



This Fact Sheet uses the term “women with disabilities” in keeping with current literature and studies; however, we recognize that not all individuals who give birth identify as women.

Key Facts: Maternal Mental Health (MMH) Conditions

- MMH conditions are the **MOST COMMON** complication of pregnancy and birth, impacting 1 in 5 childbearing people (800,000 families) each year in the U.S.^{1,2}
- Suicide and overdose are the **LEADING CAUSE** of death for women in the first year following pregnancy.³
- 75% of women impacted by MMH conditions **REMAIN UNTREATED**, increasing the risk of long-term negative impacts on mothers, babies, and families.⁴
- The cost of untreated MMH conditions is \$32,000 per mother-infant pair or **\$14 BILLION** each year in the U.S.²⁰
- MMH conditions can occur during pregnancy and up to one year following pregnancy and include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness, psychosis, and substance use disorders.²¹
- Learn more about MMH conditions with MMHLA’s [Fact Sheet](#) on Maternal Mental Health.

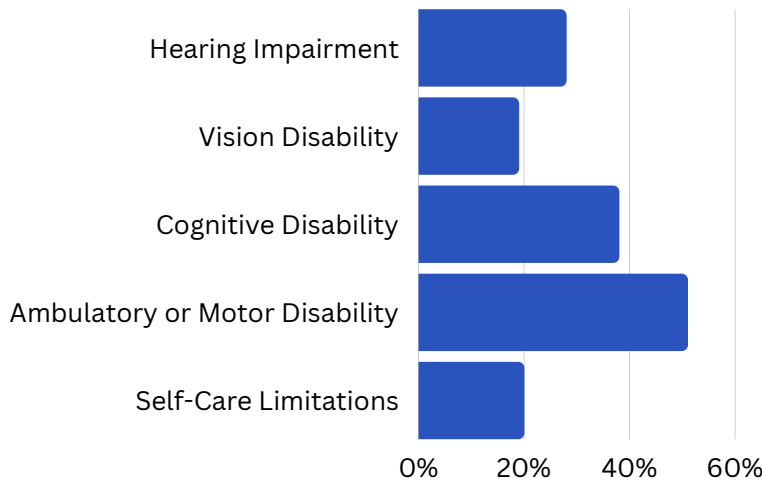
Key Points: Disability, Pregnancy, and Maternal Mental Health

- Approximately 20% of individuals who give birth in the United States identify as having a disability,⁵ and approximately 1 in 8 births are to women with disabilities.⁶
- Women with disabilities are twice as likely to experience MMH conditions as compared to women without a disability.⁷
- Women with disabilities face challenges accessing health care before, during, and following pregnancy, potentially exacerbating risk of pregnancy complications and maternal morbidity, including MMH conditions.⁸
- Women with disabilities are more likely to be individuals of color and more likely to live in poverty, increasing their risk for experiencing MMH conditions and increasing challenges in accessing appropriate mental health care.⁹

One of the most frequent concerns raised by women with disabilities is a lack of health care professional knowledge and awareness about how their disability could affect their pregnancy and how pregnancy might affect disability-related symptoms, progression, and other concerns. Likewise, health care professionals report a lack of training and insufficient resources related to disability.⁶

Types of Disabilities

Approximately 60 million Americans, or 25% of the U.S. population, have a disability. This chart shows how individuals with disabilities self-identify. Individuals can have more than one disability.⁸



Sensory Disabilities

Affect hearing and vision.

Intellectual and Developmental Disabilities

Affect cognitive and adaptive functioning (e.g. Down syndrome, autism spectrum disorder).

Physical Disabilities

Affect mobility, flexibility, dexterity (e.g. cerebral palsy, spinal cord injuries).

Factors Impacting Perinatal Healthcare for Women with Disabilities

Lack of Knowledge Among Clinicians

Many women with disabilities report that their clinicians were less knowledgeable about their specific disability than they would have preferred, offered inaccurate information, and expressed negative stereotypes about people with disabilities. This negativity may be stressful and exacerbate MMH conditions.¹⁰

Non-Medically Necessary C-Sections

When caring for women with disabilities, providers are more likely to elect a cesarean procedure when not medically necessary. Provider assumptions and lack of knowledge contribute to barriers that disrupt and delay maternity care for disabled persons.¹⁰

Inaccurate and Negative Perceptions

The perception that disabled persons are not sexually active, do not desire creating a family, or are not capable of parenting has led to limited access to sexual and reproductive health services for persons with disabilities.¹⁰

Medical and Social Challenges

Women with disabilities face both medical factors (such as a higher incidence of chronic disease) as well as social factors (including barriers to employment, education, stable housing, and access to health care), which can increase risk of negative pregnancy outcomes, including MMH conditions.⁸

Inaccessible Screening Tools

Validated screening tools for MMH conditions (e.g. Edinburgh Postnatal Depression Scale, Patient Health Questionnaire) may not be accessible to women with disabilities due to disparities in English literacy, health literacy, or cognitive limitations.¹¹

Lack of Information on What to Expect

Lack of information about the effects of different disabilities on pregnancy and postpartum adds to the challenges women with disabilities face.¹⁸









Fear of Child Protective Services

Parents with disabilities and their families are frequently and often unnecessarily forced into the child welfare system, and once involved, they lose their children at disproportionately high rates.¹⁹

Challenges Women with Disabilities Experience

Women with Physical Disabilities	Visually Impaired Women	Women with Intellectual and Developmental Disabilities (IDD)	Deaf and Hard of Hearing (DHH) Women
<ul style="list-style-type: none"> • Encounter medical offices with inaccessible equipment, including exam tables, weight scales, bathrooms, and hospital beds.¹² • Face challenges in breastfeeding, such as difficulties with milk supply, latching, limited information, lack of support, and disability-related health conditions, which can impact a new mother's mental health.¹³ 	<ul style="list-style-type: none"> • Can experience more difficult mother–infant interactions due to the lack of eye contact, gestures, postures, and facial expressions.¹⁴ • Lack of positive feedback from the baby can impact a new mother's mental health.¹⁴ 	<ul style="list-style-type: none"> • Receive less emotional or social support during their pregnancies and are less likely to have the robust friend networks that can facilitate good pregnancy outcomes.¹⁵ • Face barriers which include lack of educational materials and resources geared toward the learning and cognitive needs of women with IDD.¹⁵ 	<ul style="list-style-type: none"> • Often experience communication breakdowns, lack of accommodations (e.g. communication supports such as interpreters), and inadequate provider training.¹⁶

Strategies for Improving Perinatal Healthcare for Women with Disabilities

-  Educate health care professionals to recognize inherent biases in the delivery of care for disabled people and educate on culturally responsive health care.
-  Create services informed by cultural humility and responsive care.
-  Provide disability and empathy training to clinical and office staff.
-  Address environmental needs to ensure spaces, equipment, educational materials, and resources are accessible for people with disabilities.
-  Create and implement a screening follow-up system including referral to an appropriate local behavioral health provider and initiation of medical therapy.¹⁷
-  Ensure that appropriate disability related services and social services are in place to provide support throughout transitions after delivery and after the final postpartum visit.
-  Screen routinely for MMH conditions with screening tools tailored for persons with disabilities.
-  Conduct additional research on perinatal mental illness amongst women with disabilities.

Learn More about Pregnancy and Disability



The National Center for Disability and Pregnancy at Brandeis University is devoted to understanding pregnancy experiences, perinatal risks, complications, and outcomes in people with disabilities through population base research. [Learn More](#)

what to expect.

What to Expect includes tips for women with physical disabilities about how to navigate pregnancy and the postpartum period, including practical ideas for preparing for life with a baby. [Learn More](#)



The Accessible Care Pregnancy Clinic at Sunnybrook Health Sciences Centre in Toronto, Canada is a specialized clinic that provides prenatal care for women, trans, and non-binary people with physical disabilities. [Learn More](#)



Through The Looking Glass provides home-based services to families when a child or parent has a disability, medical, or developmental issue. [Learn More](#)

Funding and Editorial Team

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