Introduction

Every week, “5 Australians sustain a spinal cord injury” (1).

The majority of people with spinal cord injury are young and 26 % of them are women (4).

A woman’s desire to bear children often does not disappear after she has sustained a spinal cord injury (SCI) Women who delivered children post SCI reported that it significantly improved their quality of life (2).

People living with severe disability such as spinal cord injury are twice as likely to be in the bottom 20% of gross household incomes (1).

“Pregnancy exacerbates most problems associated with spinal cord injury” (4).

Several studies into the experience of wheelchair bound pregnant women reported that healthcare professionals perceived that a woman requiring care would not be able to be a good mother and care for a child properly (5).

Women with SCI should not face prejudice and must be supported to enter motherhood by knowledgeable professionals (6).

Lack of dissemination of information relating to pregnancy in women with spinal cord injury is due to a lack of knowledge amongst healthcare professionals (2). A public health strategy to educate women in this area is needed.

Midwives must listen to women with SCI as they are likely extremely knowledgeable about their own condition and well read on the possible complications of childbirth associated with the SCI (4).

Public Health Strategy

A policy which provides guidance for healthcare professionals providing antenatal care for women with SCI is essential in order to provide specialized, client centered care and improving midwifery care experiences of women with SCI (2).

A multidisciplinary team (MDT) approach is essential to avoid fragmented care, specialists in spinal injuries must offer guidance and guidelines to midwives and obstetric healthcare professionals in tailoring care to suit the needs of women with SCI (3).

The MDT would ideally consist of an obstetric anesthetist, spinal nurse, midwife with knowledge/training in SCI, a physiotherapist and occupational therapist (4).

Educating women with SCI about their delivery options is essential to increase the likelihood of a healthy pregnancy and good outcome (7).

Most women with SCI can deliver vaginally no matter what level the injury. SCI clients may be on medication harmful to unborn babies, this must be carefully checked (10).

The Public Health Strategy would educate midwives on pregnancy complications affecting women with SCI (2)(4).

- Urinary Tract Infection
- Pressure Ulcers
- Constipation
- Autonomic Dysreflexia
- Preterm labour
- Respiratory infection
- Spasms and contractures of the pelvis
- Respiratory function may be affected in lesions above T6

Antenatal clinics and doctors’ offices are often not wheelchair friendly. Toilets are not fully accessible and examination tables too high, making it difficult for pregnant women to receive antenatal care. The public health strategy would ensure that midwives are aware of where wheelchair accessible facilities are located within their department and if unavailable encourage line managers to set up an accessible clinic room (12).

This public health strategy is in line with WHO global disability action plan 2014-2021 which highlights a need for more research and related services for persons with disabilities (9).

Complications

Autonomic Dysreflexia (AD)

Midwives must be educated on how to diagnose and treat AD. Women with lesions above T6 are most susceptible.

Baseline parameters in tetraplegic women are altered with most women having bradycardia and hypotension.

Common for ...

HR 40-50 bpm
BP 80/50mmHg

A rise in Systolic blood pressure of 20-40mmHg is considered a sign of AD.

AD is triggered by unpleasant or painful sensations below the level of spinal cord injury. Treatment involves removing the source of discomfort if possible and sublingual Nifedipine (4).

The risk of Autonomic Dysreflexia can be reduced with early epidural analgesia when labour commences (4).

Anesthetic teams must be aware of the level of cord injury and any scar tissue around the area which could affect and complicate the epidural insertion (4).

Bowel

Good bowel care routine essential close monitoring to avoid constipation which can lead to AD. Increased number of motions can lead to skin integrity issues (4).

Bladder

Urinary tract infection (UTI) is the leading cause of septicemia in patients with SCI and is associated with increased mortality.

The risk in pregnancy is even higher.

Midwives must pay careful attention to screening in this area, especially as several drugs that aid bladder function are contraindicated in pregnancy (11).

Respiratory Infection & Decreased Respiratory Function

As the gravid uterus enlarges respiratory function may decrease due to pressure on the diaphragm, similarly this pressure may increase the risk of basal consolidation leading to respiratory infection (7).

Skin

Weight gain and tissue edema that occurs in pregnancy increase the risk of skin break down leading to pressure ulcers. Meticulous pressure area care is required throughout pregnancy especially during labour when this can be overlooked, position should be changed 2 hourly (4).

REFERENCES