Tips for Communicating with Female Patients with Intellectual Disabilities

Sexual and Reproductive Health Information

Intellectual disability (ID) is a term used when there are significant limitations to a person's ability to learn at an expected level and function in daily life. Although women with ID report similar rates of sexual activity as women without a disability, they may receive limited sexual and reproductive health education. Female patients with ID and their caregivers may often seek guidance on menstrual management (i.e., suppression, regulation, hygiene) for which contraception may be provided. Women with ID also experience increased risk for sexual abuse. Health care providers can play a critical role in educating female patients with ID and their caregivers about these topics.

Play a Critical Role

- Initiate conversations on reproductive health topics, such as pregnancy intentions, contraception, STI prevention, and sexual abuse. The provider should avoid making assumptions about the client's needs based on disabilities.
- Have continued discussions with patients and caregivers, creating an environment conducive to sharing of information.













Effectively Communicate Sexual and Reproductive Health Information

- Incorporate pictures that resonate with women with ID, as well as cartoons, videos, and dolls with anatomical parts.
- Provide opportunities for patients with ID to interact with teaching aids.
- Provide materials for patients and caregivers to use at home to reinforce what is discussed during the medical appointment.
- Use assistive communication devices and printed materials written at the patient's cognitive level.

Provide Options for Women with IDs

- Offer the full range of contraceptive methods so that clients can make a selection based on individual needs and preference.
- Male and female condoms are effective in preventing STIs and may require training on use.
- People with intellectual disabilities may need special support to make their own decisions about contraception. For providers, awareness of state laws related to the informed consent process is important.

For additional guidance:

 $\frac{https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm}{https://www.acog.org/About-ACOG/ACOG-Departments/Women-with-Disabilities?IsMobileSet=false}$

Additional tools:

Health care for adults with intellectual and developmental disabilities: Toolkit for primary care providers https://vkc.mc.vanderbilt.edu/etoolkit/

Physician education in developmental disabilities: Free, 12 credit-hour webinar series https://aadmd.org/page/pedd-webinar-series

References:

¹Haynes RM, Boulet SL, Fox MH, Carroll DD, Courtney-Long E, Warner L. Contraceptive use at last intercourse among reproductive-aged women with disabilities: an analysis of population-based data from seven states. Contraception. 2018 Jun; 97(6):538-545. https://doi.org/10.1016/j.contraception.2017.12.008 Epub 2017 Dec 15

²Mahoney, A. & Poling, A. Sexual Abuse Prevention for People with Severe Developmental Disabilities. J Dev Phys Disabil. 2011 Aug; 23(4): 369-376. https://doi.org/10.1007/s10882-011-9244-2 Epub 2011 May 3



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