Providing Disability-Inclusive Care for Pregnant Women

## Handout #2 – Problems arising for women with physical disabilities in pregnancy

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| **Problem** | **Disabling conditions** | **Description** | **Implications for care** |
| **Autonomic dysreflexia** (autonomic reflexia) | Spinal cord injury, especially with lesions above T10 (and especially T6 and above) | Activation of the sympathetic nervous system can be triggered by uterine contractions, oxytocin, UTI, distension of the bladder, constipation, ectopic pregnancy, pelvic or rectal examination or pressure ulcers. Early signs and symptoms include headache, sweating and piloerection above the level of the spinal lesion nasal stuffiness and facial flushing. Severe symptoms include hypertension, irregular cardiac rate, shortness of breath and increased muscle spasticity. Severe complications include seizures, intracranial haemorrhage, coma and maternal death. | Women with spinal cord injury should be assessed for signs and factors that can precipitate autonomic reflexia such as full bladder or bowel, having a vaginal examination or being in labour.  Vaginal examination should be performed when other staff are available to assist and with the woman’s head elevated as high as possible.  Rapid acting anti-hypertensives should be available and administered if required (such as Nifedipine IR). Emergency delivery may be indicated. |
| **Deep vein thrombosis (DVT)** | Disabilities that limit mobility  e.g. wheelchair users | Venous stasis and pressure of the growing fetus prevent venous return from the legs therefore increasing risk of DVT | Lower limbs should be assessed for warmth, redness, oedema or asymmetry. Elastic compression stockings and/or elevation of the lower extremities is useful, especially in late pregnancy. |
| **Urinary tract infections (UTI)** | Neurologic disorders  e.g. spina bifida, spinal cord injury, cerebral palsy | Many physical disabilities increase risk of UTI- risk increases in pregnancy especially in women with neurogenic bladders. During pregnancy, infection are more likely to ascend to the kidneys and cause pyelonephritis, premature onset of labour and fetal mortality. | Increase fluid intake is recommended along with careful monitoring of urinary symptoms (including regular dipstick urine in the first instance) and prompt treatment with antibiotics when indicated |
| **Urinary incontinence** | Neurologic disorders  e.g. spina bifida, spinal cord injury, cerebral palsy | Urinary incontinence may increase in pregnancy in women with preexisting bladder dysfunction because of the pressure of the growing fetus. | A bladder management program should be implemented (this may include timed urination, in-out catheter or in-dwelling catheter). |
| **Compromised respiratory function** | Neurologic disorders  e.g. high cervical or thoracic spinal cord injury, cystic fibrosis | The diaphragm is elevated and chest configuration is altered in the second half of pregnancy. Pre-existing respiratory dysfunction can worsen during late pregnancy and labour. | Respiratory function should be monitored. Availability for ventilatory support is essential if the woman is at high risk. |
| **Spasticity** | Neurologic disorders  e.g. spina bifida, spinal cord injury, cerebral palsy | Spasticity (increased muscle tone and resistance to passive movement) is often more pronounced at the extremes of range of motion. It is increased by pain, a cold room, contact with a cold speculum, stress and rapid movement. | Women with spasticity should be moved slowly and gently. Alternate positions for the pelvic examination may reduce risk of spasticity. To avoid falls, women who have spasms or spasticity should not be left alone on examination tables. |
| **Risk of pressure ulcers** | Neurologic disorders characterised by impaired sensation  e.g. spinal cord injury | Pressure points may change during pregnancy as weight and body distribution change. Risk for pressure ulcers may be increased in women with anaemia. | Skin and bony prominences should be  assessed frequently in women with impaired sensation. Women should be taught to assess their skin and change positions to prevent skin breakdown. Anaemia should be prevented through adequate iron intake. |
| **Constipation** | Neurologic disorders  characterized by  neurogenic bowel  problems  e.g. spinal cord injury | Supplemental iron may cause severe constipation during pregnancy in women with preexisting neurogenic bowel problems. | Nutritional modifications, increased fluid intake, cautious use of iron supplements, and stool softeners are indicated to prevent severe constipation. |
| **Unrecognised onset of labour** | Disabling conditions characterised by impaired sensation  e.g. spinal cord injury, spina bifida | Unrecognized onset of labour may result in premature or unassisted delivery, increasing risks to baby and mother. | Women should be instructed to perform abdominal palpation and report changes that may indicate contractions.  Women with spasticity may be more aware of the onset of contractions because of increased spasms and spasticity. |
| **Severe fatigue** | Disabling conditions such as rheumatoid arthritis and lupus | The fatigue common in pregnancy may be increased in women whose disabling conditions have fatigue as a major characteristic | Fatigue may be especially severe during the first trimester. If it is incapacitating, women should be evaluated for treatable causes. Women can be advised to take scheduled rest periods during pregnancy and the postpartum period, use energy-saving strategies, and balance rest with exercise within the limits of their disabilities. |
| **Falls** | Conditions with impaired balance or coordination, muscle weakness, or paralysis  e.g. spinal cord injury, spina bifida, cerebral palsy, amputated limbs | Change of the woman’s center of gravity late in pregnancy due to expanding uterus combined with impaired balance and lack of coordination due to disability increase the risk for falls. | Women at risk for falls should be encouraged to use assistive devices (canes, walkers, or wheelchair) to prevent falls and fractures. Prosthetic limbs may not fit properly because of increased weight and swelling. |