Objective
A significant proportion of spinal cord injury (SCI) occurs in women of reproductive age. Pregnancy in this setting involves special concerns. Complications of SCI include anaemia, urinary tract infections and thermoregulation impairment. Autonomic dysreflexia (ADR) is a potentially life-threatening syndrome that affects up to 85% of the patients with lesions above T6 level. The manifestations of ADR (malignant hypertension, syncope, arrhythmia) are due to exaggerated sympathetic activity in response to stimuli below the level of the lesion (e.g. distension of the cervix). Uteroplacental vasoconstriction may develop, leading to fetal hypoxaemia. The ability to perceive labor pain may be decreased in these patients. Vaginal delivery with close monitoring is generally indicated. The authors present two cases of pregnancy in paraplegic women with different injury levels and mode of delivery.

Methods
Case report.

Results
36-year-old women, G2P1 with SCI at T4–T5. The patient had an uneventful pregnancy except for multiple urinary tract infections. She was hospitalized at 37 weeks and an elective caesarean-section was performed by request at 39+6 weeks, under spinal anesthesia at L3–L4. A healthy male was born weighing 3315g, Apgar score of 9–10 (1’ and 5’). 28 years-old women, G3P2 (two vaginal deliveries before SCI) had a road traffic collision 4 years before, which resulted in SCI at T7–T9. The patient presented hiperreflexia with broad involuntary spastic movements of abdomen and inferior limbs in response to skin and vaginal stimulation. There were no complications during pregnancy. She was hospitalized at 38 weeks and had a spontaneous labor at 39 weeks. A spinal analgesia at L3–L4 was performed. Eutocic delivery of a male newborn, weighing 4080g, Apgar score of 9-10 (1’ and 5’).

Conclusion
Pregnancy in SCI patients requires a multidisciplinary team that must be aware of the main complications, according to the level of the injury. Most of those pregnant females have concerns about their ability to perceive labor pain. In this setting, liberal hospitalization can be considered near term. A vaginal delivery should generally be preferred, however both patients were afraid of not being able to cooperate. Mode of delivery should be discussed during the pregnancy.