

# Sex and Fertility following Spinal Cord Injury (SCI)

## Sex

Sexuality and intimacy are important components of health and well-being. The World Health Organization identified that sexuality includes intimacy, sex, eroticism, gender identity and roles, pleasure, reproduction and sexual orientation. (1) Issues surrounding sexuality and intimacy are equally important for men and women living with SCI

Sexual drive (libido) has a biological component (the urge to seek out sexual activity and/or to be sexually satisfied) and a motivational component (the psychological recognition of the physical or emotional sexual payoff of being sexual). (2)

Sexual functioning abilities include genital arousal (vaginal lubrication and accommodation in women, erection in men), ability to attain and experience orgasm, ejaculation potential in men (most men with SCI have anejaculation or ejaculatory difficulty), ejaculate direction (antegrade or retrograde or absent), and freedom from genital pain related to sexual acts (dyspareunia). (3)

### **Fertility refers to the ability to become pregnant or conceive offspring**

In people with SCI, fertility is often decreased right after the injury, but often returns without warning within the first year.

***You need to practice safe sex if you want to prevent pregnancy.***

## Woman

### **Fertility in women usually returns with the first period:**

- Having an SCI does not affect the ability to naturally become pregnant, carry or deliver a baby.
- Roughly 12% of women, irrespective of SCI, have issues with infertility. Those with fertility issues will generally need the same type of investigation and treatment as the general population.
- If people with SCI want to avoid pregnancy, the best method is condoms. Intrauterine devices (IUDs) are sometimes used but can be risky to insert in patients who have SCI above T6 and are difficult to monitor if hand function is limited. The pill is usually not recommended because it increases the risk of developing a blood clot (DVT).
- Certain aspects of pregnancy, like routine monitoring will be different in people with SCI because there is a higher risk for secondary complications of SCI during pregnancy. Women with SCI should be assessed in a high risk pregnancy unit to determine their individual risks.

### **If you want to get pregnant:**

- Book in to the Spinal Injuries Unit Sex and Fertility Clinic for pre-conception counselling and discussion about how the injury might affect the pregnancy, labour and delivery. You will need a referral from your GP
- Book in with your GP for a routine gynaecological exam (long appointment). This may include Pap Smear testing, assessment of immunizations, family history, as well as screening for genetic testing (if indicated)
- Get a medications review. Some prescription and over-the-counter medicines are not safe to take during pregnancy or the lead up to conception. This can be done with your GP, obstetrician, or at the Sex and Fertility clinic
- Make sure your annual renal surveillance is up to date. If renal surveillance is no longer required, get a complete check-up of the urinary tract (kidneys, bladder, ureters) before becoming pregnant

## Men

Men with SCI have as much chance as anyone else of getting their partner pregnant as long as the sperm quality is not impaired, and ejaculation can be achieved. However, in men with SCI this is often not the case.

### **Fertility in men with SCI may be reduced. This depends on:**

- the level of the injury
- whether the injury is complete or incomplete

### **Reduction in fertility happens because:**

- Sustained erection may not be achievable
- Ejaculation may be impaired
- Semen / sperm quality and motility may be reduced

### **What to do if you would like to conceive:**

- There are methods available to achieve erection, retrieve sperm and fertilise an egg.
- Book into the Spinal Injuries Unit Sex and Fertility Clinic for an examination and to discuss options
- (See the male fertility fact sheet for more details on methods of semen retrieval, how to improve semen quality and IVF)

**Please see your doctor for further information about these procedures.**

### **For further information please contact:**

**The Spinal Injuries Unit – Outpatient Services**

**Princess Alexandra Hospital**

**Phone: (07) 3176 2641**

<http://www.msktc.org/sci/factsheets/Pregnancy>

**How to manual** [http://scireproject.com/wp-content/uploads/sexualhealthmanual\\_lowres\\_2010\\_0208.pdf](http://scireproject.com/wp-content/uploads/sexualhealthmanual_lowres_2010_0208.pdf)

## References

1. Parker M, Yau M. Sexuality, Identity and Women with Spinal Cord Injury. *Sexuality & Disability* [serial online]. March 2012;30(1):15-27. Available from: CINAHL Complete, Ipswich, MA. Accessed January 11, 2018.
2. Alexander M, Courtois F, Elliott S, Tepper M. Improving Sexual Satisfaction in Persons with Spinal Cord Injuries: Collective Wisdom. *Topics In Spinal Cord Injury Rehabilitation* [serial online]. Winter2017 2017;23(1):57-70. Available from: CINAHL Complete, Ipswich, MA. Accessed January 11, 2018.
3. Elliott S, Hocaloski S, Carlson M. A Multidisciplinary Approach to Sexual and Fertility Rehabilitation: The Sexual Rehabilitation Framework. *Topics In Spinal Cord Injury Rehabilitation* [serial online]. Winter2017 2017;23(1):49-56. Available from: CINAHL Complete, Ipswich, MA. Accessed January 11, 2018.