

# Pregnancy and Women with Spinal Cord Injury

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SCI Fact Sheet

*This fact sheet helps women prepare for pregnancy, labor and delivery after a spinal cord injury. It also gives tips on how you can work with your health care team to keep you and your baby healthy.*

## Are you thinking about getting pregnant?

Having a spinal cord injury (SCI) does not affect your ability to naturally become pregnant, carry, and deliver a baby, so your decision to have children is made in much the same way as anyone else. You consider the demands and challenges of parenting and how you might manage them. Here are other facts to consider when deciding whether or not you want to have children.

- Women with all levels of injury have had children after injury. You should also be able to if you choose.
- The positive aspects of parenting usually outweigh the difficulties.
- [www.lookingglass.org](http://www.lookingglass.org) and [www.disabledparents.net](http://www.disabledparents.net) are good online resources for women with SCI who are pregnant or want to get pregnant.

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

Here is a checklist of things to do help you plan for a healthy pregnancy.

- ✓ **Get a complete GYN exam.** This will give you the opportunity to get pre-conception counseling, Pap smear testing, assessment of immunizations, family history, as well as screening for genetic testing.
- ✓ **Talk to a rehabilitation doctor who knows about women's health after SCI.** This doctor, sometimes known as a physiatrist (pronounced fizz-ee-a-trist), can talk with you about your injury and explain what it means for your pregnancy, labor, and delivery. A physiatrist can also help you find an obstetrician (pronounced ob-ste-trish-in) or other medical specialists you may need during your pregnancy.
- ✓ **Get your medicines checked.** Many prescription and over-the-counter medicines are not to be taken if you are pregnant or want to get pregnant. When you go to the obstetrician, take *all* of your medicines with you. You may need to adjust your medicines to keep your baby healthy.
- ✓ **Get a urology check-up.** The growing baby will put pressure on your bladder. Getting a complete check-up of your urinary tract (kidneys, bladder, ureters) before you get pregnant is important. You and your obstetrician will use the test results to plan and prepare as your body changes during pregnancy.
  - **NOTE:** Tell your doctor if you are pregnant or think you might be pregnant. Some tests, such as x-rays, can harm your baby.

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## What happens during pregnancy?

Your injury does not impact your baby. Your baby will develop as all babies do. This means you need to follow the advice of your obstetrician to take care of your baby. You may also have the same common discomforts of pregnancy that other women have.

- 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



However, your risk for secondary conditions related to your SCI may increase as you progress during pregnancy. This risk does not mean that you should not get pregnant. It simply means that you need to work with your obstetrician to take steps to prevent secondary conditions if you can and manage problems that do develop.

- You and your obstetrician may need to call on other specialists during your pregnancy. Some specialist might include a urologist, respiratory therapist, physical therapist, and occupational therapist.
- If you have had posture changes due to a curved spine, broken pelvis, or dislocated hip, there may be less room for your baby to grow to full term.

It is impossible to predict when or if secondary conditions will develop during your pregnancy. Some may occur early on in pregnancy and go away in time. Others may continue to be a problem throughout pregnancy and delivery. However, below is a breakdown of what you might expect with each trimester.

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

- **Autonomic dysreflexia (AD).** Headache and nausea are common during pregnancy, but a pounding headache and nausea may also be signs of AD. You are at risk for AD at any time if your injury level is T6 or above. You and your obstetrician should have a plan in place to manage AD if it develops.
- **Urinary Tract Infection (UTI).** You are at risk for a UTI at any time. Your obstetrician may prescribe an antibiotic to prevent an infection during your pregnancy. The UTI must be treated right away if you get one because the infection can trigger early labor as your pregnancy progresses.
- **Bowel Management.** Hormone and iron supplements are usually prescribed by your obstetrician. These medications may impact your bowel program in one of two ways.
  - Constipation - If you are constipated, you should ask your obstetrician about drinking more water, eating foods that are higher in insoluble fiber, or taking a stool softener or laxative.
  - Diarrhea - If you have diarrhea, you should ask your obstetrician about drinking more water, eating food that are higher in soluble fiber, not taking a stool softener or laxative (if effective, you may need to adjust your dose until your stool is of proper consistency), and doing your bowel program more often if you are having accidents.
    - Diarrhea may even be caused by an impaction (blockage) of stool. This may be the case if you have recently had hardened, stone-like stool or little results from your last bowel movement.

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

- **Daily activities.** Weight gain makes it hard to do some things like you did before you got pregnant. For example, transfers or pushing your wheelchair may be harder. You may get tired more quickly. You might talk with a physical or occupational therapist to find new ways to get everyday tasks done. Here are a few suggestions.
  - Make fewer transfers, use a sliding board to transfer, or get help from others.
  - Rent or buy a power wheelchair.
- **Bladder management.** A growing baby puts pressure on your bladder. Your bladder cannot hold as much urine as usual and may spasm.
  - Women who use intermittent catheterization will likely need to catheterize more often or switch to an indwelling catheter (Foley) during pregnancy.
- **Skin care.** Pressure ulcers are always a concern, but your risk for getting a pressure ulcer increases during pregnancy. Weight gain can change your posture and center of gravity to make it harder to lift your body to transfer without scraping your skin. Weight gain can also put more pressure on your boney areas when you are sitting or lying down. You might talk with a physical or occupational therapist to find new ways to get everyday tasks done. Here are a few suggestions.
  - Check your skin more often. Your obstetrician can also include skin inspections as part of your prenatal exams.
  - Do pressure relief much more often.
  - See the fact sheet, "Skin Care and Pressure Sores in Spinal Cord Injury" at <http://www.msctc.org/sci/factsheets/Skincare>.
- **Muscle spasms.** There is a chance you may have changes in muscles spasms. They may get worse if you normally have them, or you may develop muscle spasms if you normally do not have them.

- See the fact sheet, "Spasticity and Spinal Cord Injury"

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

- **Breathing.** Your growing baby pushes on your diaphragm. This can make it harder for you to breathe, take deep breaths and cough. You might talk with a respiratory therapist to find ways to improve your breathing. Here are a few suggestions.
  - Your obstetrician may suggest breathing exercises. If your injury is high on the spine, your obstetrician may need to test how well your lungs are working.
- **Blood flow.** Pressure from the growing baby can slow the flow of blood to your legs and feet, causing them to swell.
  - Talk to your obstetrician about medicine to help keep clots from forming if you have had blood clots in the past.
  - Talk to a physical or occupational therapist to see if range-of-motion exercises or changes in positioning can improve blood flow.
  - 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
- Get your nursery ready for the baby
- Know what to do when labor starts
- Get a car seat and know how to install it
- Pack your labor bag for the hospital
- Line up help for after the birth
- Stock up on diapers, wipes and other baby essentials
- Stock your fridge and pantry with groceries

Women with SCI may also have many of the common signs of labor.

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

You and your obstetrician need to plan for your delivery early in your pregnancy.

- You still need to pay close attention to issues with AD, UTI, bowel management, bladder management, skin care, muscle spasms, and blood flow.
- Take a tour of the labor, delivery, and patient rooms to make sure everything is fully accessible and meets your needs. Talk to hospital staff about any needs you will have.

### Labor

A full-term pregnancy is 39 or 40 weeks, but it is best to start watching for signs of labor at about 28 weeks. At that point, your obstetrician might check your cervix weekly.

- 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 a T10 level of injury or above may not feel labor pain.
- Women with injuries below T10 may feel the uterus contracting.
- Feelings of early contractions may come and go away as labor continues.
- There may be changes in breathing or spasticity.

- Although AD is more common for people with a T6 level of injury and above, AD 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. This provides a long-lasting numbness during labor.

## Delivery

There is no need to have a Cesarean section (or C-section) simply because you have an SCI. In fact, most women can deliver vaginally no matter what their level of injury. Talk with your obstetrician about the type of delivery that is best for you if there are concerns.

- 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 faint or dizzy when you sit up after delivery. Sit up slowly, wear elastic hose, or use an abdominal binder.
- **Breast feeding.** You may decide to breastfeed your baby. Most women with SCI can breastfeed, but you need to watch for problem issues.
  - You may notice more bladder spasticity as you breastfeed.
  - You may produce less milk if you have a loss of feeling in your nipples. This is because nipple contact is the trigger for breasts to produce milk.
- **Heat lamps.** Some women have an episiotomy (pronounced eh-pee-zee-ah-toe-me) during delivery to widen the opening of the vagina. Doctors often suggest the use of a heat lamp to help heal the skin near the episiotomy. Women with SCI should **not** use a heat lamp on that area because they won't be able to feel burning.

## Authorship

*Pregnancy and Women with Spinal Cord Injury* was developed by Amie B. McLain, M.D., Taylor Massengill, B.A., and Phil Klebine, M.A., in collaboration with the SCI Model Systems Knowledge Translation Center.

**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 Department of Education, NIDRR grant number H133A110004. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.

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