

Pregnancy and Spinal Cord Injury (SCI)

Women with spinal cord injury can have both successful pregnancies and child rearing experiences. If you are considering getting pregnant or have already become pregnant it is important to be aware of issues that may arise that are related to your spinal injury and how these are best managed in order to have the best outcome possible. If planning a pregnancy it is important to discuss this with your Spinal Consultant as there are many areas that need to be discussed preferably before you become pregnant. The following are some of the issues that will need to be addressed before, during and even after the pregnancy.

Your Spinal Consultant may be able to recommend an Obstetrician with SCI knowledge.

This card only has a brief outline of some of the issues you may face during your pregnancy. Your Obstetrician and Midwife will be your guides through your pregnancy and labour so it is very important to have a relationship with them to discuss the following.

During the Pregnancy

Posture

Posture and balance in the wheelchair may become a problem as the pregnancy progresses due to the weight of the baby pulling the body forward. For women with lower level injuries the natural tendency is to arch the back to counterbalance the weight. This may lead to back pain.

Seek advice from a physiotherapist who can give you advice on:

- An appropriate exercise for the lower trunk - during pregnancy and after the baby is born.
- Back care and the prevention of back problems during pregnancy.
- Additional supportive aids, if indicated.

Transfers

Wheelchair transfers may become more difficult because of increasing weight and decreasing balance. In some cases women may have to resort to other means of transferring either by using a slide board, a hoist or getting some physical assistance.

Bowel Management

Constipation is a common problem in pregnancy for all women.

- Increasing the amount of fibre in your diet may help.
- Increasing fluid intake may be necessary, especially if fibre supplements are commenced. However, your Obstetrician's opinion regarding fluid intake may need to be considered.
- Appropriate medication for constipation may need to be started or current medication altered.

Bladder Management

The normal bladder routine may be disrupted during pregnancy.

- Self-catheterising may become difficult in the last 3 months of pregnancy, as it may be not be possible to see or reach adequately around the belly. It is best discussed with your Obstetrician if and when problems arise.
- In some cases, leakage between catheters occurs (caused by the baby pushing down on the bladder). Thin incontinence pads may be worn to overcome this issue.
- If leakage between catheters becomes unmanageable an indwelling catheter may be required. This should be discussed with your Obstetrician, and can be discussed with your Spinal Consultant.
- It is advisable to be aware of the risk of urinary tract infection and be particularly diligent with all aspects of bladder management.

Pressure Relief / Skin

Pressure relief requirements are often unchanged during the first half of the pregnancy. During the second half of the pregnancy pressure may become a problem due to changes in weight, pressure, posture and balance.

- Regular skin checks should be maintained, or increased, to detect any problems as early as possible.
- Seating and bedding may require adjustment as the pregnancy progresses.
- For those women who are having difficulty changing position it may be necessary to use a pressure-relieving mattress.

Contact your local spinal cord injury service if you require assessment or further advice.

Shortness of Breath

Some women with tetraplegia may have respiratory problems, such as shortness of breath, due to the uterus pressing up underneath the diaphragm in the later stages of the pregnancy. Sleeping in a position with the upper body raised on pillows may facilitate breathing. However, you need to be aware of the effect on your skin.

The position of the pressure may be altered, and the direction of the pressure will usually result in sheering forces, which can cause skin breakdown. If you have a bed in which you can raise the head and knees, this will reduce the sheer effect, but still carefully check your sacral area, natal cleft and buttocks.

Sleeping Position

In the early stages of pregnancy, lying prone may still be possible. As pregnancy progresses lying flat on the back or stomach are not advised.

- Especially for those with tetraplegia because breathing may become difficult due to pressure on the diaphragm from the enlarged uterus.
- Pressure on the large vessels in the abdomen will decrease circulatory return.
- Nausea and dizziness are warning signs that you should not sleep while lying on your back. The use of a partial sitting and side lying position when in bed is often more comfortable. (Keeping in mind the above)
- Head elevation can help relieve heartburn (a common discomfort amongst all pregnant women).
- This, however, may increase pressure and shearing on the skin on the buttocks and/or hips so be sure to check for signs of pressure.
- Pressure reducing and comfort enhancing bedding may be required.

Swelling of the Feet

This is a common occurrence in pregnancy. As the uterus enlarges, it hampers the return of fluid from the feet. For those who already experience swollen feet as a result of spinal injury, pregnancy may increase the swelling or frequency.

- Elevation of the feet above the level of the heart when lying may reduce swelling.
- Lying down during the day, for an hour or so, may reduce fluid accumulation.
- It may be necessary to increase your shoe size to prevent pressure from tight shoes.
- Wearing support tights or correctly-fitted pressure stockings (preferably measured by a health professional) may also help.

There is a heightened risk of DVT (blood clots in the leg veins) occurring during pregnancy and after spinal cord injury.

Symptoms to watch for are:

- Asymmetrical swelling (one limb bigger than the other).
- An area that is red and noticeably warmer than general skin temperature. Contact your local doctor as soon as possible if there is any suspicion of DVT.

Autonomic Dysreflexia

This can occur in people with spinal cord lesions at T6 or higher. (See AD Fact Sheet for more information).

Enlargement of the uterus, during the later stages of pregnancy, and labour can also trigger this response. This is not common, but it is important to know that it can occur.

The first things you would do if experiencing these symptoms are:

- Sit up rather than lie down, and lower your feet (to reduce the blood pressure).
- Check for the most common causes, i.e. catheter blockage, constipation.
- Consult your doctor, even if the symptoms are mild.
- Call an ambulance immediately if the symptoms are severe, or rapidly increasing.

Not all health workers are aware of this condition. Autonomic Dysreflexia can lead to severe consequences if untreated. It is important your doctor be aware of it, if it is applicable to you. You should carry an Autonomic Dysreflexia Medical Emergency Card with you at all times.

Your birthing plan is an individualised plan and this will be designed with your Obstetrician, Midwife, yourself and partner in accordance with your wishes and medical needs.

After the Pregnancy

Breastfeeding

Woman with SCI are able and should be encouraged to try and breastfeed whenever possible. There are aids that will assist you such as triangular pillows. Your midwife will be able to assist in the early stages with information and practical solutions.

How to Manage Your Baby

Holding and handling your baby may present you with challenges depending on your level of injury and function. There are many products available such as slings, cots and prams which may make movement and holding your baby safer.

- Technical Aids for the Disabled (TAD) may be able to assist with modifications and product guides

- Speak to your Occupational Therapist and or Physiotherapist for advice on aspects of handling your baby and mobility.
- Engage with other mothers with SCI in your area or on website blogs as they may be able to give good practical advice.

Emotional Aspects of Pregnancy

Having a baby is a very emotionally charged period in your life. Life with a new baby is in the most part a happy and exciting time but also can be exhausting and for new mothers with an SCI the challenges may become over whelming.

You are not alone.

If you start experiencing any distressing symptoms such as feeling tearful most of the time, feeling hopeless or helpless talk to your partner, family and friends and seek advice from your doctor, midwife, Child & Family Health Nurse. Sometimes you will need a break so don't be afraid to ask.

Further Resources and Acknowledgements

PQSA Spinal Nurse Advisors (08) 8355 3500

HRC Spinal Outreach Rehabilitation Team (08) 8222 1433

Pregnancy, Birth and Beyond www.pregnancy.com.au (02) 9873 1750

Womens and Childrens Hospital: Obstetrics (08) 8161 7592
wch.sa.gov.au/services/az/divisions/wab/obstetrics/index.html

Technical Aids for the Disabled (TAD) <http://www.tadaustralia.org.au>

A good blog site: <http://www.apparelyzed.com/forums/forum/29-parents-in-wheelchairs/>

Acknowledgements

- http://www.spinalhub.com.au/how-to-keep-healthy/relationships-and-family/article/Pregnancy_and_spinal_cord_injury
- Queensland Spinal Cord Injury Unit Handbook.
- "Pregnancy and Women with Spinal Cord Injury" by Dr Karen Ethans.
- Pregnancy for Women with SCI - Infosheet #14 from www.spinalcord.uab.edu
- Sexual Health and fertility after brain impairment and spinal cord injury from www.scisexualhealth.com