

Table 17. Systematic Reviews on Female Sexual and Reproductive Health

<p>Author Year; Country Dates included in the review Total sample size Level of evidence Type of study Score</p>	<p>Methods Databases</p>	<p>Results</p>
<p>Ghidini & Simonson 2011 USA</p> <p>Reviewed published articles from 1990 to 2010</p> <p>N=13</p> <p>Level of evidence methodological quality not assessed</p> <p>Type of studies Case control (n=1), Case series (n=12)</p> <p>AMSTAR=3</p>	<p>Method: Literature search for peer-reviewed original articles published in English concerning pregnancy in women with SCI; references selected based on relevance to effects of pregnancy on SCI and the outcome of pregnancy in women with SCI.</p> <p>Databases: PubMed, MEDLINE, The Cochrane Library.</p>	<ol style="list-style-type: none"> 1. Worsened spasticity, autonomic dysreflexia, urinary tract infections, and thrombosis are reported more often than expected during pregnancy in women with SCI. 2. SCI increases the risk of obstetric complications such as preterm delivery, low birth weight, and rates of admission to the neonatal intensive care unit. 3. The only case-control study on the subject found that women who became pregnant after SCI had nearly double the rates of preterm delivery as those who became pregnant before SCI. 4. The rate of Caesarean sections and the incidence of post-partum depression are higher among those with SCI than expected in the general obstetric population.
<p>Pannek and Bertschy 2011 Switzerland</p> <p>Reviewed published articles from PubMed and Medline with no date restrictions</p> <p>N=14</p> <p>Level of evidence Assessed using the Oxford Center of Evidence-Based Medicine criteria</p>	<p>Method: Searched for studies published in English or German on the urologic management of pregnant women with SCI.</p> <p>Databases: Medline and PubMed</p>	<ol style="list-style-type: none"> 1. SCI was cervical in 34.7%, thoracic in 61.2% and lumbar in 4.1% of the pregnant women. 2. 34.7% used indwelling catheters, 25% performed intermittent catheterization, 11.5% used the Credé maneuver and 28.8% voided spontaneously. 3. Urinary tract infections (UTIs) were more common in women with indwelling catheters (100%) than in those performing intermittent catheterization (38.5%), using the Credé technique (17%) or voiding spontaneously (53.3%). 4. A total of 64% of the patients had at least one symptomatic UTI during pregnancy. 5. A single study with 66 patients, of which 40% had an indwelling

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Type of studies 1 prospective cohort, 9 retrospective case series, 4 case reports AMSTAR=3		catheter, reported leakage around the catheter in 15% of patients, bladder spasms being so significant that catheters were expelled in 9.1% and there was a necessity to change the mode of bladder management in 25%.
Lombardi et al. 2010 Italy Reviewed published articles from 1993 to 2009 N=not stated Level of evidence Methodological quality not assessed Type of studies Not described AMSTAR=1	Method: Searched for internationally published studies from the PubMed database with keywords related to female SCI sexual function. Searches were also done with one co-morbidity or one behaviour risk factor together with SCI female or female sexual dysfunction. Databases: PubMed	<ol style="list-style-type: none"> 1. Females with complete tetraplegia require special attention immediately at initial recovery as sexual intercourse is much more difficult for them compared with other women with SCI mainly because of autonomic dysreflexia and urinary incontinence. 2. Sexual satisfaction increases as duration of injury increases. The likelihood of a woman with SCI taking part in a sexual relationship also increases as duration of injury increases. 3. 40-80% of women continued to be sexually active after injury, but much less so than before injury. The ability to reach orgasm decreased significantly after injury.