



MOTHER MATTERS

The right of women with disabilities to motherhood

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INFORMATIVE PILLS

Informative pills provide brief explanations related to disability studies, accessibility for healthcare professionals, and motherhood for women with disabilities. They are based on a microlearning approach, a learning methodology that divides content into short units focused on a single topic or skill.

- RISKS and SUPPORT -

Evaluating and monitoring

The study, published in the journal JAMA Network Open of maternal outcomes for women with disabilities in Canadian history, highlights the need for better access to medical care in this population of women. Comprehensive statistical data on pregnant women with disabilities in Europe is somewhat limited. Women with disabilities constitute approximately 16% of the total female population in Europe, amounting to around 40 million individuals. In Europe, 34% of women with disabilities reported having experienced some form of physical or sexual violence since the age of fifteen, compared to 19% of women without disabilities.





A national survey for 2010 in England involving 24,155 women revealed that 6.1% (approximately 1,482) self-identified as having a disability. These women were more likely to experience preterm births (12.2% compared to 7.1% for women **without disability**) and to have low birth weight infants (8.3% compared to 4.8%). Many health systems and national surveys do not routinely collect or disaggregate data by both disability status and pregnancy, making it difficult to track outcomes, access to services, or disparities. Even in countries with strong maternal health systems, women with disabilities are often invisibilized in reporting mechanisms. The European Disability Strategy 2021–2030 calls for better data collection on the intersection of gender and disability, which includes maternal health as a priority. Provide targeted training for healthcare professionals and administrative staff to strengthen their skills in collecting and managing data that accurately reflects the experiences of pregnant women with disabilities. This includes understanding how to identify and record disability-related factors in a respectful, confidential, and inclusive manner.

Engage and collaborate with organizations representing persons with disabilities in the development of comprehensive monitoring indicators. These should not only track clinical outcomes, but also capture key aspects such as personal autonomy, informed consent, accessibility of services, and respectful treatment throughout the maternity care process.

