

ORGANIZATION NEWS

Information/Education Page

Pregnancy and Women With Spinal Cord Injury



Are you thinking about getting pregnant?

Having a spinal cord injury (SCI) does not affect your ability to naturally become pregnant, and to carry and deliver a baby.

- Women with all levels of injury have had children after injury.
- The positive aspects of parenting usually outweigh the difficulties.
- Good online resources include www.lookingglass.org and www.disabledparents.net.

What do I do if I am pregnant or want to get pregnant?

- Get a complete gynecologic examination.
- Talk to a rehabilitation doctor who knows about women's health after SCI.
- Check your medicines because some medicines are not to be taken if you want to become pregnant or are pregnant.
- Get a urology checkup.
- Tell your doctor if you are pregnant or think you might be pregnant (some tests, such as radiography, are harmful to your baby).

What happens during pregnancy?

Your injury will not impact your baby and your baby will develop normally. You may experience common discomforts during pregnancy such as

- Headaches
- Body aches and pains
- Numbness or tingling
- Fatigue
- Nausea and vomiting
- Dizziness
- Need to urinate often
- Heartburn and indigestion
- Swelling in the feet and ankles
- Hemorrhoids
- Shortness of breath
- Bleeding gums
- Congestion or nose bleeds
- Constipation

Pregnancy overview

Your risk of secondary conditions related to your SCI may increase during pregnancy.

- Work with your obstetrician to prevent these secondary conditions.
- Call on other specialists during your pregnancy.
- If you have had posture changes, there may be less room for your baby to grow to full term and you will need to work with your obstetrician.

First trimester: Week 1 through 13 is the start of many changes in your body

- Autonomic dysreflexia (AD): You are at risk for AD at any time if your injury level is T6 or above.
- Bowel management: Ask your obstetrician about drinking more water, eating certain foods, or taking medications to manage either diarrhea or constipation.
- Urinary tract infection: Your obstetrician might prescribe an antibiotic to prevent an infection during your pregnancy.

Second trimester: Week 14 through 26 is a time of weight gain because your baby is growing quickly

- Daily activities: Weight gain may make transfers more difficult. You can make fewer transfers, get help from others, or try a power wheelchair.
- Bladder management: Women who use intermittent catheterization will likely need to catheterize more often or switch to an indwelling (Foley) catheter during pregnancy.
- Skin care: Weight gain will increase your risk of pressure ulcer. Check your skin and do pressure relief much more often.
- Muscle spasms: You may experience muscle spasms more frequently.

Third trimester: Week 27 through 40 is when you and your baby continue to get bigger

- Breathing: Talk with a respiratory therapist to find ways to improve your breathing, such as breathing exercises.
- Blood flow: Pressure from the growing baby can slow the flow of blood to your legs and feet, causing them to swell. These are a few things that you can do to work with problems with blood flow:

- Talk to your obstetrician about medicine to help keep clots from forming if you have had blood clots in the past.
- Work with an occupational or physical therapist about range-of-motion exercises or changes in positioning.
- Prop your feet up as much as possible.
- Wear compression support hose.
- Get extra rest.

What happens during labor and delivery?

Women with SCI need to plan for labor and delivery in the same way as other women.

- Attend childbirth classes.
- Prepare your nursery for the baby.
- Know what to do when labor starts.
- Install a car seat.
- Pack your labor bag for the hospital.
- Line up help for after the birth.
- Stock up on baby essentials.
- Stock your fridge and pantry.

Women with SCI may also have many common signs of labor:

- Feelings of fear and worry
- Water breaks or mucus leakage
- Diarrhea
- Unusually strong, regular contractions
- Tightening in your abdomen
- Breathing easier
- Pressure in the pelvis

Plan for your delivery early in your pregnancy:

- Pay close attention to issues with AD, urinary tract infection, bowel management, bladder management, skin care, muscle spasms, and blood flow.
- Take a tour of the hospital and talk to the staff to make sure everything is fully accessible and meets your needs.

Labor

It is best to start watching for signs of labor at about 28 weeks, but a full-term pregnancy is 39 or 40 weeks.

- Women with paraplegia can learn how to check for labor by feeling the uterus.
- Women with tetraplegia can talk with the obstetrician about a contraction monitor that you can use at home.
- Women with an injury level T10 or above may not feel labor pain.
- Women with an injury level below T10 may feel the uterus contracting.
- Feelings of early contractions may come and go away as labor continues.

- Watch for changes in breathing or spasticity.
- AD is more common for those with an injury level T6 or above, but can occur in women with any level of injury during labor.
- The best way to prevent AD during labor is to use a continuous epidural anesthesia.

Delivery

Most women can deliver vaginally no matter what their level of injury. Talk with your obstetrician about the type of delivery (vaginal or cesarean section) that is best for you. In some cases, a doctor may use a vacuum cup or forceps to help deliver the baby.

After delivery

Congratulations on your new baby! Here are a few new things to think about now:

- Dizziness: You may feel dizzy or faint after delivery. Sit up slowly, wear elastic hose, or use an abdominal binder.
- Breast-feeding: You may notice more bladder spasticity as you breast-feed.
- Heat lamps: Women with SCI should *not* use a heat lamp on that area because they won't be able to feel burning.

Source

Our health information is based on research evidence whenever available.

Authorship

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Disclaimer

This information is not meant to replace the advice of a medical professional. You should consult your health care provider regarding specific medical concerns or treatment. The contents of this fact sheet were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (grant no. H133A110004). However, the contents of this fact sheet do not necessarily represent the policy of the Department of Health and Human Services, and you should not assume endorsement by the federal government.

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