

Oral presentation

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Pregnancy and labour in women with spina bifida

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Background

In general fertility is not reduced in women with spina bifida and hormonal contraception is more difficult to perform due to an increased risk of thrombosis in paraplegia. Thus pregnancies of women with spina bifida are possible. There is a lack of larger cohorts in the literature to manage pregnancy and birth evidence based.

Patients

We present five pregnancies in four women out of 180 patients of our spina bifida outpatient clinic.

Results

Only one of five pregnancies was terminated preterm, none of the five fetuses had a neural tube defect, only in 3 pregnancies appropriate folate prophylaxis had been given and no father had a neural tube defect. The two mothers with a shunted hydrocephalus had no complications of their shunting devices during pregnancy and labour. Urinary tract infection was a major problem only in one woman, who also had a single kidney and severe urinary tract infections before pregnancy. Intermittent catheterisation was performed by three women during their pregnancies without complications. None of the women needed antihypertensive drugs during pregnancy.

All full term newborns were born by Caesarean section and had no periparturial problems. Care for the infants after birth was given by the father (in two children) or by help of the grandparents.

Conclusion

Before planning to get pregnant a genetic counselling should inform about the recurrence risk for neural tube defects (about four percent). A folate prophylaxis is not taken regularly even in this high risk group. The rate of abortions in pregnancies of mothers with spina bifida is not well documented in the literature due to a lack of larger cohorts. In our cohort the low rate of urological and shunt-related complications is remarkable. During pregnancy and labour a very individual care of the pregnant women has to be established due to the complexity of problems (different mobility, the presence of a CSF shunting valve, urological situation with neurogenic bladder and different methods for bladder emptying). Pregnancy and labour as well as postnatal care of the infant are new tasks for spina bifida outpatient clinics. New co-operations with obstetrical departments have to be established, to solve the demanding medical and social problems together.