CP Factsheet
Pregnancy and Parenthood for People with Cerebral Palsy

Thinking of having a baby?

This fact sheet has been put together with mothers and fathers with cerebral palsy (CP) to provide answers to some of the questions that you may have about CP, pregnancy and birth.

Does CP affect fertility?

There is currently no evidence to suggest that CP affects fertility. Research suggests it is uncommon for CP to be inherited. The risk of a mother or father with CP having a child with CP is not significantly different from that of any other person. Generally, there is no medical reason why a woman with CP should not have a baby, with no greater risk of miscarriage or premature birth. Pregnancy should have no lasting adverse effect on your cerebral palsy. However, individual concerns should be discussed with your doctor (GP) or other health professionals.

Planning a pregnancy

Getting fit before you get pregnant is especially important if you have a disability. It is also a very good idea for both partners to stop smoking and drinking alcohol before trying for a baby because these can affect fertility in both men and women. Having a baby may change your lifestyle considerably-financially, practically, physically and socially, so many things need to be taken into account.

Medication in pregnancy

Medication taken for your condition should be checked with your GP to ensure that it does not adversely affect your baby or yourself during pregnancy. Your spasms may increase while you are pregnant requiring medication to help control them. Should you decide to breastfeed, the effects of any medication should be discussed with your GP.
Cerebral Palsy and pregnancy

Make sure all health professionals are aware how your CP as well as other conditions (for example epilepsy) may affect your pregnancy. Some things that you experienced before becoming pregnant (for example swollen ankles) may also be related to pregnancy. You need to inform your midwife or GP about any such concerns.

Not every woman with CP will have the same experience. Hopefully you will have a trouble-free pregnancy, but be prepared to accept that pregnancy may make the effects of CP worse.

One woman reported the following: “My spasms and ability to stand got worse (temporarily) and I had badly swollen feet.”

Whilst another said: “I found that my spasms got much less and I didn’t seem to need as much physiotherapy as I normally would.”

During pregnancy

During the early and later months of pregnancy many women experience tiredness so you will need to rest as much as you can. You may need help with carrying out your usual activities.

Two other symptoms of pregnancy are morning sickness, which can occur at any time of the day, and constipation. Some mothers find complementary therapies helpful in relieving such symptoms. Urinary tract infections are also common so good bowel and bladder care is necessary to avoid infections.

Good eating habits are important, as gaining additional weight may cause extra mobility problems. Exercise during pregnancy is also important, especially if you use a wheelchair. Exercise will improve circulation and help you prepare for the delivery. It can also help with spasms, reduce constipation and increase strength and flexibility. An obstetric physiotherapist may be able to advise on suitable exercises. Also, if you are a wheelchair user, extra care will need to be taken to avoid pressure sores.

Emotional changes

As well as physical changes during pregnancy, you may experience emotional changes, due to hormonal changes in your body. Frustration may also arise due to restricted activity and movement during pregnancy.

During your pregnancy, reliable emotional and practical support from partners, carers, friends and family or other mothers with CP is invaluable. Not everyone may greet your pregnancy as good news. Becoming pregnant when you have a disability can arouse varied reactions from others so be prepared for some negative as well as positive reactions.
However you are feeling, it may help to talk to other people:

“Emotionally, people didn’t know how to react to the news, some assuming it wasn’t planned and that upset me.”

**Ante-natal care and classes**

Attending all your ante-natal appointments is important, as both you and the baby need to be monitored throughout your pregnancy. Clinics may be held at your GP’s surgery or at a hospital, but your community midwife should be able to visit you at home if this is easier.

During your pregnancy you will be examined regularly and have pelvic examinations and probably an ultrasound scan at twelve and twenty weeks. There are various other tests that you may be able to have to screen the baby for certain conditions, but it is your choice as to whether you have these or not. It is not possible to detect cerebral palsy from ante-natal tests.

Your disability may affect how these examinations can be carried out comfortably. You may need to discuss appropriate positions, methods and equipment to enable you to transfer to and from the examining table.

“Because I found it difficult to get up onto the high examination beds at the doctor’s, I asked whether they had a height adjustable one which could be lowered for me. They did and whenever I made an appointment, that room was kept free for me!”

Your midwife or other health professionals may never have cared for an expectant mother with CP so let them know how your condition affects you.

Attending ante-natal classes is very useful, as it means you can prepare yourself for the birth, learn relaxation methods, breathing techniques and meet other parents. Involve your partner, or the person supporting you, as much as possible in ante-natal preparations, planning and classes. Meet up with the trainer before the classes begin to discuss your personal concerns.

**Preparing for the birth**

Ideally before the birth of your baby, you will need to consider how your disability may affect how you are able to care for your child. Look at what support is available to you, decide what extra help you may need, and arrange this in good time. If you have a partner, decide the childcare roles and responsibilities you and your partner will have when the baby is born. These should be realistic, flexible and open to negotiation.

**Rica**

This is a national research charity providing independent information disabled and older consumers. They produce reports on products for disabled people including child care products, such as pushchairs and safety gates. Contact:
You can also contact your Occupational Therapist (OT) for information on equipment.

**Disabled Living Centres**

If you do not have an occupational therapist you can also get information from Disabled Living Centres. They employ occupational therapists who can offer impartial and professional advice about equipment. Some equipment is on display and can be tried out. There are four centres in Scotland:

SMART Centre  
Astley Ainslie Hospital  
Grange Loan  
Edinburgh  
EH9 2HL  
Tel: 0131 537 9190  
Text: 0131 537 9200  
E-Mail: lothian.dlc@nhslothian.scot.nhs.uk

Moray Resource Centre  
Masiondieu Road  
Elgin  
Moray  
IV30 1RX  
Tel: 0134 355 1339  
E-Mail: info.dlc@moray.gov.uk

Dundas Resource Centre  
Oxgang Road  
Grangemouth  
Falkirk  
FK3 9EF  
Tel: 0132 450 4311
Delivery

Nearly all women have someone with them during labour. Most women find their birth partner’s presence positive and encouraging but if you prefer you can have a close relative or friend. If possible, involve your birth partner in preparations and decide what role (if any) they are going to have during the birth.

Discuss the decision over place of delivery with your midwife and/or obstetrician. One advantage of a hospital delivery is the availability of equipment and expertise in case difficulties arise. Ensure that the obstetrician confers with your OT/physiotherapist.

Your individual situation needs to be considered when decisions are being made about vaginal delivery or caesarean section. Possible reasons for having a caesarean include having involuntary spasms which may interfere with delivery, pelvic impairments or, if the baby is in breech position. A caesarean may also be performed if there are signs that the baby is in distress during delivery.

If you are having a vaginal delivery (with advice from your midwife or health visitor), try out some delivery positions in advance. Side-lying or reclining positions may be an option if you cannot use stirrups or have difficulty in keeping your legs wide apart.

Your CP will not affect your contractions or dilation of the cervix, but you may find that contractions increase your spasms. Epidurals are not advised for women who have spasms. Frequent changes of position, massaging or braces may help with spasms. You should discuss methods of pain reduction in advance of the delivery. Be prepared to change these if the pain level is not what you expected.

“Prepare a birth plan in advance, outlining your wishes and needs in as many eventualities as possible.”

Looking after the baby

It is generally recognised that breastfeeding is better for the baby and easier than sterilising bottles and making up feeds. However this is entirely your decision. If you have difficulty
holding your baby in your arms you will need to find a comfortable position for feeding. Changing and dressing your baby are important concerns. Disposable nappies are the easiest choice. Clothes that are “easy care” and have velcro fastening can also save time and effort.

Having a young baby to care for is daunting for any new parents. Most new mothers have anxieties about being able to cope and need help of some sort, so don’t be reluctant to ask for it. Your health visitor is there to assist you with all aspects of parenthood or childcare. Social workers may be able to arrange practical support or help obtain specialised equipment for you or your baby.

Books and magazines can also be a useful source of information, both before and after the birth. One good journal is ‘Disability, Pregnancy and Parenthood International’ (DPPI) which covers topics directly related to disability. DPPI also produces information booklets and has an information service for disabled parents. Contact:

Disability Pregnancy and Parenthood International
336 Brixton Road
London
SW9 7AA
Helpline: 0800 018 4730
Fax: 0207 236399
E-mail: info@dppi.org.uk
Website: www.dppi.org.uk

Disabled Parents Network
This is an English-based organisation which has information for disabled parents and prospective parents on their website, including fact sheets. They only answer questions by e-mail and it must be taken into account that some information is only relevant to England and Wales. Contact:

Disabled Parents Network
Poynters House
Poynters Road
Dunstable
Bedfordshire
LU5 4TP
Tel: 0300 3300 639
E-mail: information@disabledparentsnetwork.org.uk
Website: www.disabledparentsnetwork.org.uk

Other sources of information:

Royal College of Midwives
15 Mansfield Street
London
Our Advice Service
Advice Service Capability Scotland is a national disability advice and information service. We specialise in information on cerebral palsy.

We offer:
• information on Capability Scotland services
• advice on cerebral palsy
• general advice on disability issues

We also have a small lending library with resources about cerebral palsy and children’s books about disability.

You can get in touch with us by calling, e-mailing, dropping in or writing a letter.

Further Reading
The Disabled Woman’s Guide to Pregnancy and Birth by Judith Rogers (2005) Demos (Pub) We don’t have this book in our library, but it can be purchased from bookshops or www.amazon.co.uk

Advice Service Capability Scotland acknowledges the co-operation of SCOPE in the preparation of this fact sheet.

May 2013