Special Article

Midwifery Care in Pregnant Women with Disabilities: International Guidelines and a Rights-Based Approach

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Abstract
The aim of this review is to address the antenatal care process in pregnant women with disabilities within the framework of evidence-based practices and rights-based approaches, and to identify pregnancy-related risks and midwifery care needs. In this context, the PubMed, Medline, Scopus, and Google Scholar databases were searched using the keywords "disability," "pregnancy," "antenatal care," "midwifery," "maternal risk," and "disability-inclusive care." Current systematic reviews, meta-analyses, and observational studies were included in the review.
Findings from the literature indicate that approximately 55-60% of pregnant women with disabilities have physical disabilities, 10-15% have intellectual/mental disabilities, and 10-15% have sensory disabilities. Pregnant women with disabilities are more likely to initiate antenatal care later and to experience inadequate follow-up. Pregnancy complications such as gestational diabetes, hypertensive disorders of pregnancy, preeclampsia, placental abnormalities, and infections are reported to occur more frequently compared with pregnant women without disabilities. In addition, physical, communication-related, and attitudinal barriers negatively affect access to healthcare services, thereby reducing the effectiveness of antenatal care.
International guidelines recommend that pregnant women with disabilities be assessed according to their individual risks during the antenatal period, that evidence-based monitoring and screening be provided within the framework of standard clinical practices, and that care be delivered with respect, human dignity, and a rights-based perspective. In this regard, it is of great importance for midwives to avoid generalized assumptions and to provide personalized, inclusive antenatal care based on effective communication for pregnant women with disabilities.

Keywords: Pregnancy with disability, Antenatal care, Midwifery, International guidelines

Introduction

The World Health Organization (WHO), in the World Report on Disability, defines the concept of "disability" as an umbrella term encompassing impairments, activity limitations, and participation restrictions (WHO, 2011). Accordingly, an impairment refers to problems in body functions or structures; an activity limitation denotes difficulties an individual may experience in performing a task; and a participation restriction refers to barriers to full involvement in social life (WHO, 2011).

Women constitute approximately 15% of the total population of persons with disabilities worldwide, and it is estimated that about 15% of this group is of reproductive age (Abedi et al., 2025).

In Turkey, approximately 35-40% of women with disabilities are reported to be of reproductive age (STGM, 2022; TÜİK, 2011). National data indicate that a

substantial proportion of women with disabilities require reproductive health services; however, they encounter various structural barriers related to accessibility and the provision of appropriate care during pregnancy, childbirth, and the postpartum period (STGM, 2022; Ministry of Family and Social Services, 2023).

It has been reported that only 15% of women with disabilities benefit from reproductive health services, while 81% attribute barriers to access to inadequate healthcare facilities (Shiwakoti et al., 2021). In addition, a low level of health awareness and insufficient contraceptive knowledge in the preconception period are reported to increase the risk of unintended pregnancy (Horner et al., 2020).

Midwives, who are at the center of maternity care during pregnancy, childbirth, and the postpartum period, are key healthcare professionals responsible for the safety of both the woman and the newborn. When working with disadvantaged and disabled individuals, midwives play a crucial role in ensuring equitable and inclusive care (ACOG, 2025; ICM, 2024).

Midwifery practice encompasses not only the provision of clinical care but also the promotion of accessibility, effective communication, and the active involvement of women in decision-making processes (Heideveld-Gerritsen et al., 2021; ICM, 2024).

Nevertheless, various challenges have been reported in the provision of maternity care for women with mobility limitations due to deficiencies in knowledge, skills, and structural support. This situation may limit the rights of women with disabilities to receive safe and respectful care and to participate in care-related decision-making processes (Magqadiyane, 2020).

Therefore, the aim of this review is to address midwifery care for pregnant women with disabilities within the framework of international guidelines and a rights-based approach, and to synthesize the existing evidence in order to identify key principles related to the care process.

Disability and Pregnancy

Disability is a multidimensional phenomenon that arises from the interaction between an individual's health condition and environmental and personal factors (WHO, 2011). In the context of reproductive health and pregnancy, disability is commonly classified into physical, sensory, intellectual/developmental, and psychosocial disabilities (ACOG, 2025; WHO, 2011).

This classification highlights that the risks encountered by women with disabilities during pregnancy and their care needs are not homogeneous, but may vary significantly according to the type of disability (ACOG, 2025; WHO, 2011).

Available evidence indicates that women with disabilities are more likely than the general population to experience inadequate antenatal care and adverse pregnancy outcomes, including hypertensive disorders of pregnancy, gestational diabetes, cesarean birth, preterm birth, and low birth weight (Horner et al., 2020; WHO, 2011).

However, these risks are emphasized to be largely associated not with disability itself, but with barriers to accessibility, structural deficiencies within healthcare systems, and insufficient preparedness of healthcare professionals (ACOG, 2025).

Global data suggest that approximately 55-60% of pregnant women with disabilities have physical disabilities, 10-15% have intellectual/developmental disabilities, and 10-15% have sensory disabilities (WHO, 2011; ACOG, 2025).

Although there is no current national registry in Turkey that directly reports the prevalence of pregnancy among women with disabilities, demographic data provide important insights. Statistics from the Turkish Statistical Institute and reports from civil society organizations indicate that approximately 35-40% of women with

disabilities are of reproductive age (15-49 years), with a substantial proportion falling within the physical disability category (TÜİK, 2011; STGM, 2022).

In this context, pregnancy-related problems and care needs according to types of disability, in line with international guidelines, are presented in Table 1 (ACOG, 2025; Mitra et al., 2015; WHO, 2011).

Table 1. Key characteristics and care needs during pregnancy according to type of disability

Type of Disability	Definition (WHO)	Common Pregnancy-Related Issues / Complications	Global Distribution (%)
Physical disability	Impairments in mobility, musculoskeletal, or neuromuscular functions	Inadequate antenatal care, increased cesarean section rates, preterm birth, difficulties with birth positioning and mobilization	55-60
Sensory disability	Permanent loss of visual or auditory functions	Communication barriers, insufficient information provision, limited participation in decision-making processes	10-15
Intellectual / developmental disability	Limitations in learning, comprehension, and decision-making abilities	Unintended pregnancy, inadequate contraceptive knowledge, ethical and consent-related issues in care	10-15
Psychosocial disability	Mental health disorders and impairments in social functioning	Psychiatric exacerbations during pregnancy, discontinuity of care	5-10
Multiple disabilities	Coexistence of more than one type of disability	High obstetric risk, increased need for intensive care, requirement for multidisciplinary care	3-8

The Right to Pregnancy and Childbirth: Reproductive Rights of Women with Disabilities

Pregnancy and childbirth are not merely medical processes but also lived experiences in which fundamental human rights are realized. Reproductive rights encompass an individual's ability to freely and knowingly make decisions regarding having children, continuing a pregnancy, and the childbirth process (WHO, 2022; WHO, 2025).

However, due to historical and structural inequalities, women with disabilities are able to benefit from these rights to a more limited extent (WHO, 2022).

The Convention on the Rights of Persons with Disabilities (CRPD) defines the right of persons with disabilities to form a family and to have children (Article 23) and identifies non-discriminatory access to healthcare services as an obligation of states (Article 25) (United Nations, 2023) (Table 2).

Article 18 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) requires that inequalities experienced by women with disabilities in the field of reproductive health be made visible and systematically monitored (CEDAW, 1991). In this context, midwives play a key role in documenting, monitoring, and reporting access barriers, gaps in care, and discriminatory practices encountered by women with disabilities during pregnancy, childbirth, and the postpartum period. The monitoring mechanisms of CEDAW demonstrate that midwifery care is not solely a clinical service, but also a rights-based advocacy field aimed at protecting the reproductive health and childbirth rights of women with disabilities (CEDAW, 1991).

This rights-based approach aligns with the respectful and woman-centered midwifery philosophy endorsed by the International Confederation of Midwives (ICM), emphasizing midwives' responsibility to support women's autonomy, ensure informed consent, and assume an advocacy role (ICM, 2024). International conventions and guidelines clearly define the rights of women with disabilities related to pregnancy, childbirth, and reproductive health, and this framework is presented in Table 2 (CEDAW, 1991; ICM, 2024; Constitution of the Constitution of the Republic of Turkey, 1982; United Nations, 1979; United Nations, 2023; WHO, 2015).

Table 2. Human rights framework related to pregnancy, childbirth, and reproductive health of women with disabilities

Document / Convention	Article	Rights Domain	Brief Description
United Nations - CEDAW	Article 12	Women's health	The right of women to access healthcare services without discrimination
CEDAW (General Recommendation No. 18)	-	Women with disabilities	Making the specific needs of women with disabilities visible and ensuring data collection
United Nations - CRPD	Article 6	Women with disabilities	Protection of women with disabilities against multiple and intersecting forms of discrimination
CRPD	Article 23	Family and reproductive rights	The right to marry, to have children, and to found a family

CRPD	Article 25	Right to health	Equal access of persons with disabilities to reproductive and maternal health services
World Health Organization	-	Reproductive health	Recognition of safe pregnancy, childbirth, and family planning as fundamental human rights
International Confederation of Midwives (ICM)	-	Respectful care	Women's autonomy, informed consent, and advocacy in maternity care
Constitution of the Republic of Turkey	Article 10	Equality	Prohibition of discrimination on the basis of disability
Constitution of the Republic of Turkey	Article 56	Right to health	The right of everyone to a healthy life and access to healthcare services

International Guidelines and the ICM Perspective

The international approach to the care of pregnant women with disabilities conceptualizes care not as a special or exceptional form of clinical surveillance, but rather as a rights-based standard grounded in the principles of accessibility, equity, autonomy, and informed consent. This framework emphasizes the physical, communicational, and digital accessibility of healthcare services, the prevention of discrimination, and the conduct of decision-making processes during pregnancy, childbirth, and the postpartum period in accordance with the woman's own will and preferences (WHO, 2022).

The United Nations disability agenda likewise underscores the right of persons with disabilities to equal access to sexual and reproductive health services, defining the removal of structural barriers within these services as a fundamental obligation of states (United Nations, 2023).

In this context, the Disability Inclusion Strategy of the United Nations Population Fund (UNFPA) highlights the importance of placing the sexual and reproductive health and rights and needs of women with disabilities at the center of service planning, fostering collaboration with organizations of persons with disabilities, and implementing practices that reduce the risk of discrimination, including accessible communication, protection from violence, privacy, and empowerment (UNFPA, 2021). Within this framework, the role of midwives in delivering these services is of critical importance.

The International Confederation of Midwives (ICM) conceptualizes midwifery care as a relationship-based "partnership" model and places the principles of human rights, respect, and autonomy at the core of its professional framework.

The ICM Philosophy and Model of Midwifery Care emphasizes a care relationship in which the woman is the primary decision-maker, power imbalances are addressed in favor of the woman, and care is personalized, continuous, and non-authoritarian. In the context of pregnancy among women with disabilities, this approach establishes a practical standard that prioritizes supported decision-making, the clear presentation of options, and care

processes that are meaningful to the woman, rather than excluding her from decision-making through a dominant "risk" discourse (ICM, 2025).

Furthermore, the ICM Essential Competencies document (2024) defines sexual and reproductive health and rights as a distinct competency domain and highlights midwives' responsibilities with regard to accessible communication, informed consent, and the prevention of discrimination (ICM, 2024).

In its position statement on obstetric violence and mistreatment, the ICM asserts that respectful care should be addressed not only in terms of service quality, but also within the framework of human rights violations and gender-based violence (ICM, 2024).

Similarly, the WHO global position paper on transitioning to midwifery models of care emphasizes that midwifery-led care is associated with more positive outcomes and lower rates of unnecessary interventions during pregnancy, childbirth, and the postpartum period, and identifies this approach as a strategic, system-level goal for countries (WHO, 2024).

From the perspective of pregnant women with disabilities, this framework supports a shift away from fragmented, referral-based models of care toward strengthened continuity, coordination, and clearly defined roles within multidisciplinary teams.

At the international level, practice-oriented guidelines addressing disability-specific perinatal care needs have been developed (NHS Wales, 2025; Royal College of Midwives, 2025; NICE, 2021; Humanity & Inclusion, 2022; World Health Organization, 2022).

In the United Kingdom, NHS Wales has published structured guidance for pregnant women and mothers with learning disabilities, covering communication, informed consent, safeguarding approaches, antenatal care, the birth process, and postnatal care (NHS Wales, 2025).

Such guidelines, which support access to sexual and reproductive health and rights for women with disabilities, provide practical tools to enhance the accessibility of perinatal services (Biggs et al., 2023).

The guideline published by Humanity & Inclusion, grounded in a rights-based approach, defines key components at the implementation level, including accessibility of healthcare services, access to information, protection from violence, prevention of coercive practices, and monitoring of service quality (Humanity & Inclusion, 2022).

In this context, the Royal College of Midwives, which develops guidance for midwifery practice in the United Kingdom, offers a practical framework that addresses the specific care needs of women with disabilities during pregnancy, childbirth, and the postpartum period, supports clinical decision-making, and strengthens the feasibility of inclusive care in practice (Royal College of Midwives, 2025).

Midwifery Care for Pregnant Women with Disabilities

It has been reported that 19.5% of women giving birth have at least one type of disability, a proportion comparable to the overall prevalence of disability among women of reproductive age. These findings indicate that pregnant women with disabilities constitute a substantial group among users of maternity services (Okoro et al., 2018; ACOG, 2025). For pregnant individuals with disabilities, it is important that healthcare services and care planning during pregnancy are designed in an inclusive and accessible manner and coordinated accordingly (ACOG, 2025).

The literature indicates that women with disabilities and those without disabilities report similar desires to become pregnant; however, the proportion of women with disabilities planning to have children in the future is lower. This difference is thought to

be associated not with individual reluctance, but rather with barriers to accessing healthcare services and perceived obstacles within the healthcare system (Bloom et al., 2017).

Accordingly, further research is needed to better identify the factors influencing the desire for parenthood among individuals with disabilities and the barriers that can potentially be removed. In this context, midwives, as reproductive health professionals, are expected to contribute to enabling pregnant women with disabilities to make informed and supported reproductive decisions through their counseling and empowerment roles (ACOG, 2025).

At the societal level, negative attitudes toward the parenting capacities of individuals with disabilities have been reported. In addition, research indicates that women with disabilities may be exposed to biases and prejudices from healthcare professionals during pregnancy and childbirth care. Such biases have been associated with delayed initiation of antenatal care or avoidance of care altogether (Bloom et al., 2017; ACOG, 2025; Magagula et al., 2022). Through their respectful care approach and advocacy roles, midwives play a critical role in reducing these barriers.

The literature further reports that pregnant women with disabilities have a higher likelihood of engaging in risk behaviors, initiating antenatal care later, experiencing preterm birth, and giving birth to infants with low birth weight. Moreover, increased risks of gestational diabetes, hypertensive disorders of pregnancy, and cesarean birth have been documented (Horner-Johnson et al., 2022; Tarasoff et al., 2020). These findings underscore the need for midwifery care to be initiated during the preconception period and early stages of pregnancy among women with disabilities, as well as the continuation of risk-based monitoring throughout the pregnancy.

According to data from systematic reviews and meta-analyses, the all-cause mortality risk among individuals with disabilities is approximately twice as high as that of individuals without disabilities (Smythe et al., 2024). A retrospective cohort study has shown increased risks of gestational diabetes, placenta previa, preterm premature rupture of membranes, preterm birth, postpartum infections, and maternal mortality among pregnant women with disabilities. The study also reported a higher incidence of severe maternal morbidities, particularly thromboembolism, cardiovascular events, and severe infections (Gleason et al., 2021).

In this context, consideration of existing risk factors in the preconception period supports the need for careful monitoring of maternal health among pregnant women with disabilities (Signore et al., 2021). During this process, it is essential for midwives to avoid generalized assumptions, provide counseling based on individual risk profiles, and address genetic screening and testing within standard clinical approaches while maintaining ethical sensitivity.

Barriers Encountered in Midwifery Care for Pregnant Women with Disabilities

Women with disabilities are less likely to receive adequate antenatal care compared with women without disabilities. In particular, women with intellectual and developmental disabilities and those with hearing impairments experience greater difficulties in accessing antenatal care, with delayed initiation of care and an insufficient number of antenatal visits being more common in these groups (Nishat et al., 2022). Therefore, there is a clear need to develop targeted goals and interventions aimed at improving access to high-quality midwifery care for pregnant women with disabilities (Horner-Johnson et al., 2019).

According to the World Health Organization's quality of care framework for pregnancy and childbirth, inclusive and high-quality care is defined as care that is

based on evidence-based practices, supported by effective information and communication systems, centered on respect and human dignity, and delivered by competent healthcare personnel within adequately resourced physical environments (WHO, 2018).

Insufficient Evidence-Based Practices: A major challenge in the provision of pregnancy and childbirth care for women with disabilities is the limited availability of evidence-based guidelines and protocols that explicitly include this population. This gap may negatively affect clinical decision-making by healthcare providers and midwives, thereby weakening the adequacy and consistency of care delivered to pregnant women with disabilities (Mitra et al., 2017). In particular, the insufficient identification of disability-specific risks in perinatal care complicates the anticipation of complications and the planning of appropriate interventions. Moreover, the absence of standardized, evidence-based guidelines tailored to disability hampers the development of individualized care plans and contributes to variability in care practices (Mitra et al., 2017; Smith et al., 2023).

Gaps in Disability-Related Health Information Systems: The inadequate integration of disability status into health information systems and the limited documentation of access to pregnancy and childbirth services among women with disabilities represent another significant barrier. Failure to systematically record disability status during healthcare encounters or to use such data for monitoring and evaluation may hinder the visibility of the specific needs of women with disabilities (Ledger et al., 2016). Furthermore, limited disability-related data restrict healthcare providers' ability to adequately assess the potential impact of disability on pregnancy outcomes (Byrnes et al., 2018).

***Attitudinal and Communication Barriers*:** Effective communication is a fundamental component of inclusive perinatal care; however, it constitutes a major challenge for women with disabilities. Communication has been identified as a key determinant of care quality, particularly in the provision of care for women with sensory, intellectual, and psychosocial disabilities (Ven et al., 2025a).

While communication with women with intellectual disabilities often requires additional time and effort (Hoglund & Larsson, 2015), women with sensory disabilities face limitations due to insufficient sign language proficiency among healthcare providers, difficulties accessing interpreters, and a lack of accessible informational materials (Byrnes et al., 2018; Ledger et al., 2016).

Respect, Dignity, and Attitudinal Barriers in Care: Healthcare professionals' attitudes toward women with disabilities directly influence the quality of inclusive maternity care. Although positive approaches have been reported among some professionals, the literature indicates an overall недостаточный (inadequate) level of disability awareness and the persistence of negative attitudes. Misconceptions and restrictive beliefs regarding the pregnancy and parenting capacities of women with disabilities may lead to practices that undermine respect and human dignity during care (Ven et al., 2025a).

Structural and Educational Barriers Related to Human Resources: Deficiencies in healthcare providers' knowledge and skills constitute a significant barrier to maternity care for women with disabilities, particularly in the care of women with physical disabilities, where gaps in professional education are prominent (Ven et al., 2025b).

This highlights the need to systematically integrate disability-focused education into health professions curricula and to train healthcare professionals to be responsive to the specific needs of women with disabilities (Amir et al., 2022; Heideveld-Gerritsen et al., 2021).

In addition, unsupportive work environments, high workloads, and insufficient institutional support reduce healthcare providers' motivation and capacity to deliver inclusive care. Limited teamwork and inadequate professional support mechanisms further create structural barriers to the sustainability of inclusive care (Mitra et al., 2017; Ven et al., 2025a).

Barriers Related to Physical and Structural Resources Supporting Care: The provision of high-quality antenatal care requires accessible healthcare infrastructure as well as adequate availability of medications, medical supplies, equipment, and essential physical resources (WHO, 2016). However, shortages in these resources hinder the ability to meet the antenatal care needs of women with disabilities (Iezzoni et al., 2015).

Structural barriers commonly reported in healthcare facilities include the absence of elevators, ramps and toilets unsuitable for wheelchair use, and insufficient signage and informational materials for women with sensory disabilities (Smeltzer et al., 2018; Konig-Bachmann et al., 2019). In addition, non-accessible examination tables and weighing scales limit the participation of pregnant women with physical disabilities in routine monitoring, thereby reducing continuity of care.

Conversely, height-adjustable examination tables and appropriate weighing equipment have been shown to improve accessibility and comfort in care delivery (Iezzoni et al., 2015).

Conclusion and Recommendations: This review has examined antenatal care for pregnant women with disabilities within the framework of evidence-based and rights-based approaches, highlighting pregnancy-related risks and care needs. The findings demonstrate that women with disabilities encounter physical, communication-related, and attitudinal barriers in accessing antenatal care services, which negatively affect the frequency of follow-up, continuity of care, and pregnancy outcomes. The limited number of available studies and the lack of detailed analyses according to types of disability represent important limitations of the existing evidence.

In line with international guidelines, the adoption of inclusive, accessible, and individualized care models for women with disabilities is essential to ensure safe and high-quality antenatal care. Within this process, midwives play a pivotal role in supporting individual risk-based monitoring, accessible communication, and informed decision-making.

Accordingly, the following recommendations are proposed:

- Development of inclusive and continuous models of care for women with disabilities under midwife leadership;
- Support for midwives through in-service training on disability, rights-based care, and inclusive communication;
- Provision of antenatal monitoring and screening in accessible and disability-friendly formats;
- Strengthening counseling approaches that promote the active participation of women with disabilities in care processes;
- Development of measurement tools to assess care quality and outcomes among pregnant women with disabilities;
- Integration of respect, human dignity, and rights-based care dimensions alongside clinical outcomes in future research.

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