Overview of barriers to gynecological care for women with cerebral palsy
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Women with disabilities face barriers to gynecological care due to a number of factors such as lack of knowledge and skills among providers, inadequate office settings and the amount of time providers are able to spend with patients with disabilities.1 Women with disabilities require the same primary and preventive reproductive health care that women without disabilities require. These services include cervical cytology screening, sexually transmitted infection screening, psychosocial risk screening, breast cancer screening and contraceptive counseling.2 Improving patient education regarding gynecologic care and improving provider awareness, comfort and knowledge in caring for women with disabilities are important goals of this multidisciplinary project.

Identifying ways to better accommodate women with disabilities and to improve their comfort during a gynecologic exam is essential to improving the quality of care they receive. For women with disabilities, a two-visit approach may be a viable option. During the initial visit, the patient familiarizes herself with the provider and the office environment, and the provider and staff can better understand the special needs of the patient, and the examination is deferred until the second visit.3 Helpful interventions may include Botox administered several weeks before an appointment to relax a patient’s muscles and control pain, and identifying pelvic examination positions that avoid stretching spastic or contracted muscles.

Furthermore, better understanding of the gynecologic needs of women with disabilities is imperative. Menstrual manipulation to achieve menstrual cycle regulation, infrequent menstruation or amenorrhea (lack of menstruation) is a common gynecologic intervention for women with disabilities, and can help manage abnormal uterine bleeding, hygiene issues, behavioral issues, and more.4 Providing menstrual manipulation and contraceptive care for women with disabilities can be challenging due to some of the medical risks and side effects of hormonal contraceptives. There is a need for further study of risks and benefits of hormonal contraceptives and menstrual manipulation in women with disabilities.

Greater awareness of the barriers faced by women with disabilities and providers related to their gynecological care is essential to improve the quality of medical care for these women. Educating patients and providers will hopefully enable effective, comfortable, comprehensive gynecological care that will help transform the medical care for women with disabilities.

References: