Discuss with your doctor the possibility of using epidural anesthesia as a treatment for AD during labor. Having an epidural from the beginning of labor can prevent AD from happening even if you have limited or no sensation below your level of injury. If it DOES happen, there are still things that can be done. If this doesn't work, getting the baby delivered quickly is recommended. This might mean speeding up a vaginal delivery or performing a C-Section.

Pressure Sores:
Discuss with your clinicians the possibility of getting pressure sores during labor. Many women have experienced breakdown on their heels, buttocks, hip bones and other boney areas during labor. Your labor coach might be a good person to ask to help remind you and your care providers about turning and moving you during labor, have them check your skin often.

For more information, please go to: www.sci-pregnancy.org
The ability to sense the contractions and the onset of labor and delivery is a result of level of injury as well as completeness of injury. The highest level of sensation to the spinal cord from the uterus is T10; therefore, if your injury is at or above T10, you will likely not be able to feel your contractions.

A fetal monitor that you can take home may be helpful to you for detecting contraction as well as listening to the baby’s heartbeat. You and/or your partner may also be able to detect contractions by putting your hands over your abdomen and feeling the uterus tighten. This may feel similar to a bladder spasm depending on your level of sensation.

Some women are able to feel a good amount of a contraction without much pain. If you are unable to feel the contractions, it is also possible to see them by watching the muscles in your abdomen move and monitor the time intervals in which they occur.

**Labor Detection:**

The ability to sense the contractions and the onset of labor and delivery is a result of level of injury as well as completeness of injury. The highest level of sensation to the spinal cord from the uterus is T10; therefore, if your injury is at or above T10, you will likely not be able to feel your contractions.

A fetal monitor that you can take home may be helpful to you for detecting contraction as well as listening to the baby’s heartbeat. You and/or your partner may also be able to detect contractions by putting your hands over your abdomen and feeling the uterus tighten. This may feel similar to a bladder spasm depending on your level of sensation.

**Autonomic Dysreflexia (AD):**

AD is a sudden increase in systolic and diastolic blood pressure (BP). Normal systolic BP in persons with SCI at the level of T6 and above is 90 – 110 mm Hg. AD is suspected when BP rises above baseline:

- 20 – 40 mm Hg > baseline (adults)
- 15 – 20 mm Hg > baseline (adolescents)

Besides a sudden rise in BP, characteristic symptoms of AD include: sweating, splotchy rash, facial flush, nasal congestion, bradycardia (slow heart rate), severe throbbing headache and gooseflesh.

If you have experienced AD in the past, it is likely that it you will experience it during labor.

Doctors must be informed of the possibility of AD, its symptoms and what to do if it happens.

It is important that your doctor understand AD in order to differentiate it from pre-eclampsia, a condition of high blood pressure in expectant mothers that occurs after 20 weeks of pregnancy. Whether you are delivering vaginally or if you are having a Cesarean section (c-section), it is important to watch for signs and symptoms of AD.