

Introduction

Women with physical disabilities often have inadequate access to and experience greater adverse outcomes in reproductive health care due a combination of environmental barriers, social stigma, and a lack of medical knowledge on overlapping reproductive and disability-specific needs.^{1,2} Studies examining health care provider perspectives on this topic have most often done so through the lens of obstetrics and gynecology (OB/GYN), a specialty that does would with women with physical disabilities as often as clinicians in PM&R.^{3,4} As medical experts in the function for patients with disabilities, it is essential that PM&R clinicians are knowledgeable and able to provide their patients appropriate reproductive health care as it relates to their patients' reproductive functional goals.⁵ Despite this need, little is known about PM&R clinician perspectives and experiences in discussing and addressing reproductive health topics with their patients who are women physical disabilities.

Aims and Objectives

Aim I

Identify and describe the common attitudes, beliefs, opinions, and approaches toward reproductive health care for women with physical disabilities among a cohort of PM&R physicians and health care professionals.

Aim II

Identify and describe any emergent themes or patterns from the available focus group data that help better articulate providers' perceived barriers to the delivery of reproductive health care needs for their female patients with physical disabilities.

Methods

Using qualitative analytic software (*Dedoose* ver8.3.35) and an inductive coding schema, this study explored transcripts from three semi-structured focus group interviews with PM&R clinicians (n=16) from large, metropolitan rehabilitation centers. Each focus group session was led by a trained moderator, recorded, then transcribed verbatim. Questions asked of all focus group interviewees followed the general structure of those listed in Table 1. Interviewed clinicians represented a wide range of experiences, specialties, and medical professions (see Table 2). Coded data were analyzed for themes on clinicians' attitudes, approaches to, and perceived barriers in addressing reproductive health needs of women with physical disabilities in the context of their rehabilitation practices.

What are your experiences, thoughts, perspectives about helping or working with [women with physical disabilities] in the area of gynecological and reproductive health that can be related to pregnancy, menstruation, accessibility of care?
Are you comfortable asking [your patients] questions about their sexual function and needs?
Do you talk to your patients about pregnancy, pregnancy planning, and/or contraception?
How frequently do you communicate with your patients' gynecologists?
Do you know who to refer your patients to [for reproductive healthcare]? Or [is it] usually on [the patient] to find a provider?
What are your thoughts on the overlap between PM&R and OB/GYN?
How do you manage situations in while when your tolerance of acceptable clinical risk does not match your patient's? Do you think clinicians' risk tolerance does or does not significantly interfere with patient reproductive decision making?

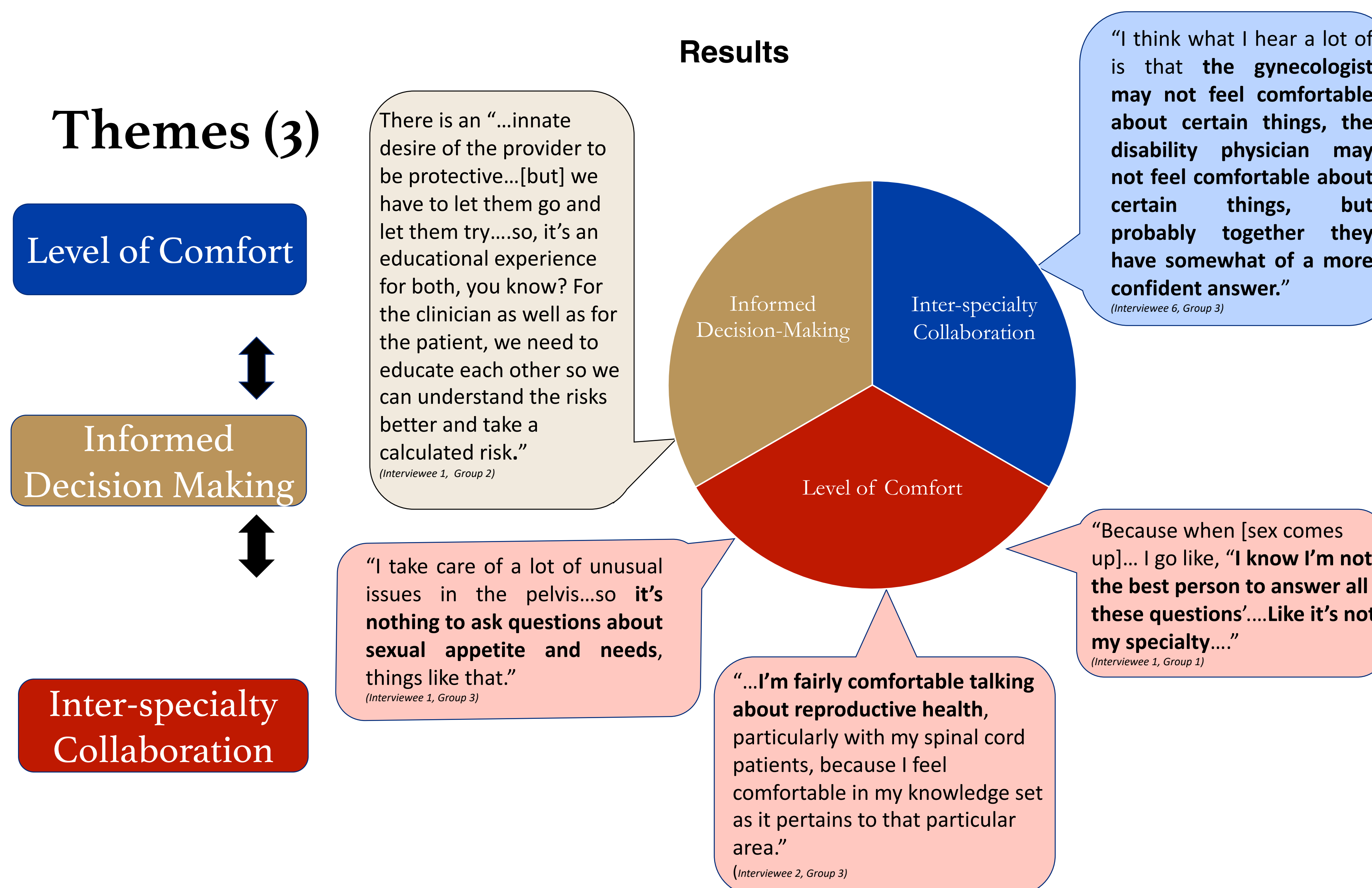
Table 1. General open-ended questions asked by focus group moderator of PM&R clinician focus group interviewees

Demographics

Interviewee Characteristics (n=16)	n
<i>Age category at time of interview</i>	
30-39 years	4
40-49 years	6
50-59 years	4
60-69 years	2
<i>Gender of Providers</i>	
Female	10
Male	6
<i>Race of Provider</i>	
American Indian/Alaskan Native	0
Asian	7
Native Hawaiian/Other Pacific Islander	0
Black or African American	1
White	8
<i>Ethnicity of Provider</i>	
Hispanic or Latino	1
Not Hispanic or Latino	8
Unknown/unreported	7
<i>Years in practice category at time of interview</i>	
0-10 years	8
11-20 years	4
21-30 years	1
31-40 years	3
<i>Clinical Role</i>	
Physician	10
Clinical Psychologist	2
Nurse Practitioner	1
Physical Therapist	2
<i>Clinical Specialty</i>	
PM&R	4
Pain Management	1
PM&R Spinal Cord Injury	1
PM&R Brain Injury	2
Integrative Medicine/Acupuncture	1
Pediatric Orthopedics	2
Neurological Rehabilitation	1
Neuropsychology	2
Physical Therapy	2

Table 2. Demographics of PM&R clinicians in three interdisciplinary focus groups

Results



Analysis of focus group data revealed three key themes: individual provider's level of comfort with discussing reproductive health topics, the importance of informed decision making within the patient-provider relationship, and a need for greater inter-specialty collaboration due to specialized medical knowledge. PM&R clinicians frequently discussed how their specific training and specialized care they provide, combined with their chief role often providing overall care for persons with disabilities, created a knowledge, skills, and therefore delivery gap around reproductive health for women in their care. Their training did not prepare them for these expectations. Clinicians expressed that clinical and academic collaboration between the rehabilitation and gynecologic fields would help address women with physical disabilities' needs and make reproductive health care more accessible.

Conclusions

Reproductive health care for women with physical disabilities sits at the intersection of PM&R and gynecologic expertise with little overlap in training. Given the frequency with which PM&R clinicians work with women with physical disabilities, the results of this study support the importance of increased gynecologic collaboration and education for PM&R clinicians regarding reproductive health needs of women with physical disabilities. Future studies in which rehabilitation clinician-specific reproductive training modules are developed and evaluated would be of interest.

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