

Sensory Disability in Pregnancy.



JENNY BUTTERS MATRON LIVERPOOL WOMENS HOSPITAL
CARMEL DOYLE PUBLIC HEALTH DEVELOPMENT MIDWIFE –
LWH

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Aims of the Day

- Awareness of how joint working can support the woman with sensory disability.
- Awareness of how breastfeeding support service can work in Partnership to support the Mother her baby and professional in the Perinatal Period.
- How the midwife empower and support the woman throughout the pregnancy, birth and beyond



What is a Sensory Disability



‘ A sensory disability is an impairment of
vision,
hearing or speech’

RCOG



Early Intervention

Liverpool Women's



- Early booking named midwife and continuity of care are all essential when providing care.
- Risk assessment at regular intervals are important to maintain safety.
- Working in partnership with other agencies (social care, family support workers, occupational therapy, children centres)

Sensory Disability (Blind or partially sighted)

Liverpool Women's



- Understanding the mothers needs
- What methods does she use to access information :-
 - Large print, magnification lenses, audio availability, sighted reader, computer with synthesized voice.
 - Does she have a guide dog/ or use a cane?
 - Can she travel does she need assistance in attending appointments.
 - Continuity of carer is important to build a relationship and trust.

Deafness and Pregnancy



- Midwives require a particular sensitivity to the needs of a deaf pregnant woman.
- Its important not to make assumptions, use an interpreter to confirm understanding and their needs . Remember not all deaf people use sign language.
- Working with deaf parents requires reassessing how to communicate; speaking clearly, ensuring the parent is in a position to lip read, increase the use of visual aids.

Birth for Sensory Disability



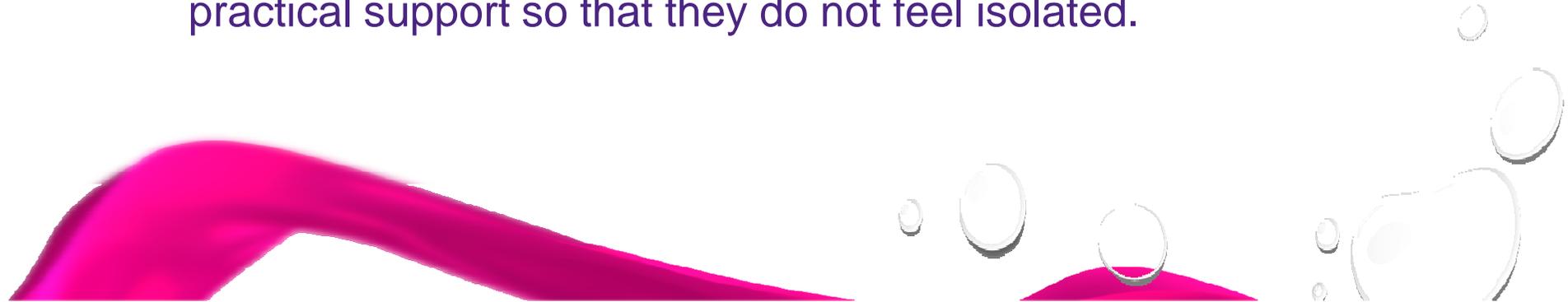
- In the absence of other risk factors women will be offered choice of place of birth including home birth, midwifery led unit and delivery suite.
- Home may be more appropriate as they may feel more comfortable and safer in their own surroundings.
- Birth partners are important in empowering the woman to make choices during her labour.



Postnatal Care



Liverpool Women's

- A robust care plan would be put in place so that the mum and her family were able to feel supported but if needed contacts would be accessible.
 - Single room which they can be supported to become familiar with the environment.
 - Maternity support workers offer practical assistance regarding feeding, care of their newborn and recovery to normality.
 - They can be linked into services which will provide advice and practical support so that they do not feel isolated.
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Women with a disability Postnatal Care.



- Disabled women will be offered extra postnatal visits to support their transition home and build their confidence with their new baby.
- When the time is right for the woman they would introduce services that support the mother and baby relationship.
- Completing joint visits with health visitors, children centre staff or family support staff helps provide a seamless approach so that the disabled woman feels that her wishes are being adhered to.

Sensory Disability and Breastfeeding

Liverpool Women's



- Enhanced midwifery work in partnership with other agencies to support the disabled mum.
- Work with services that assess and provide specialist equipment.
- Working with services to provide assessment of home environments so that parents are supported on their discharge from hospital.



Liverpool Women's

BREASTFEEDING AND WOMEN WITH DISABILITY.





BREASTFEEDING AND DISABILITY

Liverpool Women's



- All women will be treated equally.
- Health professionals will offer a discussion in the antenatal period and develop a care plan.
- Health professionals will listen to concerns and concentrate on your strengths.
- Staff will ensure that you are offered support with positioning and attachment.
- They will offer peer support service for extra support



Blind or Partially Sighted. What we need to consider

Liverpool Women's



- The use of visual aid and demonstrations.
- Physical demonstrations of use of a baby sling, a doll on how to attach baby to breast can be used by verbally describing the process.
- Always obtain permission before physically touching the mother and her baby.
- Encourage the mum to use the football hold , the mother has good access to the baby's face and can feel how actively her baby sucks at the breast.
- Encourage mum to use her fingers to assess where the nipple goes into the baby's mouth.

Safe Sleep and postnatal care



- Public Health initiative is the Merseyside safe sleep pathway. This initiative supports parents put their baby to sleep by following advice on smoking, medication and safe cot sleeping.
- For women with disability we would support the mother to risk assess her home environments making sure she had a cot that was at the correct height for her to be able to handle her baby.
- This can be a part of the discharge plan of care to the community staff. Maternity support workers can support the women to adapt to the new environment at home.

Breastfeeding Peer Support



- Two support services work in partnership with enhanced midwives/midwives to support women to sustain breastfeeding, BAMBIS and Knowsley Breastfeeding Support Services.
- They provide the extra support to the women and can spend a long period of time to support women with any concerns/problems regarding position and attachment at the breast.



Children Centre's Offer



Liverpool Women's

- One to one baby massage in the home to build confidence, help build on the mother and child relationship and provide confidence to mother that she is doing things right!
- Children Centres offer a link into child development services such as speech and language support, safety in the home advice, support to for play at home for younger siblings who may be feeling excluded from the new addition to the home!





Thank you
Any Questions





Royal College of Midwives



- RCM IN 2012 reported that 67.5% of midwives either had hands on the perineum or on the head and the perineum.
- Liverpool Women's Midwives in 2015 reported that 95% of midwives either had their hands on the perineum or the head and perineum.
- Rates of episiotomy is < 5% at LWH.



Perineal Trauma

Liverpool Women's



- Most women who have a vaginal birth will sustain perineal trauma :-
 - a) 1st degree tear- involves the perineal skin only
 - b) 2nd degree tear- involves perineal skin and muscle.
 - c) 3rd degree tear - involves skin muscle and anal sphincter
 - d) 4th degree tear - the same as a third degree but also involves the anal epithelium.
- **2nd ,3rd and 4th degree tears requiring suturing. (NICE,2007, RCOG, 2007).**

Reasons for an episiotomy



- Shorten the second stage of labour for fetal distress or maternal medical condition (Sleep,1995).
- For forceps or ventuse delivery (usually performed by an obstetrician).
- Accommodate the issues associated with female genital mutilation for the benefit of both mother and baby.
- To prevent damage to the baby in a face or breech presentation.
(RCM,2012).

Importance of Enhanced Midwifery Role

- Offer a co-ordinated approach to care ensuring that as a trusted professional the Woman's journey during the perinatal period is enhanced.
- Using materials such as pictures, using dolls on how to hold baby and how to bath and safe sleep.
- Link to local parenting support sessions, involving Fathers and using tools and resources that support their learning needs. (e.g. one to one education at home, joint infant feeding workshops with breastfeeding support workers).



What can be done.

- Women with learning disabilities can be referred to the local Children's Centre where they are offered a range of parenting and development courses.
- There should be a joined up approach for support between Midwives, Health Visitors and Children Centres in order to better equip the family to make better health/lifestyle decisions.





Learning Difficulties and Pregnancy

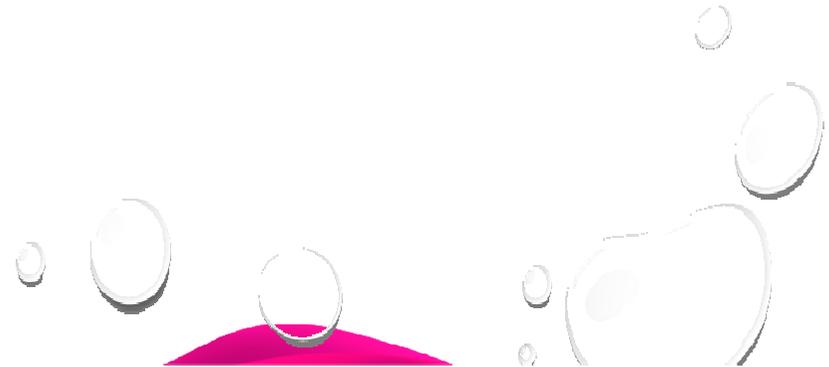
- The Woman may require work with psychotherapeutic services to support the parent infant relationship.
- Referral to Children's Centres, who can provide parenting programmes.
- Referral to maternity support workers to provide advice, education and ongoing support regarding feeding, safe-sleeping and bathing of their new-born.





Learning Difficulties and Pregnancy

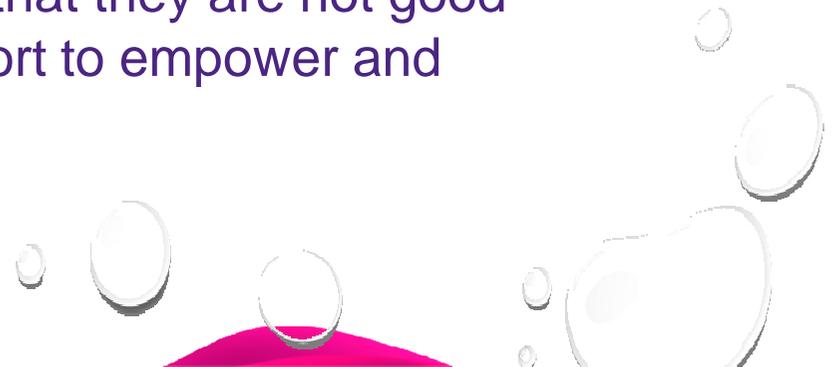
- Women with a learning difficulty are referred to the Enhanced Midwifery service as early as possible in her pregnancy.
- Enhanced Midwife will offer one to one clinical midwifery care and work collaboratively with agencies to improve outcomes for the mother and baby and support emotional wellbeing.





Possible issues

- More likely not to access antenatal care
- They need extra time for appointments and extra visits for support.
- Provision of antenatal education and care requires the skill to provide the information in format that is understood particularly about birth choices.
- Parents with learning disability fear that they are not good enough and require advocacy support to empower and confidence to parent.



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Issues in Pregnancy

Babies of mothers with learning disabilities have more chance:-

- Premature birth (28%)
- Low birth weight (22%)
- 1/3 of pregnant women with LD report having higher levels of stress and mental health issues (anxiety and depression).





Statistics

- A person with a I.Q of less than 70 are considered as having a learning disability.
- Around 7% of adults with a learning disability are parents, but most have a mild to moderate impairment and therefore do not have any formal diagnosis.
- Around 40% of parents with a disability do not live with their children. The children of parents with a learning disability are more likely to be removed from their parents care.
- Parents with a learning disability are more likely to suffer poverty, social isolation, stress, mental health issues, low literacy and communication problems.



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Learning Disability

A Learning Disability is defined as:

‘A significantly reduced ability to understand new or complex information, to learn new skills (impaired social functioning); which started before adulthood, with a lasting effect on development.

(department of health, Valuing PEOPLE,2001)



Learning Disability

Jenny Butters
Matron
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Carmel Doyle
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Liverpool Women's Hospital.

Disability in the Perinatal Period

‘Probably the most important period in everyone’s life is the one that they cannot remember’ (Balbernie, 2008)



Attachment – Bowlby 1951

"A caregiver's love in infancy & childhood is as important for mental health as are vitamins and proteins for physical health"
Bowlby (1951).





Disability and Emotional Wellbeing

- While access to care was generally satisfactory for disabled women, women's emotional well-being and support during pregnancy and beyond is an area that is in need of improvement.
- Specific areas identified included disseminating information effectively, ensuring appropriate communication and understanding, and supporting women's sense of control to build trusting relationships with healthcare providers.

(BMJ,2017)



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Planning Care

- Importance of excellent communication between professionals at the beginning of their journey through maternity services.
- Importance of involving the woman with sensory disability in the planning of her care and respect her choices.
- Information needs to be distributed in accessible formats.



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Resources

- NHS internet sites use videos to show how to bathe a baby.
- Use of the breastfeeding app to show how a baby attaches and feeds at the breast. Dolls, breast models.
- Pictures are useful, with step by step instructions on tasks (feeding, laying baby down safely and bathe baby).



The Importance of Enhanced Midwifery in the perinatal period.

- Provide extra home visits following the birth of the baby in order to better equip women with support, empowerment and belief that are 'good enough' parents.
- Co-ordinate the care by working with other agencies to provide support (e.g. nursery place for the younger child, debt advice for families struggling financially due to the new addition, Children Centre course's on child development/safety.)
- Enhanced Midwifery will bring this work together using an assessment called Early Help Assessment this has a team around the family approach by having set guidelines/time limits in place for the families goals.

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Importance of Attachment

Attachment

Child is born with instinct need to *attach* & uses attachment behaviour to elicit a relationship with adults / their caregiver

Attachment, flows from infant to care-giver, develops gradually over first year, purpose – to seek security and protection





Infant Feeding

Liverpool Women's Hospital have achieved UNICEF INITIATIVE NEW STANDARDS (2015).

- All midwives are trained to provide Women with education in breastfeeding.
 - All Midwives are trained in supporting Mum in building a relationship with her baby in utero and following delivery.
 - All Women are offered a infant feeding workshop either in a group environment, or one to one workshop.
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Breastfeeding Support

- At booking women are referred to the local breastfeeding support service for a group or one to one breastfeeding workshop in the antenatal period.
- Enhanced midwives can provide a one to one workshop or complete joint visits with agencies to support breastfeeding.
- In Knowsley Merseyside the breastfeeding support service contact each pregnant woman from 20 weeks and offer a workshop in the local Children's Centre.



RATES OF BREASTFEEDING



- Breastfeeding initiation rates for 2014- 52.81%
- Breastfeeding Initiation rates for 2015- 53.41%



THANK YOU

Any Questions ???



Midwives Role



- The majority of vaginal births will sustain some perineum trauma.
- NICE,2007 recommend that either 'hands on' or 'hands poised' can be used to facilitate vaginal birth.
- The U.K's NHS recognises the midwife as responsible and accountable professional who works in partnership with the woman, RCM,2007.

Midwives Role



- Following much research Nice,2007, recommended that episiotomy should only take place for clinical need.
- WHO recommendations are that episiotomies rates in hospitals should be less than 20%.
- Midwives should provide care that is evidenced based and be an advocate for the woman at every stage of her maternity journey.
- Unsafe practice should be challenged.

Enhanced Midwifery Role

- Between the period of 2011 – 2012, the enhanced midwifery team at Liverpool Women's Hospital seen an increase in referrals with 85% of women suffering with their mental health in the antenatal period.
- These women are at higher risk of Postnatal Depression.
- They have an increased chance of poor attachment and bonding.
- Which we know has huge long term affects on the development of the baby.

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Mental Health in Pregnancy

- More than 1 in 10 women develop a mental illness during pregnancy or within the first year after having a baby; but about half of all cases of perinatal depression and anxiety go undetected (Cox et al. 1996; Wilsner, 2012).
- 11.8% women are probably depressed at 18 weeks pregnant (Evans et al. 2001).
- 7 in 10 women will hide or underplay the severity of their perinatal mental health illness.

