

PREGNANCY FOR WOMEN WITH CEREBRAL PALSY



THINKING OF HAVING A BABY?

This fact sheet has been created for women with cerebral palsy to provide answers to some common questions about CP, pregnancy, and birth. Women with CP should follow general guidelines about getting healthy before getting pregnant, but women with CP may need to do other things as well to prepare for pregnancy.

1. BEFORE PREGNANCY

Does having CP affect my ability to get pregnant?

There is no evidence that CP makes it more difficult to get pregnant. A recent study conducted by four clinics funded by CPF found that the rate of women with CP who had babies was comparable to that of women without CP. There are things you can do to get your body ready to carry a baby.

Visit your primary care doctor (PCP) to discuss:

- Eating a healthy diet and, if needed, managing your weight before getting pregnant.
- Starting an exercise program to improve your fitness and overall health. If you are currently exercising, keep it up! You and your baby will need you to be in the best shape possible once you get pregnant.

- The medications that you take and the possible effect on getting pregnant or on your baby once you are pregnant.
- Getting a prescription for prenatal vitamins or purchasing them over the counter. Taking 400 micrograms (mcg) of folic acid daily has been shown to prevent some types of birth defects.

Will my baby have CP?

Cerebral palsy is not inherited. A mother or father with CP are at no higher risk of having a child with CP than anyone else. While rare, there are some genetic conditions that look similar to CP that may be inherited. If you are uncertain about your CP diagnosis, talk to your doctor.

QUESTIONS TO ASK YOUR DOCTOR

- Do I need to stop any of my current medications before I try to get pregnant?
- If I need to go off any of my medications, are there safe alternatives for me and my baby?
- I don't know anything about my early history. How can I be sure that my CP is not a result of a genetic condition?

RESOURCES

- <https://www.womenshealth.gov/pregnancy/you-get-pregnant>
- <https://www.cdc.gov/preconception/planning.html>
- <https://www.cerebralpalsy.org.au/what-is-cerebral-palsy/causes/>
- <https://www.cdc.gov/ncbddd/cp/causes.html>

2. DURING PREGNANCY

Selecting an OB/GYN

- It is important that you find an OB/GYN that understands you. While not every OB/GYN will have experience with CP, you'll want to be comfortable that your doctor will listen to you and your specific needs.
- If you have mobility impairments, the accessibility of the office and the exam room will be important to you.

Does having CP make my pregnancy high-risk?

- Not necessarily. Just having CP does not mean you will have a high-risk pregnancy.
- Just as in the unaffected population, some women with CP may have other medical conditions or factors that may require monitoring during pregnancy. Some examples are diabetes, high blood pressure and advanced maternal age, which is generally described as a woman who becomes pregnant at 35 years or older.

Will my mobility get worse during pregnancy?

- Limited studies have found that some women with CP have more difficulty walking and with their balance as their pregnancy progressed. Changes in mobility during pregnancy will be affected by your level of mobility prior to getting pregnant.
- Assess the mobility aids (crutches, canes) you use or may need. As your pregnancy progresses, you may choose to use more mobility aids than before. Some women who used crutches may prefer to use a wheelchair at the end of pregnancy for long distances to save their energy.
- Discuss with your doctor or physical therapist modifications to your exercise program and mobility devices.

QUESTIONS TO ASK YOUR DOCTOR

- Have you ever had a patient with CP or physical disability and if so, what type of accommodations did you have to make for her during pregnancy and delivery?
- Does your clinic have an exam table that will adjust to allow me to get on it now and as my pregnancy progresses?
- Will I be able to continue my anti-spasticity medications while I am pregnant? If not, what can I do to manage my spasticity during pregnancy?
- Do I need to talk with a perinatologist, or OB who specializes in high-risk or complicated pregnancies, because of my medical conditions (other than CP)?
- Ask for a referral to a physical therapist, if you do not already see one, to discuss options to modify your exercise program as your pregnancy progresses and the mobility devices you use or may need.

RESOURCES

- <https://www.acog.org/Patients/FAQs/Exercise-During-Pregnancy>
- <https://www.acog.org/Patients>

3. LABOR AND DELIVERY

Does having CP mean that I have to have a C-section?

- No, having CP does not mean your baby has to be delivered by C-section. Our research showed that women with CP had a higher rate of C-section compared to women without CP; however, the causes of this difference are not known.
- Whether a baby is delivered by C-section or not depends on many factors. Your specific physical and medical conditions will dictate your doctor's decision.

How will my pain be managed during labor and delivery?

- Anesthesiologists manage pain during labor and delivery. If your CP creates concerns or difficulties in having procedures like an epidural, it is a good idea to meet with an anesthesiologist before your delivery to discuss options and concerns.

QUESTIONS TO ASK YOUR DOCTOR

- What are my chances of delivering my baby vaginally?
- What are the risks and benefits to me and my baby of a vaginal versus C-section delivery?
- Discuss with your OB/GYN the pros and cons of your baby being delivered by C-section. Make a plan to discuss options again as you get closer to due date.
- What are my choices for pain management during labor and delivery?
- Will my spasticity or limited mobility interfere with my labor or delivery, including pain management?



4. AFTER YOUR BABY IS BORN

What will my mobility be like after I give birth?

- It depends. Little is known about whether mobility that has declined during pregnancy will return to your pre-pregnancy level or how long it will take. Mobility after pregnancy will be affected by your mobility prior to and during pregnancy. Staying active during pregnancy and after giving birth in any way you can is the best way to maintain the highest level of mobility.
- A physical therapist can help you find an exercise plan that works for you to work towards your mobility goals.

Will I be able to take care of my baby?

- Having a physical disability does not mean that you cannot be a great parent. Equipment exists to help you take care of your baby regardless of your mobility. There are ways to modify cribs, changing tables, and other baby care equipment. An occupational therapist can also help in finding new or different ways to care for your baby.

Is it normal to feel overwhelmed?

- Yes. After having a baby, a new parent will often feel tired, scared and stressed at times. All new parents need support. Make sure you have a support system in

place for when you come home with your baby. Support systems can be friends, family and neighbors who can lend a hand when you need a break.

- The majority of women experience at least some symptoms of the “baby blues” after childbirth. It is caused by sudden change in hormones after delivery, along with stress, sleep deprivation, and fatigue. You might feel more tearful, overwhelmed, and emotionally fragile. Generally, this will start within the first couple of days after delivery, and usually ends by the second week after delivery.
- Some women may develop postpartum depression. Unlike the baby blues, postpartum depression is more serious—you shouldn't ignore the symptoms. Although they may look alike, with postpartum depression the symptoms are more severe (such as suicidal thoughts or an inability to care for your newborn) and longer lasting.
- Although postpartum depression is not thought to be higher for women with CP than those without CP, a recent survey showed women with CP were not referred for postpartum depression screening or counseling.

QUESTIONS TO ASK YOUR DOCTOR

- Request a referral to an occupational therapist to discuss modifications to maximize your ability to care for your baby.
- I am still feeling sad and having difficulty taking care of my baby a month after she was born. Can you recommend specialist for me to see?

RESOURCES

- Through the Looking Glass offers information and resources for parents with disabilities, <http://lookingglass.org/>.
- <http://www.mayoclinic.org/diseases-conditions/postpartum-depression/basics/definition/CON-20029130>
- <https://www.helpguide.org/articles/depression/postpartum-depression-and-the-baby-blues.htm>

DEVELOPED IN PARTNERSHIP WITH:



CerebralPalsyFoundation.org



obgyn.ucla.edu



www2.semel.ucla.edu/tarjan



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For more information, please visit yourcpf.org/womens-health/