Reply to: Caring for reproductive-aged women with spinal cord injuries: a case report. *Obstet Med* 2012;5:133–4

I thank Doctors Ward and Walker for their case report and review on 'Caring for reproductive-aged women with spinal cord injuries (SCI)' (*Obstet Med* 2012;5:133–4). One element of impaired pulmonary function in subjects with SCI which merits particular consideration in pregnancy is the high prevalence of obstructive sleep apnoea (OSA) and nocturnal hypoxia. A short-term longitudinal study of subjects with an acute SCI level T12 and above found a 75% prevalence of OSA on polysomnography six months post SCI.¹ There was no correlation between the severity of OSA and the level and completeness of SCI, and importantly subjects were relatively asymptomatic. Several studies have demonstrated a similarly high prevalence of OSA chronically after SCI.^{2,3} In addition subjects with cervical SCI may develop hypoventilation with hypoxia and hypercapnia, especially during sleep, due to restrictive ventilatory impairment.⁴ OSA in pregnancy is associated with significantly increased risks of low birthweight, preterm birth, small for gestational age infants, caesarean section and pre-eclampsia.⁵ Overnight pulse oximetry and polysomnography should be considered in all women with SCI prior to conception. In addition overnight oximetry should be performed in the second half of pregnancy in women with cervical SCI given

the effect of the gravid uterus on lung function and the possibility of pre-existing impairment of ventilatory reserve.

Competing interests: None.

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