FERTILITY in SPINA BIFIDA

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Scope of the Issue

• Antenatal Considerations - folate essential for rapidly dividing cells
• Problems with folate metabolism can lead to miscarriage
• Women having families later in life – SB not related to this issue
• IVF pregnancies have increased incidence of SB
Precocious Puberty

- Precocious puberty is an issue in some patients with hydrocephalus
- Intrauterine factors control timing of puberty
- Early shunting does not influence outcome
- Early puberty in the context of disability and immaturity can be a burden
- Treatment with GRH agonists can put puberty “on hold” but is expensive
Fertility in Girls with Spina Bifida

- Girls with Spina Bifida are usually fertile
- Because of early puberty they may be fertile early and could be subject to exploitation – their maturity and executive functioning deficits contributing
- Regular contraceptive precautions should be advised
Contraception

• Contraceptive pill – need to remember to take it
• Intrauterine devices - need to remember they are in place – no pain if complications
• Long term contraception should be considered e.g. implanon
• Relationship education is ESSENTIAL as it is not usually implicit! [executive functioning]
Adult Issues

• Relationships
• Commitment
• Reasons for wanting a baby
• Ability to manage adult life responsibilities and own health issues
• Finances
• Supportive relationships
• Ability to problem solve and care for a baby
Female Fertility

• Usually fine even when sensation is limited
• Need to understand risk of NTD in baby
• Use of folate supplementation PRIOR to conception
• Role of antenatal ultrasound
• What would they do as parents if the baby had NTD?
• Health management of mother
Care of Pregnant Patient with Spina Bifida

- Maternal Health – medical baseline, what changes in pregnancy
- Functional issues – mobility, continence, personal care,
- Monitoring pregnancy – antenatal testing, BP
- Delivery modes
- Pain relief
- Caring for the baby
Male Fertility

• Because the spinal cord co-ordinates erection and ejaculation, sexual function is often reduced in patients with Spina Bifida
• Recurrent UTI’s can reduce fertility
• Retrograde ejaculation can also affect fertility
• However some patients will be fertile even if they are incontinent
Our Experience of patients attending RPAH Spina Bifida Clinic

• Female patients 45 babies - 29 mothers have 1 baby; 8 mothers have 2 babies
• Currently one pregnant
• Male Patients 12 babies - 7 males have had children; 2 have had 3 each and one 2; 4 have had one baby
• 2 [of 7] have conceived by IVF
Complications - Baby

- 4 Premature
- 1 mild Cerebral Palsy
- 1 Spina Bifida
- 2 IVF babies
- 1 fostered out
Complications - Mother

- 2 shunt complications - one disconnected; one divided during Caesarean section
- 1 reduced renal function
- 2 complex bladder surgery requiring urologist to be present at delivery
- 1 Ureteric obstruction
- 1 Incontinent on CIC requiring bladder neck sling 6 months after delivery
- Unrecognised onset of labour