Spinal Cord Injury and Female Sexual Function

Sexuality is an expression of you and is personal and private. Sexuality is often expressed through physical and emotional closeness. Physical intimacy is not only sexual intercourse. It is also holding hands, hugging and kissing. Emotional intimacy is not just what you feel from physical contact. It can be your feelings associated with self-satisfaction, confidence and self worth. Emotional intimacy can also be the feeling of trust in someone and the ability to share private thoughts and feelings. After your spinal cord injury, you will find that sexuality is still an important part of your life. It may take you time to become comfortable with your body and feelings of sexuality.

Sexual Function
After a spinal cord injury, there are few physical changes that prevent women from engaging in sexual activity. Some women have a decrease in the amount of vaginal lubrication because of an interruption in the nerve signals from the brain to the genital area. Lubrication normally happens as a result of a mental and physical reflex to something sexually arousing. Lubrication is a sign of sexual arousal and makes vaginal penetration easier and makes sexual activity more pleasurable. If you wish, you can use a water based lubricant (never use oil based lubricants). Depending on the level and completeness of your injury, you may have a change in sensation and ability to contract your muscles. You may want to try new sexual positions or familiar activities you engaged in prior to your injury. Talking to your partner about these things can also help you to improve your relationship. You may also find that it takes you longer to achieve an orgasm or it feels different. The majority of women with a spinal cord injury can achieve an orgasm but it may take more stimulation than it did before the injury. Medications that you are taking can make it more difficult for you to achieve an orgasm. A vibrator may help you achieve an orgasm if your injury is below the T6 level. You may also want to speak with your healthcare provider to see if your medications could be adjusted to decrease any impact on your sexual responses.

Fertility
After a spinal cord injury, it is normal for women to not get their period for as long as 6 months after the injury. Once the period starts again, the ability to conceive a baby is usually not affected. If your period does not restart, talk to your healthcare provider.
Sexual Adjustment
All women have doubts, concerns and questions so it is normal for a woman with a spinal cord injury to have these feelings. Learning to manage your activities of daily life will help you adjust to your life after injury and your sexual function. Just like women without an injury, women with an injury are desirable, have the opportunity to meet people and fall in love and marry, desire sex, give and receive pleasure, become pregnant and have children. Your acceptance of these facts will help you to have a satisfying life. Just like before the injury, all relationships take hard work, dedication and commitment. Communication with your partner is a good way to work together to solve problems and build physical and emotional intimacy.

Relationships
Your partner needs to understand about your injury including your bowel, bladder and skin care. Couples need to talk and work together to come up with different ways to find romance and intimacy. If you and/or your partner are having relationship difficulties, working with a professional counselor may help. You may need to work through feelings of anxiety about your relationship and can work on healthy ways to communicate.

Smart Sex
The risk of getting a sexually transmitted disease (STD) is the same as it was before your injury. You still need to take precautions to protect yourself against STD such as gonorrhea, syphilis, herpes and HIV. To protect against a STD or pregnancy, a male or female condom is recommended even if your partner is using another form of birth control. A condom is not 100% reliable but is most reliability when used properly.

Areas of Concern
- **Bladder Management** is a concern for most women with spinal cord injury. There are ways to reduce the chance of a urinary accident during sexual activity. You might want to limit your fluid intake if you are planning a sexual encounter. Drinking too much fluid causes the bladder to fill and increases urine output. If you use intermittent catheterization for your bladder management, you can empty your bladder prior to sexual activity. Foley catheters can be left in during sex because the urethra (urinary opening) is separate from the vagina. If the catheter tube is carefully taped to the thigh or abdomen it should not interfere with intercourse. If you do remove the Foley catheter prior to sexual activity, properly reinsert it following this activity.
- **Bowel Management**: The best way to avoid a bowel accident is to follow a consistent bowel management program. Once your bowel routine is established,
accidents are less likely to occur. To further decrease your chances of a bowel accident, empty your bowel and don’t eat before sexual activity.

- **Sexual Satisfaction:** Some women may be concerned that they will not be sexually satisfied or if they will be able to satisfy their partner. Talk to your partner about this and experiment with new ideas and work together so you will both be satisfied.

- **Sexual Exploration:** Work with your partner to find sexual activities that are interesting and enjoyable for both of you. It may help both of you to try different ways of giving and receiving physical pleasure. The methods that you engaged in prior to the injury may not be the same methods that bring you the most pleasure now. You may also need to explore different sexual positions so that you are comfortable during intercourse. This may be especially important if you experience spastic hypertonia (muscle spasms or contractures) or if pain occurs during sex. If spastic hypertonia or pain is a problem for you, talk to your health care provider for advice on appropriate treatment.

- **Sexual Arousal:** You will likely find that you are still aroused by the same things that you were before your injury. This is a good opportunity to experiment with sexual exploration. Dressing up, a romantic dinner or showering together may be things that you do to increase your arousal. It may also be helpful to “explore” your own body to see what works before being intimate with your partner. Some women say that they can be aroused through their mouth and lips, neck and shoulders, clitoris, stomach, vagina, thighs, breasts, buttocks, ears and feet.

**Some potential problems**

**Autonomic dysreflexia (AD)** is a life threatening condition especially for those with injuries at T6 and above. Sexual activity does result in a rise in blood pressure; however, you and your partner should be aware of the other symptoms of AD such as irregular heartbeat, facial flushing, headaches, nasal congestion, chills, fever, blurred vision and/or sweating above the level of the injury. If you experience any of these symptoms, stop the sexual activity and if the symptoms continue, contact your health care provider for advice.

Verbal and physical abuse is an unfortunate occurrence in some relationships. Women who find themselves in abusive relationships should talk to family, friends, clergy, doctors or find a local agency that helps women escape abusive situations. You can call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or TTY 1-800-787-3224.

Sexual dysfunction: For women with a spinal cord injury, most often the dysfunction is a lack of desire or failure to achieve satisfaction. Talk to your healthcare provider if you feel that sexual dysfunction is impacting the quality of your sex life.
Aging can have an impact on sexuality. After menopause, many women have a decrease in their sexual interest and a decrease in vaginal lubrication. Speak to your healthcare provider because sometimes medications can be prescribed to help you with these issues. You will experience changes in your sexuality over time; however, there is no reason that you can't have an active sex life as you age.

Pregnancy
Women with spinal cord injury or dysfunction can and do have children. They also share the same parenting responsibilities of all women and must decide if they are physically, emotionally and financially prepared to raise a baby. They must also know how their bodies will change and how to avoid complications during pregnancy. If a woman does not want to become pregnant, she should be aware of the need for birth control. If you want to or do become pregnant, you will want to find an obstetrician who understands or is willing to learning about your needs.

Preparing for Pregnancy:
Some medications you are taking can have a bad effect on fetal growth. It is very important that all medications, including vitamins, be evaluated by your obstetrician before and during pregnancy. You should have a complete urologic examination if you are planning to have a baby. X-rays should not be taken during pregnancy unless they are absolutely necessary because they can harm the fetus. You should discuss with your obstetrician what kind of urologic care you need during your pregnancy.

Some women with spinal cord injuries have curvature of the spine, pelvic fracture or hip dislocation. These can limit the space in the abdomen to carry a full term fetus and can make a vaginal delivery difficult. If your obstetrician has limited experience caring for women with spinal cord injuries, you and your obstetrician should consult with other health care providers to help you through pregnancy, labor and delivery.

Pregnancy
Women with spinal cord injuries may be considered to have a high risk pregnancy meaning that there is an increased chance for complications during pregnancy. This doesn't mean that you should avoid pregnancy. It means that you need to try to prevent complications and treat them if they occur.

1st Trimester
Mood swings, dizziness, headaches, fatigue, heartburn, indigestion and nausea are some natural things that most women experience during their first trimester. These usually go away in time. You should know that some of these changes can also be signs of complications. A headache can be a sign of autonomic dysreflexia. A headache with nausea may be a symptom of a urinary tract infection. You need to be
aware of your body and report any symptoms to your obstetrician that may suggest other problems.

Bowel management can be a problem even in the first trimester. Constipation and diarrhea are two of the most common changes that occur. Depending on the problem, you may need to increase or decrease your water or fiber intake. You may also need to empty your bowels more often or take a stool softener or laxative but only if prescribed by your obstetrician.

2nd Trimester
The potential for complications increases during the 2nd trimester. You should be aware that how you manage a complication can change from trimester to trimester. For example, your method of managing your bowel program in the first trimester may not be as effective in the 2nd or 3rd trimester. Too much weight can interfere with your ability to perform your daily activities and you may have problems transferring from your wheelchair or may tire more easily than you previously did. If transferring becomes a problem, you may reduce the number of times you transfer. You may rent a power wheelchair if you have trouble managing your manual wheelchair. You may need to get help from others or find new ways to perform your daily activities.

As the fetus grows there is more weight on the bladder. This pressure decreases the bladder capacity which can lead to an increase in bladder spasms. If you use intermittent catheterization, you will probably need to catheterize more often or it may be better to switch to an indwelling catheter during your pregnancy. However, you may experience leaking with an indwelling catheter.

Urinary tract infections may be a problem for you. A urinary tract infection may trigger premature labor if it is not properly treated. Drink plenty of water and avoid beverages containing sugar, caffeine and alcohol. You may want to catheterize more often. If you have a history of urinary tract infections, your obstetrician may prescribe antibiotics to prevent an infection from starting. If you have symptoms of a urinary tract infection (fever, chills, nausea, headache, changes in spasticity, unusual pain or burning or AD), contact your health care provider so that a urine sample can be obtained.

The risk of pressure sores increases with pregnancy due to weight gain and/or posture changes. It is important to prevent pressure sores and it will help to increase the number of pressure reliefs that you do daily. Check your skin more frequently and be aware of posture changes while in your wheelchair.

If you experience muscle spasms, they may increase or decrease during pregnancy. If you don't usually get muscle spasms, there is a chance they will develop when you are pregnant. They are usually treated only if they interfere with your daily activities or put
you at an increased risk of a pressure sore. If you notice any changes related to muscle spasms, talk to your obstetrician because a sudden change can mean that you may have some other health problem.

3rd Trimester
Growth of the fetus puts pressure on the diaphragm which can decrease your lung capacity especially in women who have cervical and thoracic injuries. The best way to prevent respiratory complications is by proper positioning and increased rest. If you usually wear an abdominal binder to improve your diaphragm functioning, you may need to loosen the binder or not wear it while you are pregnant. Your obstetrician may discuss breathing exercises with you and if you have a high level injury, you may need ventilator assistance.

Pressure from the growing fetus is a problem that can develop in the last months of your pregnancy. The pressure can hinder blood flow in your legs and cause swelling in your legs and feet. You may need to wear stockings that help circulation, get extra rest, do passive range of motion exercises to improve blood flow and reduce swelling. If you have a history of blood clots, your obstetrician can prescribe medication to help prevent further clots from forming.

Labor and Delivery
Bowel and bladder problems, urinary tract infections, muscle spasms and decreased blood flow can continue to be problems during your labor and delivery. Careful attention needs to be paid to your skin care and your blood pressure must be monitored looking for high or low blood pressure. If possible, attend labor and delivery classes. You and your obstetrician should plan for your labor and delivery and all of the rooms you will be in should be fully accessible.

Labor
Some women with spinal cord injuries notice signs of labor but others do not. You may not feel labor pain if your injury is at T10 or above. You may feel uterine contractions if your injury is lower than T10. Some women may feel the contractions but the sensation may pass as labor progresses. You and your obstetrician should watch for signs of labor starting around 28 weeks. Your obstetrician may perform a weekly cervical examination. You should be taught how to feel your uterus with your hand, which can help you detect labor. Some women with tetraplegia may need a home uterine contraction monitor. All women need to watch for these common signs of labor:

- Feelings of fear and anxiety
- Changes in spasticity and breathing
- Backache
- Abdominal tightening
- Pelvic pressure
- Unusual feelings of pain
- Autonomic dysreflexia

Autonomic dysreflexia (AD) is common during labor and can be life threatening. AD is most common with injuries at T6 and above. However, some research has shown that AD can occur during labor in women with injuries much lower than T6. Continuous epidural anesthesia is considered to be the most effective way to prevent AD during labor regardless of whether or not the woman can experience sensation.

**Delivery**

Most women can and should deliver vaginally when possible. Some women deliver easily and others need the assistance of a vacuum device or forceps. You may discuss the possibility of a Caesarean section (C-section) with your obstetrician; however, you should not assume that you will need a C-section because you have a spinal cord injury.

**After Delivery**

If you have an episiotomy, do not use a heat lamp to aid in healing if you have no sensation to prevent from getting burned. You may feel faint or dizzy when sitting up after delivery. To help with this, sit up slowly, wear elastic stockings or use an abdominal binder. Breast feeding is possible for most women; however, you may notice an increase in spasticity as you breast feed. Breast feeding generally stimulates the production of breast milk. You may notice a reduction in milk if you have limited sensation in your nipples.