

# Supporting Pregnant and Lactating Participants with Disabilities- Topic of the Month

JUNE 6, 2026



Minnesota WIC already provides a strong framework of care, including individualized counseling, breastfeeding support, and referrals. When working with participants with disabilities, the priority is to make services accessible, respectful, and responsive to each participant's unique needs. Read more to find out how we can support WIC participants living with a disability.

## Living with a disability

In Minnesota, WIC staff serve a diverse population, and some of the participants may experience physical, sensory, intellectual, or mental health disabilities that affect pregnancy and breastfeeding. Living with a disability during pregnancy can increase the risk of birth complications, maternal mental health conditions, and maternal mortality. Individuals with disabilities may experience barriers to healthcare access, transportation, communication, and other supports that can impact pregnancy and postpartum outcomes.

Living with a disability is a natural part of human diversity, and those who do have the same rights and goals as all families. Caring for pregnant and postpartum participants with disabilities is about flexibility, respect, and collaboration. By focusing on each individual's strengths and needs, we can help ensure all families receive equitable, supportive care.

## Consider physical and environmental needs

According to MOM [Section 1.10: Civil Rights \(PDF\)](#) policy, WIC is required to ensure all applicants and participants receive fair and equitable treatment and benefits without regard to race, color, national origin, age, sex (including gender identity and sexual orientation), or disability.

It is best practice to inquire about any accommodation a participant with disabilities may need, so clinic spaces are accessible and welcoming, and individuals have what they need to access WIC services.

A welcome space might include:

- [Accessible seating](#) in the waiting, interviewing, and clinic rooms.
- Ample space for mobility devices.
- Flexible scheduling or remote options when possible.
- Interpreter services, based on language needs.

Consider completing a [WIC Clinic Assessment \(PDF\)](#) to ensure the clinic environment is welcoming and supportive of participants' needs.

If a participant cannot easily come to the clinic, explore alternatives such as virtual appointments (see MOM [Section 5.2.5: Physical Presence \(PDF\)](#) for guidance).

## Participant centered care

Participant centered care shifts the focus from dependency to empowerment, ensuring that individuals have control over their lives, choices, and goals. Below are some ways to support participants' personal values and foster independence in decision-making.

1. People may describe their disability identity differently. Some people prefer person-first language (person with a disability), and others prefer identity-first language (disabled person). When possible, follow the participant's preference when engaging with them.
2. Every participant is the expert on their own body and needs. We want to avoid making assumptions about participants' parenting goals, feeding goals, support systems, or decision-making capacity. Our goal is to work collaboratively with each participant to offer individualized support that addresses their unique needs.
3. When you are assessing a participant's needs, ask **open-ended questions** that encourage them to share how they would like to be supported. For example: "How can I best support you during your pregnancy or feeding journey?" Using **reflective listening** communicates that we understand their needs and are here to support them. "I understand this feeding position has not been working for you and your baby." Offer to explore some alternatives with them: "Would you be okay exploring some other latching methods together?"
4. Close the conversation by **summarizing** what was discussed. Highlight key points and check in throughout the discussion to support shared understanding and allow the participant to ask questions, reflect on, or clarify needs along the way. An example would be, "Today we chatted about positions that may support you and your baby while feeding. You shared that you plan to try this at home and feel comfortable calling us if you have questions. Did I miss anything?"

Above all, respect the participant's preferred goals and communication methods, and involve the participant in all decisions.

## Support during pregnancy

Preparing for pregnancy when living with a disability may look different for each person. However, the goal of a healthy pregnancy outcome is undoubtedly the same. Encourage participants to prepare. Tips to offer include:

- Creating a birth plan and sharing it with their health care provider.
- Building a support system, including family, friends, a doula, or peer support person.
- Considering how the home environment will work for them and the new arrival.

Thoughtful preparation can help reduce barriers and make the whole experience more supportive. It may be helpful to offer referrals to other programs that can assist with this planning, such as Family Home Visiting.

## Support breastfeeding goals

Participants with disabilities may face unique challenges with breastfeeding, such as positioning difficulties, fatigue, sensory sensitivities, or medication considerations. At times, we may need to support them and tailor strategies that promote success in breastfeeding. Some areas of additional support might include:

- Address any concerns with latching or milk supply.
- Explore adaptive positions or supportive devices (e.g., pillows, side-lying positions).
- Address fatigue, pain, or sensory considerations.
- Discuss nursing and milk expression plans, including combination feeding if appropriate.

If the certifying staff member is not comfortable supporting the participant, they could refer to the Designated Breastfeeding Expert (DBE), an International Board-Certified Lactation Consultant (IBCLC), or a local breastfeeding support specialist.

Respect each participant's goals and avoid judgment if breastfeeding is not possible or desired. Support parents with their feeding choices by exploring what would help them successfully feed their baby. Consider offering resources based on their disability needs; refer to the [Support for families](#) section below.

## Be aware of health intersections

Some disabilities may increase the risk of complications during pregnancy or postpartum. Some caregivers with physical disabilities may benefit from adaptive equipment, environmental modifications, or additional support to safely and comfortably feed themselves or their child. Encourage coordination with the health care provider and reinforce nutrition guidance that aligns with medical recommendations. Be mindful of medications, fatigue levels, and any additional supportive needs.

**Risk criteria:** [WIC 902 Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food](#) should be assigned if a caregiver's physical disability restricts or limits the ability to prepare food or to feed an infant/child, or a woman's physical disability restricts or limits her ability to prepare food for herself or to feed herself.

## Address bias and build trust

Participants with disabilities may have experienced stigma in healthcare settings. Use respectful language, avoid making assumptions about ability, and maintain a supportive, nonjudgmental tone. Small actions, like speaking directly to the participant rather than a companion, can build trust. WIC's model of participant centered services is key to providing equitable care.

## Promote accessible communication

Ensure information is shared in accessible and participant-preferred formats. This may include:

- Offering written materials in large print or plain language.
- Using visual aids or demonstrations.
- Allowing extra time for conversations.
- Utilizing interpreters or assistive communication tools when needed.

Check for understanding by asking the participant to explain information in their own words rather than simply asking if they understand.

## Referrals

Minnesota offers a range of services for individuals with disabilities. If appropriate, refer participants to community resources, home visiting programs, or support groups that can provide additional assistance during pregnancy and postpartum. For participants with disabilities, these connections may be especially important for long-term success.

## Support for families

[Disability HUB MN](#)- Helps people with disabilities solve problems and plan for the future.

[The Arc Minnesota](#)- Provide lifelong support and advocacy for families with intellectual and developmental disabilities.

[Disability Minnesota](#)- A single point of entry to over 100 Minnesota state programs, products, and services.

[People with disabilities](#)- Minnesota Department of Human Services strives to help people live as independently as possible and get the care they need to be healthy.

## Resources

[Supporting Clients With Physical Disabilities](#)- International Lactation Consultant Association. Sept. 28, 2020.

[Facilitators and Barriers to Breastfeeding among Mothers with Physical Disabilities in the United States \(PDF\)](#)- National Research Center for Parents with Disabilities. March 5, 2018.

[Disability, Pregnancy, and Maternal Mental Health Fact Sheet](#) -Maternal Mental Health Leadership Alliance. March 29, 2024.

[Disability Etiquette: Considerations When Working with People with Disabilities \(PDF\)](#)- MDH. April 14, 2021.

[Lactation and Breastfeeding with a Disability](#). Lurie Institute for Disability Policy. August 26, 2025.

## Reference – complete listing of hyperlinks

[Section 1.10: Civil Rights \(PDF\)](#)

([https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch1/sctn1\\_10.pdf](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch1/sctn1_10.pdf))

[Accessible seating](#)(<https://ood.ohio.gov/accessible-ohio/ao-resources/accessible-seating>)

[WIC Clinic Assessment](#)

(<https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex5/5aa.pdf>)

[Section 5.2.5: Physical Presence \(PDF\)](#)

([https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5\\_2\\_5.pdf](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_2_5.pdf))

[WIC 902 Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food](#)

(<https://www.health.state.mn.us/people/wic/localagency/riskcodes/902.html>)

[Disability HUB MN](#)(<https://disabilityhubmn.org/>)

[The Arc Minnesota](#) (<https://arcminnesota.org/>)

[Disability Minnesota](#) (<https://mn.gov/disability-mn/>)

[People with disabilities](#) (<https://mn.gov/dhs/people-we-serve/people-with-disabilities/>)

[All Minnesotans By disability states](#)

(<https://www.mncompass.org/topics/demographics/disability>)

[Supporting Clients With Physical Disabilities](#)

(<https://lactationmatters.org/2020/09/28/supporting-clients-with-physical-disabilities/>)

[Facilitators and Barriers to Breastfeeding among Mothers with Physical Disabilities in the United States](#) (<https://heller.brandeis.edu/parents-with-disabilities/pdfs/powell-breastfeeding-1.pdf>)

SUPPORTING PREGNANT AND LACTATING PARTICIPANTS WITH DISABILITIES-  
TOPIC OF THE MONTH

[Disability, Pregnancy, and Maternal Mental Health Fact Sheet](https://www.mmhla.org/articles/disability-and-maternal-mental-health-fact-sheet-4tcpt)

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[Disability Etiquette: Considerations When Working with People with Disabilities](https://www.health.state.mn.us/communities/equity/about/disabilityetiquette.pdf)

(<https://www.health.state.mn.us/communities/equity/about/disabilityetiquette.pdf>)

[Lactation and Breastfeeding with a Disability](https://www.youtube.com/watch?v=5H-mUGEUNmk) (<https://www.youtube.com/watch?v=5H-mUGEUNmk>)

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