Labour and Delivery following Spinal Cord Injury

This is an exciting time for all women. Generally, women with spinal cord injuries have normal labour and sometimes may even experience less pain than a woman without an SCI. There are a few things you should know about labour and delivery in order for you to be as prepared as possible.

Having a spinal cord injury does not mean that you cannot deliver the baby vaginally. Many women with SCI have delivered babies this way. Some women may have spinal curvatures or other problems that make vaginal delivery difficult. There is an increased incidence of cesarean sections in women who have SCI and this is something you can discuss with your doctor ahead of time.

Knowing when you are going into labour

If your spinal cord injury is above T10 it may be difficult for you to know when you are going into labour.

You may notice:

- Pain above the level of your injury
- Increased spasticity
- Bladder spasms
- Abdominal or back pains

If you place your hand over your stomach you may also notice strong tightening or extreme hardness of the uterus. Make sure that you call your doctor if you notice any of these symptoms.

There is some evidence that premature deliveries occur more frequently in women with spinal cord injuries so it is good to be aware of the possible symptoms. Your doctor may wish to check you more frequently in the last part of the pregnancy or recommend that you stay in hospital to be monitored. Wearing a monitor at home that alerts you to contractions may also be a possibility.

During labour and delivery

Make sure that the staff understand any particular concerns that you may have. Your blood pressure will need to be monitored regularly if you have an injury above T6 to watch for any signs of autonomic dysreflexia. To prevent pressure sores you can tell the staff not to leave you in one position for too long.
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Autonomic Dysreflexia

If you have an injury above T6, autonomic dysreflexia (AD) can occur during labour and delivery and even for a short time after delivery. If you have had AD you will know what it feels like. Watch for signs of AD at all times during the labour and delivery if your injury level is above T6. Severe headaches, increased blood pressure, flushing or sweating can all be signs of AD.

Pain management

For women with injuries below T10 there maybe some pain with labour. In fact, if you have an incomplete injury at any level you may experience all of the sensation of labour. In this case, you will want to talk to your doctor about what pain management methods you can use.

If your injury is above T10 your labour may be pain-free. Where there is a concern about autonomic dysreflexia the doctor may wish you to have an epidural anesthetic anyway, since this is the best method of preventing dysreflexia during delivery.

After delivery

Watch for increased urinary tract infections. If you had an episiotomy during the delivery the hospital may wish to use a heat lamp to help with healing. This is not a good idea if you have no sensation since the chance of burning the skin might be increased.

Breastfeeding

You may need to be shown suitable positions to use when breastfeeding if this is something that you have chosen to do. Using special pillows and slings might be helpful to you.

For women whose SCI is at T6 or above, there may be a decrease in your milk production after the first 6 weeks. This is related to a lack of nipple sensation and the interruption of the nerve messages to your spine. You also may have increased spasticity when you breastfeed.

The key to a happy and healthy pregnancy for you and your baby is to be aware of the potential complications, discuss them in advance with your doctor and to prepare for the adaptations you may need in the home once you bring the baby home.