

<b>Author Year; Country Score Research Design Total Sample Size</b>	<b>Methods</b>	<b>Outcome</b>
<p>Rasul &amp; Biering-Sorenson 2015 Denmark Cross-sectional Level 5 N = 62</p>	<p><b>Population:</b> Parents with SCI (n = 26 female; n = 36 male). Ages 29-72 (mean 48.1 years) at time of survey; age at first childbirth if after SCI was 21-54, mean 32.5 years. 56% had paraplegia and 44% had tetraplegia (no other information collected on SCI). <b>Treatment:</b> None <b>Outcome measures:</b> Questionnaire results.</p>	<ol style="list-style-type: none"> <li>1. 17 out of 26 women (65.4%) could breastfeed without aids and there was no difference between paraplegia and tetraplegia.</li> <li>2. Authors acknowledge that tetraplegia is expected to have impaired lactation due to absent sympathetic innervation and suggests their findings are due to the small sample</li> </ol>
<p>Albright et al. 2009 USA Cross-sectional survey and Qualitative Interviews Level 5 N = 19</p>	<p><b>Population:</b> 14/19 women had children before SCI. Mean age: 41.6±9.4 years. Mean years post-injury: 8.9±6.9. %Cervical: 50. 5/19 women had children after SCI. Mean age: 48.8±7.4 years. Mean years post-injury: 28.4±11.0. %Cervical: 100. <b>Treatment:</b> None <b>Outcome Measures:</b> The Satisfaction with Life Scale (SWLS) and the Perceived Stress Scale (PSS). Participants were grouped into one of 4 quadrants by median scores on inventories (High/Low Stress and High/Low Satisfaction).</p>	<ol style="list-style-type: none"> <li>1. The seven mothers in the two low satisfaction groups described themselves as having lost much in terms of their ability to provide “hands on” care for young children (e.g., combing hair, fixing meals, doing laundry, disciplining children, and giving physical comfort). They also reported that they experienced an erosion of social and material support from family and friends over time.</li> <li>2. Some reported having trouble finding their “place in the world” but most said that they are “doing better” and/or were “in control” of some aspects of their lives.</li> <li>3. Mothers in the low stress condition were older than their counterparts.</li> <li>4. Many in the high stress groups also noted negative behavioral changes in their children: anger, fear, and crying jags in small children and anger, bitterness, and resentment in older children.</li> <li>5. Most of the 12 women in the two high satisfaction groups figured out a way of mothering despite physical limitations. These participants described lives in which children figured prominently in a positive way, irrespective of perceived level of stress, and they were also able to establish meaningful connections with the larger world.</li> <li>6. Role configuration with respect to motherhood is a powerful dimension in the social adjustment and psychological</li> </ol>

<p>Hunter and Coventry 2003 UK Published Report N = Not reported</p>	<p><b>Population:</b> This report outlines the service provided by the Spinal Outreach Team (SPOT) to individuals in the area of parenting following a spinal cord injury. <b>Treatment:</b> SPOT did a 'needs-analysis' on early parents with a spinal cord injury and came up with a treatment plan and recommendations in this report. <b>Outcome measures:</b> Transfers, pressure relief, mobility, success of baby equipment</p>	<p>adjustment process for women following SCI.</p> <p>1. In the SPOT team, the occupational therapist can help create or adapt assistive devices re:</p> <p><i>Transfers</i></p> <ul style="list-style-type: none"> <li>- Provide a temporary hoist or slide board or modify the technique</li> <li>- Modify car transfer techniques, review the location of the wheelchair in the vehicle and consider a car-chair hoist.</li> </ul> <p><i>Pressure relief</i></p> <ul style="list-style-type: none"> <li>- Review existing cushion/mattress or pressure-lifting techniques and consider weight gain and the demands of a small child</li> <li>- Assist with the trial and selection of additional pressure relief equipment.</li> </ul> <p><i>Mobility</i></p> <ul style="list-style-type: none"> <li>- Determine the need for assisted mobility</li> <li>- Assist with the trial and selection of equipment, for example, a powerdrive wheelchair.</li> </ul> <p><i>Selection of Baby Equipment</i></p> <ul style="list-style-type: none"> <li>- Assist with the trial and selection of suitable equipment, for example, the child's car seat position, a sling to assist lifting baby off the floor, and the ease of belt application.</li> <li>- Discuss suitable equipment options, such as slide-downcot sides, height-adjustable high chairs, suitable slings and supports, and prams that are easy to fold and push with one hand.</li> </ul>
<p>Crane et al. 2019 USA Case-control Level 3 N = 529</p>	<p><b>Population:</b> All women (N = 529) with spinal cord injury (SCI), paralysis, or spina bifida (SB) with singleton live birth deliveries 1987-2012, and a comparison group of women without disabilities. Women with SCI that had delivered singleton live births – N = 161. Age: SCI: 12-19 (8.1%); 20-29 (52.8%); 30-39 (34.8%); 40+ (4.3%)</p>	<p>1. Women with SCI/Paralysis/SB had longer hospitalizations and increased rehospitalizations (RR 1.54, 95% CI 1.28-1.87), including for postpartum depression (RR 8.15, 95% CI 4.29-15.48) or injury (RR 13.05, 95% CI 6.60-25.81).</p> <p>2. Women with SCI had a relative risk of 7.36 (1.60-33.86) (n.s.)</p>

	<p><b>Population (Comparison):</b> 5,282 comparison women. Comparison population for just SCI – N = 1589. Age: 12-19 (9.4%); 20-29 (52.5%); 30-39 (35.9%); 40+ (2.1%)</p> <p><b>Treatment:</b> None</p> <p><b>Outcome measures:</b> Pregnancy course (weight gain, gestational diabetes, preeclampsia, infection, venous thromboembolism), delivery/labor characteristics, infant (birthweight/size, gestational age), and longer-term outcomes (occurrence/reasons for maternal/infant rehospitalization, mortality). Relative risks (RR) and 95% confidence intervals (CI) were calculated overall and for each condition using multivariable regression.</p>	<p>for postpartum depression related rehospitalizations.</p> <ol style="list-style-type: none"> <li>The greatest increased risks of rehospitalization occurred in the first year after delivery for all groups, although the increased risks for women with SCI were not statistically significant.</li> <li>Very low birthweight &lt;1500 g was uncommon but infants of women with SCI, SB or paralysis had an increased risk (overall RR 3.21, 95% CI 1.46-7.05) (NS).</li> <li>Low Apgar scores were approximately 2-3 times more common in infants of women with these conditions, but not among infants of women with SCI (RR 1.11, 95% CI 0.34-3.59) (NS).</li> </ol>
<p>Mitra et al. 2015 USA Cross-sectional Level 5 N = 3,727</p>	<p><b>Population:</b> Women with disability (n = 287) and women without disability (n = 3,440). Age: Categorized as &lt;20, 20-29, 30-39 and 40.</p> <p><b>Treatment:</b> None</p> <p><b>Outcome measures:</b> Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS) survey.</p>	<ol style="list-style-type: none"> <li>Almost 30% (28.9%; 95% CI 22.8-35.8) of mothers with disabilities reported often or always feeling down, depressed or sad after childbirth compared to 10% of those without disabilities (95% CI 8.9-11.3; P &lt; 0.001).</li> <li>Compared to other women in the study, women with disabilities had a greater likelihood for PPD symptoms (RR 1.6, 95% CI 1.1-2.2; P &lt; 0.05) after accounting for sociodemographics, maternal characteristics related to PPD, and depression before and during pregnancy.</li> <li>Adjusting for other covariates, self-reported prenatal diagnosis of depression was not associated with symptoms of PPD and depression during pregnancy and was marginally associated with PPD symptomatology for women with disabilities.</li> </ol>
<p>Ghidini et al. 2008 USA Cross-sectional Level 5 N = 114</p>	<p><b>Population:</b> 114 women with spinal cord injuries aged 18-40 years. 59 were paraplegic, 41 were tetraplegic, and in 14 the level of spinal cord injury was unknown.</p> <p><b>Treatment:</b> None</p> <p><b>Outcome Measures:</b> Knowledge about pregnancy after spinal cord</p>	<ol style="list-style-type: none"> <li>Twenty-three women (20%) received information about pregnancy during rehabilitation, but only 12 (10%) found it adequate. Rates of response of 'adequate information' were similar between women who</li> </ol>

	injury and complications of pregnancy.	<p>became pregnant after injury and those who did not (9.0% vs. 8.6%, <math>p=1.0</math>).</p> <p>2. Postpartum depression (35%) was the most common complication in the puerperium. Among the 37 pregnancies resulting in deliveries, 16 (43%) were scared about being pregnant, 17 (46%) were worried about child care, 7 (19%) did not have adequate support at home, 13 (35%) had postpartum depression, 2 of whom (5%) required therapy, and 2 (5%) regretted being pregnant.</p>
<p>Lee et al. in press Sweden and Canada Cross-sectional Level 5 N = 102</p>	<p><b>Population:</b> 102 Women with SCI (C1-L4) who had given birth. Mean age: <math>41.31 \pm 9.77</math> years. Cervical SCI (C1-C8, <math>n = 30</math>), upper thoracic SCI (T1-T6, <math>n = 12</math>) or lower level SCI (T7 &amp; below, <math>n = 60</math>).</p> <p><b>Treatment:</b> None</p> <p><b>Outcome Measures:</b> Participants self-reported postpartum depression (PPD) and postpartum anxiety (PPA) using subscales from the Pregnancy Risk Assessment Monitoring System (PRAMS).</p>	<p>1. Self-reported PPD was more prevalent than clinically diagnosed PPD in women with cervical SCI (<math>P = 0.03</math>) and upper thoracic SCI (<math>P = 0.03</math>).</p> <p>2. With cervical SCI, 75% of women diagnosed with major depressive disorder (MDD) before pregnancy scored <math>&gt;9</math> on the PRAMS PPD subscale, indicating clinically relevant PPD. However, only 10% were diagnosed with PPD.</p> <p>3. Of women with lower SCI diagnosed with MDD before pregnancy, 25% had a clinically relevant score for self-reported PPD: 7% were diagnosed.</p>
<p>Gulick &amp; Kim 2004 USA Longitudinal Level 2 N = 174</p>	<p><b>Population:</b> Convenience sample of 174 postpartum mothers with MS. Mean age 32.7 years (<math>SD = 4.3</math>)</p> <p><b>Treatment:</b> None</p> <p><b>Outcome measures:</b> Bivariate correlations and hierarchical regression analyses measured the relationships between the dependent variable, emotional distress, and independent variables: participant characteristics, MS-related symptoms, and social support.</p> <p>Emotional distress, fatigue and MS symptoms were all measured by the MS-Related Scale (Gullick &amp; Kim 1989). Social support was measured by the Postpartum Support Questionnaire.</p>	<p>1. There were strong positive correlations between MS-related symptoms and emotional distress at each assessment (range: <math>r = 0.52-0.76</math>; <math>P &lt; 0.01</math>).</p> <p>2. Significant negative correlations existed between received social support and emotional distress at 1 month (<math>r = -0.16</math>; <math>P &lt; 0.05</math>) but not at 3 and 6 months.</p> <p>3. Explained variance in emotional distress across the three assessments ranged between 2% and 4% for participant characteristics, 49% and 60% for MS-related</p>

		<p>symptoms, 2% and 7% for social support.</p> <p>4. MS-related symptoms created considerable emotional distress in mothers that was minimally alleviated by the support given to them. In fact, many needed more support than they received.</p>
--	--	---