

Author Year; Country Score Research Design Sample Size	Methods	Outcome
Sharpe et al. 2015 USA Case Series N=8	<p><b>Population:</b> Eight patients with SCI undergoing nine deliveries Median time from injury to time of delivery = 13 years (range 2–19 years) ASIA A=6, ASIA B=1, ASIA D=1 Pre-pregnancy AD: n=4</p> <p><b>Treatment:</b> 5 with epidural anesthesia, 2 with spinal anesthesia, 2 with general anesthesia</p> <p><b>Outcome Measures:</b> Outcomes of pregnancies, presence of AD</p>	<ol style="list-style-type: none"> <li>1. Only patients with previous AD episodes presented AD symptoms during peripartum period.</li> <li>2. Of the 4 patients with pre-pregnancy AD, 3 had AD symptoms peripartum.</li> <li>3. One experienced AD during epidural placement, one during the second stage of labor, and all 3 experienced AD in the postpartum period.</li> <li>4. No blood pressure measurements were recorded during these episodes, suggesting staff may not be aware of risk of AD in SCI patients</li> </ol>
Skowronski & Hartman 2008; Australia Case series N=5	<p><b>Population:</b> 5 females with tetraplegia who gave birth a total of 7 times (two subjects gave birth twice).</p> <p><b>Treatment:</b> N/A</p> <p><b>Outcome Measures:</b> Complication, management, and outcomes of pregnancy; hospital records.</p>	<ol style="list-style-type: none"> <li>1. AD occurred in 6 of 7 pregnancies.</li> <li>2. AD was managed pre-emptively by insertion of an epidural either before or in the early stages of labour, with generally good results</li> <li>3. Dangerously high peaks were managed by the administration of either sublingual nifedipine or intramuscular clonidine.</li> <li>4. Other major complications include urinary tract infection (present in all pregnancies) and muscle spasms (4 of 7 pregnancies).</li> </ol>
Cross et al. 1992; USA Case series N=22	<p><b>Population:</b> 22 women with SCI, 11 with cervical and 11 with thoracic injuries; 10 with incomplete and 12 with complete injuries.</p> <p><b>Treatment:</b> epidural anesthesia.</p> <p><b>Outcome Measures:</b> presence of autonomic hyperreflexia, type of anesthesia, type of delivery, complications.</p>	<ol style="list-style-type: none"> <li>1. AD was experienced in 9/16 &gt; T6.</li> <li>2. One patient had two grand mal seizures during labour, which may have been triggered by her severe AD and the subsequent intravenous administration of diazepam.</li> <li>3. Six patients had epidural anesthesia, which was effective for the control of AD.</li> </ol>
Cross et al. 1991; USA Observational N=16	<p><b>Population:</b> 7 subjects with cervical and 9 with thoracic injuries.</p> <p><b>Treatment:</b> questionnaire (in person or telephone) and hospital records review.</p> <p><b>Outcome Measures:</b> outcomes of pregnancies.</p>	<ol style="list-style-type: none"> <li>1. Of the 16 women, 25 pregnancies occurred, resulting in 22 babies and 3 abortions.</li> <li>2. 2/15 vaginal deliveries and 5/7 Caesarean section had AD during delivery with 4 of these receiving epidural anesthesia for the control of AD.</li> <li>3. 1 patient required epidural catheter 5 days postpartum to control AD.</li> </ol>
Hughes et al. 1991; UK Observational N=15	<p><b>Population:</b> 17 pregnancies in 15 women with SCI, level of injury: T4-L3.</p> <p><b>Treatment:</b> management and outcome of pregnancies in women with SCI.</p> <p><b>Outcome Measures:</b> antenatal care and problems, labour diagnosis and outcome.</p>	<ol style="list-style-type: none"> <li>1. Labour tended to be diagnosed by dysreflexic symptoms or membrane rupture with confirmation by palpation of contractions and vaginal examination.</li> <li>2. Initial management of AD included elevation of head of the bed, nifedipine and nitrates.</li> <li>3. The most effective measure for controlling AD was to identify and interrupt the triggering afferent input to the spinal cord.</li> </ol>
Ravindran et al. 1981; USA	<p><b>Population:</b> 19 yr-old female with C5 complete tetraplegia admitted to the</p>	<ol style="list-style-type: none"> <li>1. 100 mg/min of sodium nitroprusside decreased SBP from 170 mmHg to 120</li> </ol>

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Case report N=1	<p>obstetrical intensive care unit for intra-amniotic prostaglandin F2-alpha injection for uterine evacuation of a dead fetus of 20 wks gestation.</p> <p><b>Treatment:</b> Sodium nitroprusside (100 mg/min to 700 mg/min).</p> <p><b>Outcome measures:</b> BP and AD symptoms.</p>	<p>mmHg caused by vaginal speculum introduction.</p> <ol style="list-style-type: none"> <li>2. Prostaglandin induced uterine contraction further elevated BP to 200/70 mmHg; headache and sweating.</li> <li>3. Administration of 700 mg/min of sodium nitroprusside decreased SBP and alleviated AD.</li> <li>4. Following cessation of uterine contraction, the patient developed hypotension (70/30 mmHg) requiring vasopressor therapy.</li> <li>5. Sodium nitroprusside was stopped and epidural analgesia was initiated for further management of AD.</li> </ol>