



# Emergency-Room Visits Among Infants Born to Mothers with Disabilities

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## Introduction

Women with disabilities are increasingly likely to become pregnant and have children.<sup>1</sup> As more disabled women become mothers, the need for providers to understand the health and healthcare needs of these women becomes more apparent. Studies have shown that the infants of women with chronic illnesses and physical, psychiatric, and intellectual disabilities have a higher likelihood of being preterm, being small for their gestational age (their age since conception, rather than birth), or having a low birth weight.<sup>2,3</sup> For this study, we wanted to learn whether there was a relationship between these birth complications and mothers' likelihood of taking their infants to the emergency room.

Our goals were to

- **Compare emergency-room visit rates between infants born to disabled women and nondisabled women**
- **Examine ER-visit rates among women with different disabilities**
- **Identify the reason and severity of ER visits by maternal disability and underlying health condition**

## Findings

Among women with disabilities, roughly a quarter had psychiatric or cognitive disabilities, while a similar number had circulatory conditions, and about one in five women had other physical diagnoses.

- Women with disabilities were more likely to be teenage parents.

- Women with disabilities had less education than women without disabilities. While about two-thirds of women without disabilities had at least some college education, only about half of women with disabilities attended college.
- Women with multiple psychiatric or cognitive conditions and a physical disability were the most likely to be teenage parents and have lower levels of education.
- Women with disabilities and their children were more likely to have publicly funded insurance, such as Medicaid or Medicare, at the time of birth.
- Women with disabilities were somewhat more likely to be non-Hispanic White (80%) or Black (11%) and less likely to be from a race or ethnicity list as "other" (3%) than women without disabilities. Women without disabilities were 68% non-Hispanic White, 9% non-Hispanic Black, and 9% Other.
- Women with disabilities were roughly twice as likely to bring their infants to the emergency room as women without disabilities.
- Infants of mothers with disabilities were more likely to be twins, triplets, or other multiple births.
- Infants of mothers with disabilities had longer ER stays.
- Infants of mothers with disabilities were more likely to be small for their gestational age or have a low birth weight.
- Preterm infants whose mothers had disabilities were less likely to be taken to the ER compared with the general population.



- Preterm infants whose mothers had cognitive or psychiatric disabilities went to the ER the most often.
- All infants were most likely to visit the ER for respiratory illnesses, followed by symptoms, signs, and unspecified conditions and injuries.
- Regardless of the severity of the visit, both term and preterm infants whose mothers had disabilities were more likely to visit the ER.
- More severe visits were more common among infants whose mothers had psychiatric or cognitive disabilities, or psychiatric or cognitive disabilities along with a physical condition.

All infants were most likely to visit the ER for respiratory illnesses, followed by symptoms, signs, and unspecified conditions and injuries. More severe visits were more common among infants whose mothers had psychiatric or cognitive disabilities, or psychiatric or cognitive disabilities along with a physical condition. Regardless of the severity of the visit, both term and preterm infants whose mothers had disabilities were more likely to visit the ER.

Preterm infants whose mothers had disabilities were less likely to be taken to the ER compared with the general population; however, preterm infants whose mothers had cognitive or psychiatric disabilities had the highest rate of ER visits.

The infants of women with psychiatric disabilities—whether those psychiatric disabilities occurred by themselves or coexisted with a physical condition—had the highest rate of emergency-room visits. Socioeconomic status may affect how frequently mothers take their infants to the ER. Poor children are more likely to visit the emergency room because they are less likely to have consistent access to healthcare. Poor children are also more likely to have illnesses affecting the lungs, including pneumonia, bronchitis, and tuberculosis.

The differences in mothers' characteristics don't explain completely why they are more likely to take their infants to the ER. After considering demographics, full-term infants born to mothers with musculoskeletal diagnoses had the highest risk of ER visits. This risk was nearly 30% higher than that of

infants of nondisabled mothers. Infants born to mothers who had sensory and neurological disabilities were also more likely to use the ER than others. Mothers may take their infants to the emergency room because of their own health needs; for example, mothers' difficulty managing chronic pain has been associated with ER visits. Mothers may struggle to manage their pain and raise their children at the same time, too. Their familiarity with their own health needs may also make them more sensitive to their children's distress. Mothers who use the ER frequently may also be more likely to take their children to the ER.

These findings support the need for pediatric care that considers the entire family's needs. As noted in the American Academy of Pediatrics 2003 Report of the Task Force on the Family, "The health and wellbeing of children are inextricably linked to their parents' physical, emotional and social health, social circumstances, and child-rearing practices."<sup>4</sup> Mothers with disabilities who must balance their own needs with their children's would benefit from more coordinated care that considers everyone's needs.

## How the Study Was Done

We used a dataset called the Massachusetts Pregnancy to Early Life Longitudinal, or PELL, data system, 2007-2010. These records included information on hospital visits among infants born between 2007 and 2009. There were 218,599 women profiled in this dataset; of those women, about 7% (14,542 women) had disabilities. We defined "disability" as having one or more chronic conditions that can cause major functional limitations. We used four main categories of disability: circulatory conditions, other physical diagnoses; sensory conditions; and cognitive and psychiatric disabilities (psychiatric disabilities, intellectual disabilities, and developmental disabilities). Participants could have one kind of disability alone, or have more than one (e.g., two physical disabilities or a cognitive/psychiatric condition and a physical diagnosis).

We learned why infants were taken to the emergency room from PELL data, which included information on both the reason and severity of ER visits.

Demographic information came from infants' birth certificates, including:

- Mothers' age, education, race/ethnicity, and health insurance at delivery
- Potential multiple births, preterm births, small size for gestational age, and congenital conditions





## References

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### How to Cite This Brief

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