}
 - **Common Theme** – Healthcare facility structural barriers to care.
- The Donabedian model for quality care provides a framework for examining health services and quality.²⁴



- Improvements in the **structure** of care should result in better clinical **processes** and improved patient **outcomes**.²⁴



Risk-appropriate Care

- Montana decided to conduct a structural assessment of birthing facilities' capacity to provide risk-appropriate care by implementing the **Centers for Disease Control and Prevention (CDC) Levels of Care Assessment Tool (LOCATe)**.²⁵
- The CDC developed LOCATe to provide a standardized assessment of levels of maternal and neonatal care to support state strategies to improve risk-appropriate care.
- Montana had the opportunity to add a needs assessment module to the LOCATe assessment, which included a module on **accessible perinatal care settings**.



Statewide Assessment of Facility Accessibility

Research Objective: This study aimed to assess Montana's birthing facilities' capacity to provide accessible perinatal care for patients with physical disabilities and who are deaf and hard of hearing.

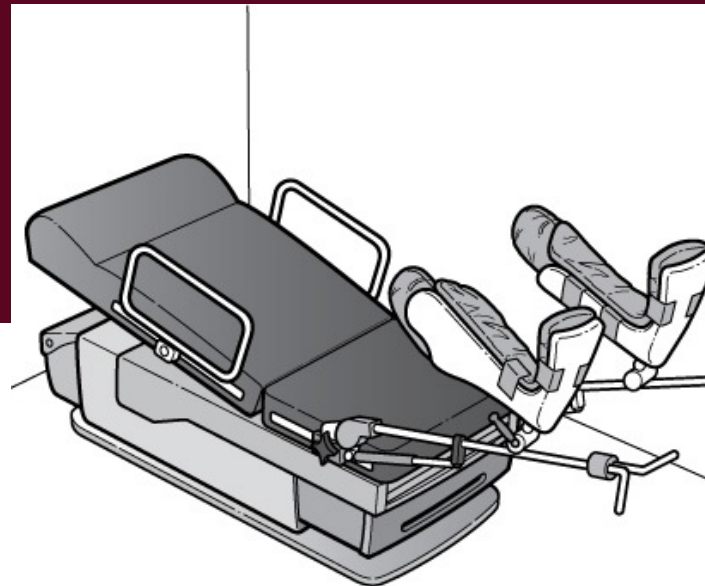
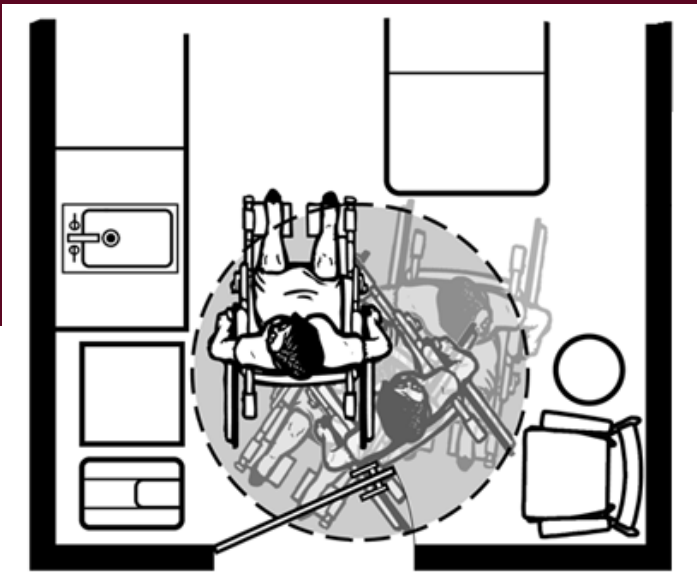
Methods

- **Study population:**
 - All birthing facilities in Montana were invited to participate in the online LOCATe assessment.
- **Instrument:**
 - Version 9.2 of LOCATe based on guidelines by AAP, ACOG/SMFM.
 - LOCATe collects information on the type and availability of providers, equipment, service delivery, drills, transport, and facility-level statistics.
 - We added a module on accessible perinatal care settings.



Accessible Perinatal Care Survey Module

- **Physical Accessibility**– patient rooms, adjustable examination tables, adaptive equipment (scale, bassinet, changing table).
- **Communication Accessibility**– assistive equipment and technology (Computer Assisted Real-Time Transcription CART, Voice carryover VCO TTY telephones), sign language interpreters, and oral interpreters.



Images: ADA Access to Medical Care for Individuals with Mobility Disabilities (ada.gov)

Methods - continued

- **Survey Administration:**
 - Data collection occurred from July 23, 2021, to October 31, 2021.
- **Data Analysis:**
 - STATA 17 was used to conduct all analyses of the accessibility module.
 - We analyzed the percentage of deliveries occurring in Montana by facility accessibility for patients with physical disabilities and patients who are deaf or hard of hearing.
 - We categorized a facility as ***accessible*** if it had all components in the physical accessibility and communication accessibility questions and as having ***accessibility barriers*** if it did not have all components.

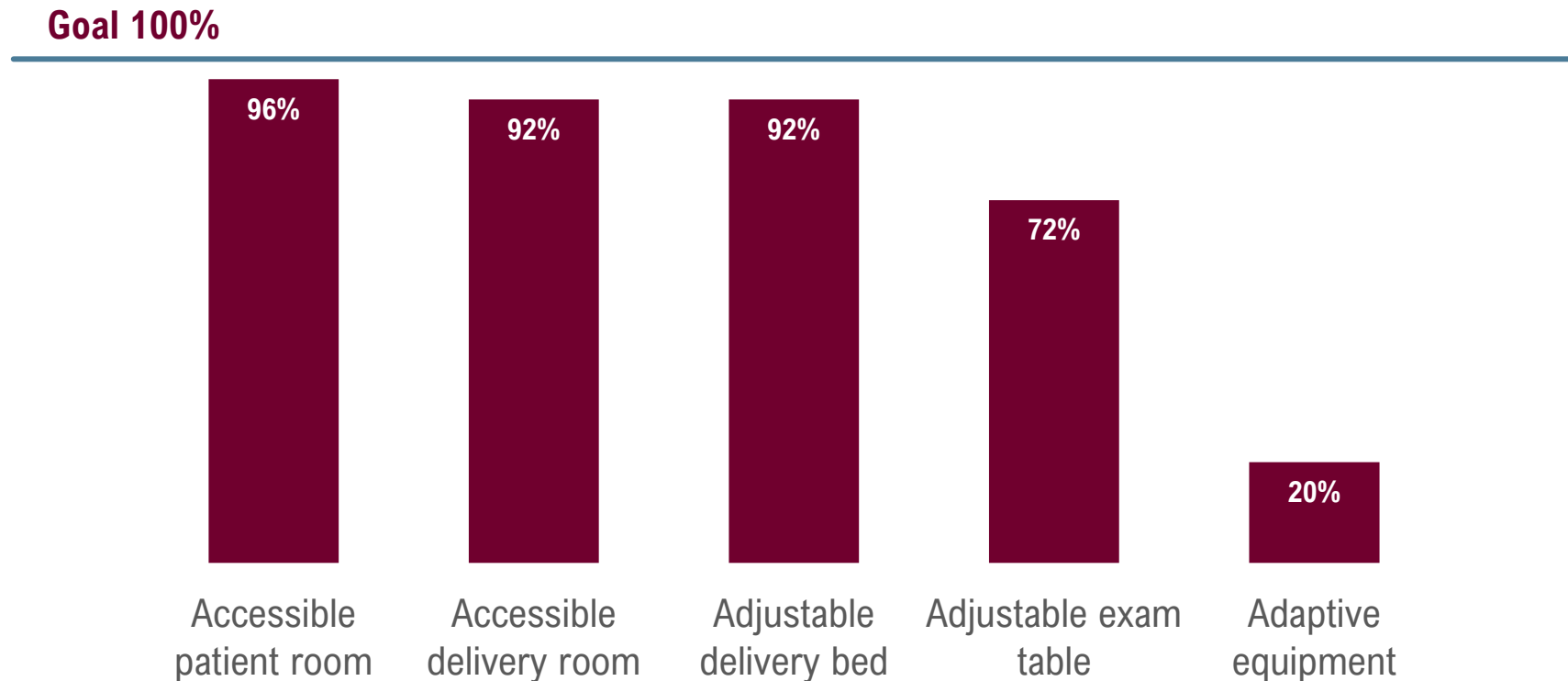


Results

Does your facility have an accessible perinatal care setting for patients with a physical disability? (N=25) *Select all that apply.*

Hospital accessibility for pregnant people with a physical disability

Percentage of hospitals that had...



Data source: Montana LOCATe assessment conducted July 23, 2021, to October 31, 2021

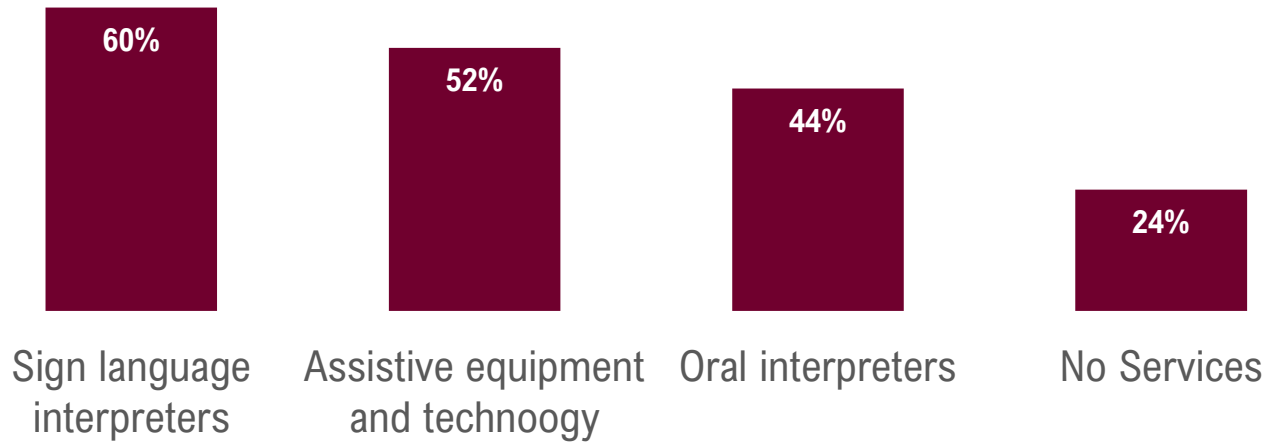
Does your facility have an accessible perinatal care setting for patients who are deaf or hard of hearing? (N=25)

Select all that apply.

Hospital accessibility for pregnant people who are deaf or hard of hearing

Percentage of hospitals that had...

Goal 100%



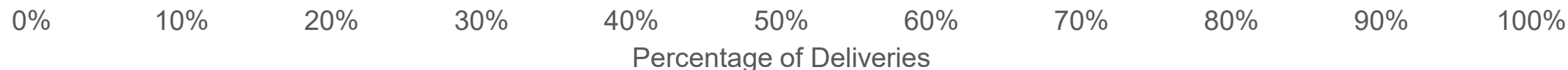
Data source: Montana LOCATe assessment conducted July 23, 2021, to October 31, 2021

Percentage of Deliveries by Facility Accessibility (N=10,321)

Accessible environment for women and birthing people who are deaf or hard of hearing



Accessible environment for women and birthing people with a physical disability



*Accessible – facility had access to all components listed in the accessible perinatal care setting survey module.

**Accessibility Barriers – facility did not have access to all components listed in the accessible perinatal care setting survey module.

Data source: Montana LOCATe assessment conducted July 23, 2021, to October 31, 2021

Findings

- Most facilities had accessible patient rooms and delivery rooms, a quarter did not have an adjustable exam table, and few had adaptive equipment.
- About half of the facilities had interpreter services and assistive equipment and technology. A quarter did not have any communication accommodations or services.
- Most deliveries occurred at facilities with accessibility barriers for people with physical disabilities and those who are deaf or hard of hearing.



Public Health Implications

- Inaccessible care settings contribute to negative patient experiences and adverse health outcomes.^{8,9,15}
- Recommendations for Healthcare Facilities:²⁹
 - Revise intake forms to ask about accommodation needs.
 - Inform staff about the availability of adaptive equipment, interpreter services, and other communication aids.
 - Provide in-service training on accessible equipment, transfers, positioning, and other disability topics.
 - Acquire accessible medical equipment when replacing old equipment.
 - Develop protocols and provide training, so staff knows how to obtain interpreter services and other communication aids.

Conclusions

- Despite 30 years since the passage of the ADA,³⁰ physical barriers to care and communication barriers persist in Montana birthing facilities.
- This study underscores the importance of integrating accessibility into broader health system quality initiatives to enhance healthcare for people with disabilities.^{13,29}



Limitations

- The LOCATe assessment was completed by one staff member of the hospital. The information could represent their knowledge of the facility's accessibility services and might not be accurate.
- The accessibility module does not provide a comprehensive assessment of facility accessibility for people with disabilities.
 - The module focuses on accessibility for patients with physical disabilities and patients who are deaf or hard of hearing.
 - Even within these focus areas, we do not cover all facility accessibility criteria for these patient populations.
- Future research should expand upon our work and develop a comprehensive accessibility module for perinatal care environments.

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Questions

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