Example responses for Parenting and Disability e-tivities.

**e-tivity 1: considerations for communication with parents with particular problems**

**Examples of barriers to verbal communication**
- Background noise - music, television children, traffic
- Dialects and other regional variations
- Tone of voice, volume of voice
- Level of consciousness – semi conscious, unconscious, affected by drugs or sedation
- Fear, anxiety affecting level of responsiveness/engagement
- How good is the individual’s sight/hearing
- Misinterpretation of what was said
- Spatial awareness – distance, personal space, talking ‘down’ and ‘up’
- Telephone
- Wearing a mask in theatre
- Wearing a burkah
- Method of communication e.g. Braille, talking book

**Examples of barriers to written communication:**
- telephone
- Writing different languages
- Memory recall - time delay
- Misinterpretation of what is written

**Visual impairment**
- Method used
- Need for confidentiality (Data Protection Act 1984, Access to Health records Act 1990)
Reference

e-tivity 2: attitudes and professional behaviour towards disabled parents

Thomas (1997:633) states that:

“a number of women live with the fear that children would be taken into care, believing that they might be seen by others – representing either the power of the state (health visitors, community midwives, doctors, social workers) or the power of the wider family – to fail to live up to being a “good enough mother.”

McKay and Moffatt (2007) study only involved 8 midwives from three different maternity units but they found that although midwives lacked knowledge about a woman’s disability their attitudes were positive when they used words such as “the mother’s advocate” and “working in partnership” and all the midwives thought the individual women with disabilities

“…should be treated the same as every woman, without her disability being paramount” but they generally felt that they “lacked knowledge and experience in some aspects of care provision”

(McKay & Moffatt 2007:158)

The mothers in McKay and Cunningham’s study (2007) also reported similar views about some midwives but
“felt that the midwives lacked understanding about her condition”…and this resulted in “insensitive and intolerant care, and failure to give her prescribed medication regularly” (p.156).

(A mother with multiple sclerosis)

In contrast, four other mothers described that they experienced care that was “sensitive, respectful and responsive to their needs while maintaining their privacy and dignity which they valued” and “contributed to feelings of satisfaction with their care.” and for one mother this was in…

“in contrast to her life long experience of other health professionals” ……I think it was the general attitude, it was very refreshing and very relaxed. They said we’re here if you need us. I like that” (page 156)

Lipson and Rogers (2000) noted that people with less visible disabilities “often receive insensitive care” (McKay and Cunningham 2007: 156). It may be useful to note that the Rule changes (NMC 2004) where midwives are now able to visit longer into the postnatal period puts midwives at the front line of assessing parental competences. The recorded delivery report (NPEU 2007) stated that 16 % of mothers were visited up to day 16-28 postnatally and 7% beyond that date.

The new NICE (2010) guidelines on Pregnancy and complex social factors state that midwives must “enhance care delivery” and “involve women in their antenatal care” and “health care professionals should be given training on multi agency needs assessment and national guidelines on information sharing.”

Similarly, the RCOG Standards for Maternity Care (2008: 28) state that
“each maternity service should have an explicit plan for antenatal care for all women” and “a system of clear referral paths should be established” and “all women should be able to contact a midwife day or night at any stage in pregnancy if they have concerns.”

References

McKay- Moffatt, Stella. and Cunningham, Cliff. (2007) Services for women with disabilities; Mothers’ and midwives’ experiences in Richens, Y.(ed) Challenges for Midwives volume two London Quay Books


Royal College of Obstetricians and Gynaecologists (2008) Standards for Maternity Care London RCOG

Thomas, C and Curtis P (1997) Having a baby; some disabled women’s reproductive experiences Midwifery 13; 202-9