Preparing for Baby Care:

In order to avoid stress and accidents when the baby arrives, work with your occupational therapist, friends or significant others before the baby is delivered to learn how it is easiest for you to perform baby care tasks. Search on the internet for information on how others in a wheelchair perform baby care.

Of course, if you know other women with children, have them over to give you baby care tips, even if they do not use a wheelchair. They know the tasks that need to be done with a baby and can help you arrange baby items and modify furniture to suit your height and convenience. You can also use a doll to practice changing a diaper, dressing and feeding (including breast feeding) from your wheelchair. Using a doll also lets you safely practice moving the baby to/from a car seat or stroller and in/out of a crib.

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Resources:

For more information, please go to:  www.sci-pregnancy.org

Disclaimer
This pamphlet only provides general information. It is for informational and educational purposes only and should not be used to diagnose or treat a medical condition. It is not a substitute for professional medical advice relative to your specific medical conditions. Always seek the advice of your doctor or other qualified health provider before starting any new treatment or with any questions you may have about your personal health.

During Pregnancy: THIRD TRIMESTER
The additional weight of a pregnancy may pose a problem for transferring. Your growing abdomen and added weight will impede movement, cause you to lose your balance and add strain to your upper body when transferring. As your pregnancy progresses, you may be more fatigued and this will also affect your transfers. To avoid injury to yourself or your baby, discuss adjustments in method or equipment with your physical therapist, or with your care provider or significant other. It is important to problem solve the transfer equipment and methods that are best for you. You may want to consider using a sliding board or getting additional help with your transfers.

Many women are not happy with being given only one “correct” transfer option by their therapists, and admit using their own “unsafe” methods of transferring. For you, it may be safer to “do it your way.” However, you can avoid possible injury by openly and honestly discussing with your therapist which methods are working for you and which aren’t.

Bear in mind that the changes you are making to your mobility routine will not last long.

Things will gradually return to normal after you begin to lose your “baby weight” and regain strength after the baby is born. But as pregnancy progresses, be careful! You may want someone to be in the parking lot when you transfer in and out of your car. The same goes for getting help with transfers in the bathroom. The fewer transfers you need to make, the less the chance you will get hurt by a slip or a fall. With increased urinary frequency and urgency, you may want to change your bladder program, use a Foley or a bag at night or even during the day, so you won’t have to transfer to the toilet so often. You may decide to use pads as well to collect potential leakage.

[Please refer to our Second Trimester pamphlet for wheelchair adjustment information and checking your chair fit with your clinician.]

Preparing for the Birth:

Before it is time for your baby to come, he or she must move into the correct position for birth (head down). For this to happen, the baby needs room to adjust, but space is severely limited for your baby if you are seated at all times. Lying down on the back is to be avoided in the 3rd trimester as it may lead to compression of the vena cava, with decreased return of blood to the heart and consequently of cardiac output, leading to symptoms in the mother and potentially increased risk of stillbirth in the fetus. Mothers should be encouraged to lie on their sides or at least to tilt themselves laterally by placing a pillow on the side. This will allow the baby the time and space it needs to reposition itself.

Ask your doctor about techniques for massaging the baby into position.

Developing a Birth Plan:

An OB/GYN who is unfamiliar with SCI may assume that a C-section is your best option for delivery. There is no reason to assume that a woman with SCI cannot deliver a child vaginally. In fact, the recovery from a C-section may pose a more difficult challenge than a vaginal delivery would. Make sure you discuss your expectations for the birth with your doctor so that you are both on the same page when the time comes to deliver.

Potential Secondary Problems After C-Section:

- A c-section is major surgery that will require stitches. Stitches can be torn during transfers, which will cause pain and extended recovery time. Even without tearing of stitches, surgical recovery is a difficult process.
- Recovering from surgery will minimize mobility, presenting an increased probability for pressure ulcer development.
- Recovery from a c-section may make it harder for you to bring your baby to breast and stimulate development of milk.
- Risk of developing blood clots increases with surgery.