

PROCEDURE

1.0 Pre-conception

- There are no absolute contraindications for pregnancy in women with SCI
 - Kyphoscoliosis (backward and lateral curvature of the spine) has been thought of contraindication for pregnancy, however women with SCI have successfully delivered babies with that condition and it is no longer a contraindication

1.1 Prepregnancy Planning for women with SCI

- Preconception assessment by Maternal Fetal Medicine or OB is recommended for all women with SCI who are contemplating a pregnancy
- Ideally the woman should allow at least 6 months after spinal cord injury
 - Birth control should be used following SCI until pregnancy is desired to prevent an unplanned pregnancy
- There is no increased risk of miscarriage, stillbirth or fetal malformation in pregnant women with SCI
- Discuss initiation of folic acid supplementation and status of immunizations

1.2 Issues for discussion with a woman with SCI to consider when contemplating a pregnancy:

- a. Altered urinary and bowel function
 - Review current voiding patterns. How does the patient currently empty her bladder? Identify any current issues.
 - Does she experience frequent or recurrent UTIs? How often does the patient take antibiotics to treat the UTI? Identify usual antibiotic regimen. Is it still effective? How often does she have urine cultures done?
 - What is the current bowel protocol? Does she require disimpaction or digital stimulation. What bowel stimulants are currently being used
 - It is important to collaborate with the patient's physiatrist for bladder and bowel management issues.
- b. Skin breakdown
 - Perform a thorough assessment of the woman's skin, including coccyx, heels and back, and any bony prominences.
 - Discuss current skin care i.e. appropriate sized medical equipment, proper cushioning, position changes. Does she move independently or is she reliant on a care provider or family member?
 - Perform a comprehensive nutritional assessment
 - Do a complete blood count to assess for the presence of anemia, which may affect skin function.
- c. Respiratory efforts
 - Women with SCI may have weakened respiratory musculature or chest deformities causing respiratory impairment, depending on the level of injury.
 - Discuss current respiratory status. All women contemplating pregnancy should have respiratory function testing to establish a baseline. Respiriologists can be contacted for referral.
- d. DVT
 - Discuss history of DVT and if the patient has ever, or is currently on any anticoagulants. Referral to a Hematologist can be considered if anticoagulation therapy is indicated. Use of graduated compression stockings may be recommended.



- e. Autonomic dysreflexia (AD)
- Women with spinal cord injury **above T6 are at risk for Autonomic Dysreflexia (AD)** It is observed in 85% of women with SCI with higher lesions, but is also experienced in 20% lower-injured women.
 - Discuss the patient's current signs and symptoms of AD. Discuss woman's individual management strategy currently in place for her AD i.e. carotid artery massage, position changes.
 - Common triggers for AD include bladder and bowel fullness.
 - AD symptoms are often individual, but typical characteristics include:

Autonomic Dysreflexia Signs and Symptoms	
Hypertension	Restlessness
Sweating	Cardiac arrhythmias including atrial fibrillation
Feelings of anxiety	

- f. Review of current medications
- Discuss the current medications the patient is currently taking.
 - Review all medications and make recommendations to either interrupt taking some medications due to teratogenic effects, or change medications to a choice that may be safer for pregnancy.
 - Many medications such as anticholinergic and antispasmodics medications taken to reduce spasms can be safely continued during pregnancy. Review by a maternal-fetal medicine specialist is helpful to discuss the safety of meds, dose, potential effects on fetal development, possibility of some medications be discontinued or switched to safer alternatives. Consequences of going off medication during pregnancy should be discussed as well.

DOCUMENTATION

Physician's History

REFERENCES

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