



because of increased constipation and autonomic hyper-reflexia in up to 85% of patients with lesions above the fifth or sixth thoracic vertebrae. Most women with spinal cord injury have sensation of their contractions during labour, as backache, pressure or increased spasticity; evidence of a higher incidence of preterm labour has not been found. Cesarean rates are reported as 20–30%. Breastfeeding can be successful.

Rheumatoid arthritis

Approximately 75% of women with rheumatoid arthritis experience some improvement in their condition during pregnancy, usually in the first trimester. Up to 90% can expect the disease to flare within the first 3 months after the birth, and the flare may last from a few weeks to several months. Rheumatoid arthritis does not pose a threat to the outcome of the pregnancy. The most severe problem for the new mother is coping with pain and fatigue, which can interfere with all aspects of daily life including baby care.^{12,15}

Multiple sclerosis

Women with relapsing multiple sclerosis do not experience an increase in relapse rate during pregnancy, and some studies have shown a lower relapse rate in the third trimester. However, some women experience an exacerbation of their symptoms during the first 3 months after the birth. Attacks occurring during pregnancy are reportedly less severe and during the postpartum period more severe than those usually experienced by the woman. Pregnancy does not seem to affect the long-term course of multiple sclerosis, and in some cases may result in improvement. Sadovnick has studied the genetic component of suscepti-

bility to multiple sclerosis and has suggested that the risk is 50 times greater than in the general population for a daughter but substantially lower for sons, assuming a general population prevalence of 0.1 to 0.2%.^{13,16,17}

Medications

A detailed discussion of the potential effects of the many medications used by women with various disabilities is beyond the scope of this paper. However, questions about medications are often raised by women as they think about pregnancy, and so it is important that physicians discuss the potential maternal and fetal effects of medications with all patients who have a disability and are of childbearing age. For example, women who are taking diazepam to control spasms¹⁸ or methotrexate for rheumatoid arthritis¹⁹ may be counselled to discontinue these medications because of the risk of congenital anomalies, but alternative medications or nonpharmacological means of controlling symptoms will need to be tried. It will be easier on the woman if the effectiveness of these alternatives is determined before she becomes pregnant.

Adjustments in the home

Lifestyle modifications and family adjustments during pregnancy and after the birth must be anticipated and discussed as part of the pre-pregnancy or early pregnancy discussion and assessment. For example, some studies have reported a higher incidence of anemia in women with spinal cord injury, and women with anemia have an increased risk of developing decubitus ulcers.¹¹ Because supplemental iron can interfere with a woman's bowel regimen, it should be given judiciously. Therefore, a change in diet may be required before or during preg-

Resources: disability and childbirth

Videos

Isobel's baby. London: Arrowhead Productions; 1990. Presents the emotional and practical adaptations to motherhood of a woman who uses a wheelchair because of multiple sclerosis.

Toward intimacy. Ottawa: National Film Board; 1993. A film about women with disabilities and sexuality.

Journal

Disability, Pregnancy and Parenting International. Arrowhead Publications, 1 Chiswick Staithe, London W4 3TP, England

A journal for professionals and parents to exchange information about experiences of pregnancy and parenthood with a disability.

Organizations

Barrier-Free Design Centre, 2075 Bayview Ave., Toronto ON M4N 3M5

Crane Library and Resource Centre (for the visually impaired), University of British Columbia, Vancouver BC V6T 1Z1

The Parenting Network, The Centre for Independent Living, 605–205 Richmond St. W, Toronto ON M5V 1V3; tel 416 599-2458

Through the Looking Glass (National Research and Training Center on Families of Adults with Disabilities), 2198 Sixth St., Suite 100, Berkeley CA 94710-2204; www.lookingglass.org (Web site has useful links)

Assistive devices

Tetra Development Society, Plaza of Nations, Box 27, 770 Pacific Blvd. S, Vancouver BC V6B 5E7

The Rehabilitation Centre, Rehabilitation Engineering Department, 505 Smyth Rd., Ottawa ON K1H 8M2