



RYGG MÄRGS SKADA

<http://www.ryggmargsskada.se>

The following text is a selection from the website.

Author: The text is taken from <http://www.SCIparenting.com>, a web page created by the Spinalis foundation.



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<http://www.rgintegration.se/en/>

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The Spinalis Foundation is a charitable foundation with the mission to promote research and develop treatments for people with SCI.

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Pregnancy

There are no obstacles to pregnancy for a woman with a spinal cord injury. The studies that have been carried out show that the conditions for a woman with spinal cord injury to give birth to healthy children are as good as for a woman without a spinal cord injury. However, there are some complications that should be monitored. These include increased risk of blood clots, urinary tract infections, autonomous dysreflexia and pressure sores.

GENERAL INFORMATION

A woman with a spinal cord injury who has concerns about a possible pregnancy and which complications it might involve should contact a prenatal care specialist for a discussion about what can be expected during pregnancy and if any measures should be taken before the pregnancy begins, for example, review medication.

Women with spinal cord injuries can expect to have the same fertility level as before their injury. The body's stress level in connection with the injury may have a hormonal effect that prevents menstruation. According to studies, this condition is restored after approximately 6 months, when the body has stabilized.

The general recommendation is that pregnant women with a spinal cord injury should be monitored by prenatal care specialists and a pregnancy plan be drawn up for any additional checks or examinations deemed necessary. It should also be investigated whether vaginal delivery or caesarean sections are preferable. However, it is a good idea to visit a regular maternity clinic at the same time for the follow-ups visits, check-ups and parental education that are included in the regular maternity program.

Many women with a spinal cord injury undergo completely uncomplicated pregnancies and do not need the help of specialist prenatal care.

It is also appropriate to contact your spinal cord injury unit in connection with a pregnancy for questions concerning the spinal cord injury, the need for new aids, etc. The best thing is whether your obstetrician and rehabilitation doctor can have a dialogue regarding your pregnancy and possible complications.



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URINARY TRACT

Pregnancy affects bladder function in all women. A pregnant woman runs twice as much risk as a non-pregnant woman of suffering a urinary tract infection.

The muscles around the ureters between the kidneys and the bladder become more relaxed, causing the urine to flow more slowly between the kidneys and the bladder. The growing pressure of the uterus on the bladder has the same effect and can also make it harder to completely empty the bladder when urinating. This gives bacteria more time to propagate in the urine before being rinsed out. Residual urine increases the risk of urinary tract infections.

However, in pregnant women, even symptom-free infections increase the risk of premature delivery. The reason for this is that urinary tract infections more easily spread upwards into the ureters and develop into pyelitis. It is therefore important to take urinary cultures often, or at least during prenatal check-ups, to detect possible infections and to stop them at an early stage.

BOWELS

Problems associated with disordered bowel function can increase during pregnancy. The growing uterus creates increased pressure on the rectum, which may increase constipation problems for some women, while others may experience increased problems with anal incontinence. A full bowel can increase spasticity and contractions in the uterus.

Constipation can be prevented with a fibre-rich diet, sufficient fluid intake and medication. It is also common for pregnant women to receive iron supplements and these have a further constipating effect. At the end of pregnancy, painful haemorrhoids can occur that can cause increased spasticity.

AUTONOMOUS DYSREFLEXIA

Persons with a spinal cord injury above T6-8 may develop autonomous dysreflexia (AD). This is a condition triggered by pain stimulation below the injury level. Childbirth is a major triggering factor, but different conditions associated with pregnancy also increase the risk, such as urinary tract infections, constipation, uterine pressure and first contractions.

AD means that the blood pressure suddenly rises sharply. Symptoms can include a throbbing headache, reddish skin, and sweating



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above the level of injury, nausea, heart rhythm disorders, and vision disorders. The condition is counteracted by avoiding or removing the triggering factor, sitting in an upright position, and relaxing tight clothing and shoes. If this does not help, blood pressure-lowering medication may be required. This is also given to pregnant women and does not harm the foetus.

Pregnancy toxemia (pre-eclampsia) and autonomous dysreflexia display similar symptoms. It is therefore important to correctly diagnose the condition.

BREATHING

As the belly grows, it displaces other organs including the lungs. This can be an additional burden, mainly for women with higher spinal cord injuries where the respiratory musculature is affected. If the injury is above T5, the gastric muscle that helps with breathing is affected, and if the injury is above T1, the breast muscles are also affected. If the woman has major problems with oxygenation during the last part of her pregnancy, the doctor in charge can choose to induce delivery somewhat earlier.

LABOUR PAIN

In the case of complete injuries above T10, the woman normally does not feel the "normal" pain associated with contractions. However, the body often develops other signs that something is going on, e.g., abdominal discomfort that is difficult to determine, increased spasticity, nasal congestion, minor increase in blood pressure or even autonomous dysreflexia. It is also common for delivery to start with a different discharge that sometimes has a little blood mixed in. A midwife can help you get to know the difference between initial contractions and labour pains by sensing how the abdomen is contracting. However, childbirth can start without the woman noticing it. Therefore, it is important to be alert to signals from your own body that something is happening and to contact the maternity ward or prenatal care if you suspect that childbirth is about to start.

Studies have shown that women with spinal cord injuries are at an increased risk of premature delivery, which is why it is better to contact the maternity ward clinic once too many times than too few. It is important that the pregnant woman feels safe in the situation. induce delivery somewhat earlier.