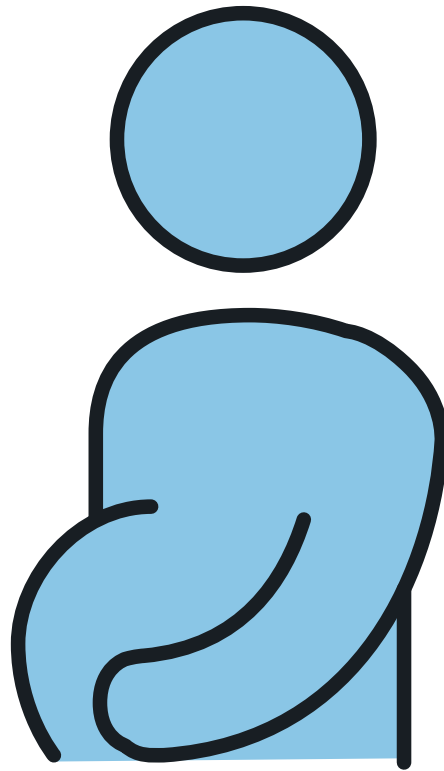


Pregnancy and Physical Disability



This information sheet is about pregnancy for people with physical disabilities.

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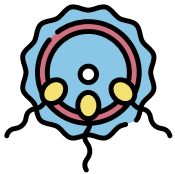
What is pregnancy?

Pregnancy is when a person who has a uterus and ovaries has a fetus growing inside of them. The fetus can grow into a baby.

Everyone has a **right** to choose if or when they want to get pregnant. This includes choosing if they want to have children, and if they do, how many children they want to have.

Some people assume that people with physical disabilities cannot or should not have children, but this is not true. Everyone has the right to make their own choices about getting pregnant and becoming a parent.

To get pregnant:



1. A sperm of a person with a penis and testicles needs to come together with an egg from a person with a uterus and ovaries.



2. When the sperm and egg come together, it will make an embryo.



3. The embryo will then become a fetus and grow inside the uterus for about 40 weeks. Around 40 weeks, the fetus is ready to be born.

Sometimes the pregnant person loses their fetus before the fetus is ready to be born. This is called a miscarriage. When a miscarriage or pregnancy loss happens, people can experience many difficult emotions. There is usually no clear reason why this happens, and it is especially important to remember that it is no one's fault. For resources on pregnancy loss, check out [Sunnybrook's Pregnancy and Infant Loss \(PAIL\) network](#) or [Parents Orphelins](#).

How to get pregnant

There are many ways to get pregnant. Most people get pregnant by having penis-vagina sex, but this way of getting pregnant might not work for everyone.

Other ways to get pregnant include assisted conception or insemination and in vitro fertilization (IVF).

Ask your health care provider if you have questions about whether or not you can get pregnant, or get someone pregnant.

Ways to get pregnant:

Having sex

This is when a person with a uterus and ovaries has sex with someone with a penis and testicles.



Some people get pregnant right away, but for some people, it can take a lot of time and effort.

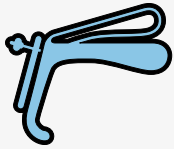
If you feel like it is taking you a long time to get pregnant (over 1 year of trying), talk to a health care provider.

Ways to get pregnant:

Assisted conception or insemination

This is when the sperm of someone with a penis and testicles is put into the vagina, the cervix, uterus, or fallopian tubes of the person with a uterus and ovaries without having sex.

There are different types of insemination. Some types are more complicated than others and can require the use of a syringe, catheter, speculum, and other health care tools. The type that a person chooses will depend on their needs and preferences.



Insemination is usually done in a doctor's office by a health care provider, but, in some cases, can be done on your own at home.



This way of getting pregnant can be complicated, expensive, and may not always work, but for some people this is the only way to get pregnant. In some provinces, there is financial support for assisted conception or insemination. However, some provinces do not financially support assisted conception or insemination, so talk to your health care provider or insurance company about support you may be able to access.

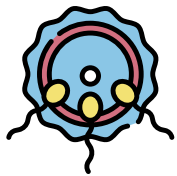
People can experience many difficult emotions when doing assisted conception or insemination. Talk to your doctor to see if this is the right option for you or if you need support.

Ways to get pregnant:

In Vitro Fertilization (IVF)



This is when a doctor takes eggs from a person with a uterus and ovaries and sperm from a person with a penis and testicles. The doctor will then put the sperm with the eggs in a lab to make one or more embryos. The doctor will then put the embryo into the uterus of a person with a uterus and ovaries.



This process usually involves many tests and medical appointments. A person might also have to take hormones. The medical procedures involved in this process can require the use of a syringe, catheter, needle, and other health care tools.

This way of getting pregnant can be complicated, expensive, and may not always work, but for some people this is the only way to get pregnant.



In some provinces, there is financial support for IVF. However, some provinces do not financially support IVF, so talk to your health care provider or insurance company about support you may be able to access.

People can experience many difficult emotions when doing IVF. Talk to your doctor to see if this is the right option for you or if you need some more support.

Surrogacy



Surrogacy is when a person with ovaries and a uterus carries and delivers a baby for another couple or individual.

There are laws in place in Canada on surrogacy. For example, a surrogate must not be paid. It is best to obtain legal advice before entering into a surrogacy agreement.

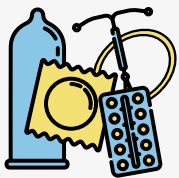
Navigating surrogacy in Canada is complex and can be challenging. Ask a health care provider for more information and support if you are considering surrogacy.

Choosing to get pregnant

Things to know about pregnancy and physical disability:



Many disabled people can get pregnant and raise children successfully. In Ontario, 1 out of 8 people who are pregnant have a disability.



Many physical disabilities do not affect fertility. Fertility means your ability to get pregnant or to get someone pregnant.

This means that if you do not want to get pregnant or do not want to get someone pregnant, you should use birth control. Check out [Birth Control Methods: Information Sheet](#) for more information about preventing pregnancy and choosing birth control methods.



Disabled people are more likely than non-disabled people to have health problems during pregnancy and when they give birth. One reason for this is because disabled people experience barriers and disadvantages in society that make it harder for disabled people to access accessible and appropriate health care compared to non-disabled people.

The barriers and disadvantages that disabled people experience can be multiplied if they have additional identities that are discriminated against, such as being Two-Spirit, lesbian, gay, bisexual, trans, queer, intersex, and asexual (2SLGBTQIA+). For more information on pregnancy and parenting for 2SLGBTQIA+ people, check out the LGBTQ Parenting Network's "[Guidebook for Lesbian, Gay, Bisexual, Trans and Queer People](#)".

To prevent problems during pregnancy, it is important that your health care provider monitors your health closely during your pregnancy.

Before trying to get pregnant, it is a good idea to find a health care provider you trust.



The type of health care providers that take care of pregnant people can include family doctors, obstetricians, or midwives. If you have a family doctor you trust, they might be able to answer your questions about pregnancy or they might be able to recommend another health care provider for you.



Some health care providers might think that disabled people are unlikely to get pregnant. It can be helpful to ask your health care provider what they know about your disability to see if this is the right health care provider for you. If you feel that a health care provider does not know much about your disability or seems to have negative beliefs about disability, it is a good idea to find another health care provider to talk to. It is important to find a health care provider who listens to you, respects you and your disability, and includes you in decision-making.

Health care providers should also ask for your consent before examining you or performing any procedures (e.g., taking your blood or vitals, doing a Pap test).

If you live in Toronto, the Sunnybrook Health Sciences Centre offers an accessible clinic for disabled people who are pregnant or are thinking about getting pregnant: <https://sunnybrook.ca/content/?page=accessible-care-pregnancy-clinic>

Ask your health care provider questions to help you prepare for pregnancy.

Examples of questions to ask your health care provider:



- What factors might impact my fertility?
- What is the best way for me to get pregnant?
- How can I find out if I am pregnant?
- Are there things I need to do to prepare to get pregnant or when I am pregnant?



- How much folic acid should I take and when should I start taking it?
- Can I continue taking my medication when I am pregnant? If not, what are my other options?
- Can I continue my medical treatments when I am pregnant? If not, what are my other options?



- What should I do to make sure I am healthy physically and mentally before, during, and after pregnancy?
- What kind of medical appointments will I need to have when I am pregnant?



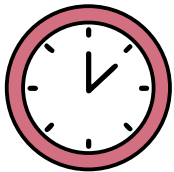
- Will my disability affect my options for giving birth?
- Does my disability affect if I can get an epidural or other pain management strategies (e.g., breathing in gas and air during labour)? If yes, what are my other options for reducing pain when I give birth?
- What are some things I need to think about after pregnancy (e.g., postpartum recovery and taking care of a baby)?

Ask your health care provider about services and supports you can get when you get pregnant.

For example:



- Can I have more frequent visits and longer visits with my health care provider?
- Can I have other health professionals be part of my care team (e.g., a family doctor, obstetrician, midwife, anesthesiologist, urologists, rehabilitation professionals, mental health professionals, social service professionals)?
- Are there support services for disabled people who are pregnant?
- What kind of support can I get after I give birth (postpartum care)?



It is important to advocate for yourself if you are able to, for example you can ask your health care provider for accommodations to make your health care visits more accessible and comfortable. This could include extra time, scheduling all your appointments on the same day (e.g., ultrasound appointment and pregnancy care appointment), asking as many questions as you want (there are no wrong questions), or bringing someone you trust to your appointments.

It can be difficult to advocate for yourself, but it is important because you know your body best and you have the right to be involved in decision-making about your health.

Helpful information about pregnancy and disability:

- https://www.pcmch.on.ca/wp-content/uploads/PCMCH-resource_birthing-parents_easy-read.pdf
- https://www.pcmch.on.ca/wp-content/uploads/disability_pregnancy_birthingparent_english_jan2023.pdf

Postpartum care

Postpartum is the period after you give birth. During this time, you will be recovering from giving birth and will have a new responsibility of caring for your baby.

Taking care of yourself.

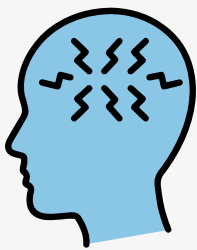
Take care of your physical health.



For example:

- Drink a lot of water.
- Try to eat a variety of nutrient-rich foods, like leafy green vegetables, healthy fats, and fibre.
- Try to do a bit of physical activity each day. This can include taking a walk with your baby.
- Try to get as much sleep as you can.

Take care of your mental health.



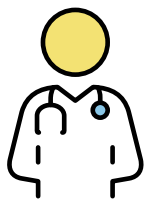
For example:

- Connect with other new parents.
- Talk to people you trust about how you are feeling.
- Try to make time for yourself to do something that makes you happy.
- Ask for help and accept help when other people offer to help you.

If you need more support:

- Contact the Canadian Mental Health Association branch in your area: <https://cmha.ca/find-help/find-cmha-in-your-area/> They can help you find support and resources in your area.
- If you are in a crisis or have suicide-related thoughts, you can call or text 9-8-8 the Suicide Crisis Helpline at anytime for support in English or French.

Taking care of your baby.



Ask your health care provider about:

- Finding a family doctor or paediatrician for your baby.
- Breastfeeding (or chestfeeding) if you want to breastfeed, pump breastmilk, or use baby formula if you are unable to or do not want to breastfeed. If you experience breastfeeding challenges, ask your health care provider to connect you with a lactation consultant.
- When your child needs their routine immunizations (vaccinations) to build and strengthen their immune system and protect them against disease throughout life.
- When your child might need emergency care (e.g., what temperature is too high/a fever).

Ask for support from people with experience being parents and/or who are experiencing being a new parent at the same time as you.



For stories about the lived experiences of parenting as a disabled person, check out [Holland Bloorview's blog post](#) or [CBC Gem's video](#).

You can also ask for support from your personal support worker. Having a conversation about what's included in their role (and what's not) is an important consideration when adding a personal support worker to your childcare support team.

Ask your health care provider what local community supports and services may be available to you.



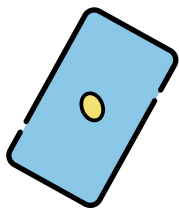
Visit this link for more information about taking care of yourself and your baby after giving birth: <https://www.canada.ca/en/public-health/services/child-infant-health/postpartum-health-guide.html>. The link provides a list of helpful resources in different provinces and territories.

Abortion

If you get pregnant but do not want to have a child, you can get an abortion. Abortion is a medical procedure to stop a pregnancy.

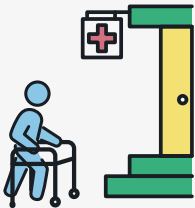
It is each pregnant person's right to choose to get an abortion or not.

There are two types of abortions:



Medication abortion: this involves taking a medication (pill). In Canada, a doctor or nurse can prescribe a medication abortion. In Quebec, midwives can also prescribe a medication abortion.

You can usually have a medication abortion up to 11 weeks (or 63 days) after your last period started. If it's been more than 11 weeks, a surgical abortion is needed instead.



Surgical abortion: this involves having a small surgery at a hospital or a clinic.

If you are thinking about getting an abortion:



Talk to your health care provider as soon as possible about your abortion options and how to access them in your community.

The earlier you talk to your health care provider, the more options you will have.

It can be helpful to bring someone you trust and who can support you when you see your health care provider.



If you need help finding a clinic or if you have questions about getting an abortion, you can call or text Action Canada for Sexual Health & Rights' Access line:

- **Call:** 1-888-642-2725
- **Text:** 613-800-6757



You can find more information about abortions from:

- **The Planned Parenthood Toronto:**
<https://ppt.on.ca/factsheets/abortion/>
- **Action Canada for Sexual Health & Rights:**
<https://www.actioncanadashr.org/sexual-health-hub/asking-abortion-pocket-guide>
- **The Abortion Access Tracker:**
<https://www.abortionaccesstracker.ca/>

Adoption

If you get pregnant and do not want to have a child, you can also choose to put the baby up for adoption.



To find out more about adoption in your province, check out the Government of Canada's list of central adoption authorities:

<https://www.canada.ca/en/immigration-refugees-citizenship/services/canadians/adopt-child-abroad/authorities.html>

Deciding whether to have a baby, have an abortion, or choose adoption can be challenging. Many people in your life may want to influence your choice, but ultimately, it's your decision—and whatever you decide is the right choice for you.