BODY MATTERS

spinal injuries association
for life after spinal cord injury

PREGNANCY
FACTSHEET

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Women who live with a spinal cord injury (SCI) are able to have normal pregnancies and deliveries. There is no higher risk of congenital abnormalities for the baby - or difficult outcomes. It is always helpful to speak to other women living with a spinal cord injury, who have had children, for their advice and there are practical tips on a separate information sheet (**Practical Post Partum Tips**).

Contact SIA's SCI Specialist Clinicians

You may need to change your care requirements during pregnancy, particularly as it advances, and think about what additional help you may need with a small baby – and onwards.

Issues specifically different for women living with spinal cord injury in pregnancy are the possibilities of:

- an increase in spasms
- an increase in neuropathic pain
- an increase in urinary tract infections
- changes in bladder and bowel management
- difficulty with transfers and mobility as the pregnancy progresses
- an increased risk of pressure ulcers
- autonomic dysreflexia especially during labour and delivery with neurological levels of T6 and above
- possible worsening in breathing if injury above T4
- depression and anxiety can get worse in pregnancy and after, but there is support available

Please don't be put off by the above – they can all be helped.

Preparing for a pregnancy

Before you start trying to get pregnant, it is a good idea to have a discussion with your spinal injuries team or GP to ask how you can make sure you are as healthy as possible. This will include assessment of:

- your bladder and bowel management
- skin
- mobility and transfers
- whether there are other medical problems to consider
- what to do about any medications you take regularly
- a discussion of the possible issues in pregnancy – related to your spinal cord injury

There are pre-pregnancy steps which all women should take:

- Make sure your cervical screening is up-to-date
- Stop smoking, drinking alcohol or using recreational drugs
- Start taking 0.4mg of folic acid every day. This is to reduce the risk of neural tube defects such as spina bifida
- Start taking Vitamin D supplements, 10mcg (400IU) every day. This is to help calcium metabolism
- Both the above tablets can easily be bought from a chemist
- Make sure your vaccinations are up to date and that you have previously had 2 MMR (measles, mumps and rubella) If not, be vaccinated and wait a month before getting pregnant
- Check your BMI – aim for somewhere between 19 and up to 30
- Check any medication you take is compatible with pregnancy (ask your GP)

Certain medications are not advised during pregnancy and you should speak with the person who prescribes them for you as to what to do, is there something you could use instead or do, such as physio. Common drugs being used by women with spinal cord injury, which should be discontinued, are baclofen and tizanidine for spasms. You can use oxybutynin if there are significant problems with bladder control, but it is better avoided.

References:

A very helpful pre-pregnancy website to use is at www.tommys.org/pregnancy-information/planning-pregnancy/planning-for-pregnancy-tool
NHS Planning your pregnancy: https://www.nhs.uk/pregnancy/trying-for-a-baby/planning-your-pregnancy/

Early pregnancy

Your spinal cord injury should not affect the routine maternity care you are offered, but you will need some additional help depending on level of injury. See your community midwife and GP once you know that you are pregnant and they will begin the maternity pathway for you. You can book this first appointment online and it should be at 8 – 10 weeks of pregnancy (gestation). It is important that you do see your GP as they will have your general and spinal cord injury medical information. You should also inform the team who look after your spinal cord injury.

The weeks of pregnancy are calculated from the first day of your last period and a pregnancy usually lasts 40 weeks +/- 2 weeks. Pregnancy is divided into 3 trimesters (stages); the first from 0 to 12 weeks, the second from 13 to 27 weeks and the third from 28 to 40+ weeks.
You will find plenty of information about the different weeks of pregnancy and routine antenatal care on the internet.

Useful links:
https://www.nhs.uk/best-start-in-life/pregnancy/week-by-week-guide-to-pregnancy/3rd-trimester/week-29/
https://www.nhs.uk/pregnancy/your-pregnancy-care/your-antenatal-appointments/

As well as seeing the local midwife and GP, you should ensure that your midwife prioritises you as a 'high risk pregnancy' and that you are seen at your local maternity unit. The obstetrician may choose to consult with an obstetrician who has more experience looking after women living with spinal cord injury in pregnancy. The consultant obstetrician and spinal Injuries pregnancy MDT team at the National Spinal Cord Injuries Centre in Stoke Mandeville Hospital can offer advice to your local obstetric or spinal injuries team.

As well as the excitement and anticipation of being pregnant, many women will suffer from irritating symptoms, particularly nausea and vomiting, tiredness, swelling of the breasts, passing urine more frequently, mood changes and bloating. See your GP if any of these, particularly vomiting, become problematic. You can take certain tablets in pregnancy to reduce the excessive vomiting.

The specific aspects you need to be aware of with a spinal cord injury are that:

- If you suffer from **spasms**, these may worsen and it is best to avoid medication for them. You should ask at your spinal injury centre for help which may include seeing the physiotherapist.
- **Urinary tract infections** may increase and if you suspect this (fever, nausea, AD etc) see your GP as you will need a course of antibiotics. It is important that urinary tract infections are treated during pregnancy as they can make you unwell and there is a risk of early labour if you become sicker.
- It is important that you do not become **anaemic**. You will have blood tests to check for this and do take iron tablets if asked to.

Sadly, not all pregnancies continue to the delivery of a healthy baby, and all women have up to a 1 in 5 chance of miscarriage during the first trimester. There is also a very small chance of an ectopic pregnancy, approximately 1 in 100 pregnancies, (where the pregnancy implants outside of the uterus) so do see your GP or hospital if you start to experience bleeding or pain (which may be 'felt' as an increase in spasms, AD).

You will be offered antenatal screening in the first trimester to look for genetic (chromosomal) problems with the pregnancy, such as Down's syndrome, and this is a personal choice as to whether you have these tests. The risk of chromosomal problems increases with maternal age. You are not at any higher risk of genetic problems because of your spinal cord injury.
There are also plenty of other blood tests on offer.

Useful link:
https://www.nhs.uk/pregnancy/your-pregnancy-care/antenatal-checks-and-tests/

Second trimester (13–27 weeks):

This is usually the stage of pregnancy when you can relax a bit more, that all the early annoying symptoms are improving, screening decisions made and your abdomen hasn't grown too much yet. Just make sure that you have found advice on how to manage your bowels, which may have started to be less easy to manage, often with worsening constipation.

You will have your detailed scan of the baby around 18 to 21 weeks when the anatomical development will be carefully checked. You can choose whether you want the sonographer to tell you the sex of your baby or not.

As the baby grows and presses on your bladder you may get increased episodes of urinary incontinence and may need to increase the frequency of your intermittent self-catheterisation or if severe may need an indwelling urethral catheter. Again, ensure you get advice from your local spinal cord injury care team. If you use a suprapubic catheter – this can remain in place during the pregnancy.

If you use intermittent self-catheterisation, this may become more difficult with a growing abdomen. Some women will choose to use a urethral catheter in the last weeks of pregnancy until after delivery to make bladder management a little easier.

Keep a check on your skin as pressure relief may become more difficult to manage independently and your weight changes may need a review of your seating and cushion as pressure ulcers can be a problem for some women.
As your weight increases, you may find transfers more difficult so speak with a physiotherapist to review your transfers.
You will be assessed for your risk of venous thromboembolism in pregnancy and delivery. There is a national risk assessment scoring system to decide if and when you need to be advised to use injections of low molecular weight heparin. The immobility of having a spinal cord injury is scored as 1 so if there are no other risk factors then you may not need these injections during later pregnancy or after delivery.

Later in this second trimester, you will be beginning to make a plan as to where you are going to deliver your baby and what help you will need during labour and afterwards with the baby.

Which teams should be looking after you in pregnancy?

- Your spinal injuries care team
- The community midwife, usually allocated from your GP practice
- Your GP
- The local hospital obstetric team
- Possibly an opinion from the obstetrician who specialises in pregnancy and delivery for women living with a spinal injury either at your nearest regional obstetric unit or at the National Spinal Injuries Centre, Buckinghamshire
- A specialised anaesthetic opinion for pain relief in labour and management of AD, for those women with injuries at T6 or above

Where to deliver?

On the consultant led labour ward at your local obstetric hospital or regional hospital.
You will be advised not to use the midwifery led obstetric unit unless you have an incomplete injury and are mobile.
The unit should have the necessary equipment which you may need to be cared for such as wheelchair access to all rooms, height altering beds, accessible shower facilities and a hoist if needed. Staff need to know how to use these and, if you have a level of injury of T6 or above, it would be advised that a nurse from the spinal injuries centre, or a similarly trained person, accompanies you in labour. The drugs and knowledge of how to deal with AD must be available – if you have a higher level of injury.
Again, you and your advocate are the people who know what your general care needs are and staff should listen to you – do write a list in case you can't remember because of the pain of labour.
Sign up for some antenatal classes before delivery, with your partner if possible. These help you to understand the process of labour and consider what choices you wish to make. They also tend to cover early care of your baby and breast feeding. It is also a way of meeting a group of women who might form a circle of friends with you after delivery.

Third trimester (28 – 40+ weeks):

The problems which are described under second trimester may be worsening and make sure you ask for help in managing any of these.
You will have a routine antenatal check-up, either by your midwife or obstetrician at the hospital at approximately weeks 28, 31, 34, 36, 38, 40 and 41 weeks.

This will include a discussion of any problems you have, then a check of:

- Your blood pressure
- A test of your urine
- Question about the baby's movements. Movements of the baby will be felt by women with injuries below T10. If you have hand sensation – then you can be taught to feel for the movements
- Palpation of your abdomen to check the baby's growth and how it is lying. After 36 weeks, the baby should have it's head lying towards your pelvis (cephalic presentation)
- Listen to the baby's heartbeat
- You may have an ultrasound scan at certain appointments and this will include a check of the baby's growth, fluid around the baby, presentation and heartbeat and position of the placenta

How to deliver?

Most women with a spinal cord injury are able to have a normal delivery if they would like to, the baby is head down and there is no concern of reduced pelvic size. The vaginal delivery rate at Buckinghamshire healthcare, for women living with a spinal cord injury, including cervical levels, between 1991 and 2016 was 77% (Robertson et al 2020). There is a greater trend to delivery by caesarean section at the moment. Between 2020 to 2025 the vaginal delivery rate for 14 deliveries (for 11 women) was 57% (Siraj 2026).
There needs to be a detailed discussion between yourself, your obstetricians and midwives and spinal care team by 34 weeks to make a plan for where and how to aim to deliver. A multidisciplinary team meeting should normally be held and a plan made in your notes, which includes your wishes.

Onset of labour

Contractions of the uterus will be felt by women whose level of injury is below T10. For women with levels above this – there is a variety of ways that the pains may be felt. This may be by an increase in spasms, scalp tingling, feeling the contractions with your hands or AD (if level T6 and above). Many women have their own ways of noticing when there is pain in a part of the body which does not have sensation.

Labour usually starts sometime between 38 and 42 weeks but it sometimes can start earlier. Overall, approximately 8% (1 in 12) of all women will deliver before 37 weeks but those women living with spinal cord injury have a higher rate with 18% (approx. 1 in 6). This is mainly after 34 weeks, known as late preterm birth. These babies do not usually need to go to the neonatal intensive care unit.

For those women who are unable to feel contractions, might get AD in labour or who live more than an hour away from their labour ward, admission is usually advised between 36 to 37 weeks. This is so that labour does not go undetected and appropriate treatment can be started in a timely fashion.

Labour management

Your labour may start spontaneously, or you might have labour started (be induced) for various reasons. Once in labour, you will have your own room on Labour Ward and, if you have a level of injury of T6 and above, you are advised to have an epidural as early as possible, before membranes rupture if possible. This is to stop autonomic dysreflexia caused by uterine contractions. Women with lower levels, T7 - T10, may not feel the labour pains but pain relief will help to reduce any pain induced spasms. Those with levels below T10 will feel labour pains and may choose their option of pain relief. Be guided by the midwife and obstetric team looking after you.
You will be advised to have a urinary catheter inserted, if you don't already have one, to keep the bladder empty through labour. A suprapubic catheter can remain in.
It is important that staff check your skin and turn you regularly and assess what type of mattress you should lie on to reduce the risk of pressure ulcers.
Through labour, the baby's heartbeat will be monitored to check that there is no worry about the baby getting distressed.
Labour will be managed as for all women, and you will be informed of how things are progressing at regular intervals. Do ask questions whenever you or your labour partner would like to.

Delivery

Vaginal delivery is possible for most women living with spinal cord injuries, even high cervical levels of injury, provided the baby is lying head down, the pelvis is not too small, that there are no other antenatal reasons to advise a caesarean section and no problems arise during labour.
There are times when a vaginal delivery is achieved with a ventouse (vacuum) instrument or forceps. The obstetrician will explain if this needs to be considered or if a caesarean section should be performed during labour.
During delivery, sometimes an episiotomy is needed or a perineal tear happens.
Management of third stage, delivery of the placenta, is as for all women.
An episiotomy or tear will be stitched after the placenta has been delivered. Careful management of the episiotomy is required to prevent secondary infection especially after bowel care. You may need to increase your laxatives if you are constipated and to allow easier passage of stool.

After delivery (postnatal)

After delivery, the baby will be checked, and you will be made comfortable – hopefully offered a cup of tea!
You will be encouraged to breast feed your baby as soon as possible. You may need aids to help hold the baby and the occupational therapist should have assessed you during your pregnancy as to what help you will need. For women with an injury level above T4, there may be some delay in being able to breast feed, due to the neural reflex pathway (see reference) but the midwives should be able to support you with this.

You will be moved to a postnatal ward and stay in the hospital until you and the staff feel you are ready to go home. If you have stitches from a caesarean section, you will be encouraged to stay in bed for 48 hours and then be hoisted or helped into a chair for the next 5 days. The stitches should not be removed until after 10 days.
You will have been assessed as to whether you need injections of low molecular weight heparin to reduce the risk of thrombosis after delivery. If you have had a caesarean section, then you will definitely need these for at least 10 days.

References and helpful information

See SIA's Postpartum factsheet for more useful information

Dawood R, Altanis E, Ribes-Pastor P, Ashworth F, 'Pregnancy and spinal cord injury' (Obstet Gynaecol. 2014;16:99–107)

Robertson K, Dawood R, Ashworth F, 'Vaginal delivery is safely achieved in pregnancies complicated by spinal cord injury: a retrospective 25-year observational study of pregnancy outcomes in a national spinal injuries centre' (BMC Pregnancy and Childbirth (2020) 20:56)

'Obstetric management of women with spinal cord injury' (Buckinghamshire Healthcare NHS Trust Obstetric guidelines 628.4 (2025))

NHS advice on Pregnancy
https://www.nhs.uk/pregnancy/

Tommy's Pregnancy information
https://www.tommys.org/pregnancy-information

Breastfeeding Following Spinal Cord Injury: Consumer Guide for Mothers
https://pmc.ncbi.nlm.nih.gov/articles/PMC11123608/

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About SIA

Spinal Injuries Association (SIA) is the UK's leading charity for everyone affected by spinal cord injury. We provide free, specialist support to help you navigate the mental and physical challenges you may face now and throughout your life.

Our nationwide team can connect you with our trusted network of experts and partners, offering guidance on legal matters, care, housing, finance, mental health and more. You can reach our support line on **0800 980 0501**.

We are the voice of people with spinal cord injury. Through our expertise we can connect you to the services and organisations you need through our network for all. Join the SIA community for free at **www.spinal.co.uk**

Tell us what you think
If you have any comments about our publications, you can email **academy@spinal.co.uk**

This publication has been reviewed for accuracy and updated by:
- **our Clinical Team**
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