Pregnancy & Birth After Spinal Cord Injury - Part 2

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IN THIS EPISODE

Meaghe Kelleher returns to talk with Dr. Elliot Berlin, DC in part two of her story, picking up where part one left off: she and her husband have decided they want a baby. She starts by clearing up a common misconception about disability and conception, then walks through the planning that came before pregnancy — checking in with a high-risk doctor, getting the green light, and making a game plan for the risks her team would watch for, including autonomic dysreflexia and the blood-pressure monitoring it calls for during delivery. When pregnancy took longer than expected, she went looking for information about women with disabilities giving birth — and found almost nothing, until one conversation changed her expectations of what was ahead. She shares how the trimesters unfolded, what gestational diabetes demanded of her (including a finger-prick problem she never saw coming, and the coworkers who solved it), and how she thought through her birth options with a doctor willing to do his own research. Then: how the birth she planned actually went, and what early motherhood looks like when every feed, lift, and diaper change takes adaptation and a great support system. What does she wish able-bodied people understood — and what would she tell another woman with a spinal cord injury who is thinking about getting pregnant?

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DR. ELLIOT BERLIN, DC: Welcome to the Informed Pregnancy and Parenting podcast. I'm your host, Dr. Elliott Berlin. You've tuned into part two of my conversation with Maggie Kelleher. Maggie, welcome back to the podcast.

MEAGHE KELLEHER: Thanks.

DR. ELLIOT BERLIN, DC: All right. Last episode, we talked a lot about your spinal cord injury as a nine year old and how you recovered from that and what experiences were like in early school, in high school, in college and grad school and starting a career and getting married. Then you thought after

your brother had a kid, you thought if he can do it, I can do it. And your husband was on board. So what was your plan? Do you have to do things differently to get pregnant?

MEAGHE KELLEHER: No, that can just be the old fashioned way. I think that can be a misconception people have about people with disabilities is that, you know, you can't have sex or, you know, it has to look so different and no, that's about the same.

DR. ELLIOT BERLIN, DC: Okay. So, I mean, does that mean you were working to prevent pregnancy before you were ready? Yes. Okay. And I mean, once you were ready and you started trying, how did it go?

MEAGHE KELLEHER: Well, before we actively started trying, I connected with high risk prenatal doctor to check in to make sure is it safe for me because sometimes people, you know, depending on their injuries, maybe there's certain things that actually carrying the child is not in the best interest. So I checked in with him, you know, told him all my concerns and we talked about it. He basically said, you know, you have the green light, you're good to go. He said these are the things, you know, that we'll keep an eye out and look out for throughout the pregnancy and delivery. But here's what we'll do if any of these things happen. So there was a game plan, you know, for any of the possibilities that would pop up.

DR. ELLIOT BERLIN, DC: What kind of things would actually happen?

MEAGHE KELLEHER: Yeah. The main concern is autonomic dysreflexia, which is a condition that can happen when some people with spinal cord injuries, sometimes they can't feel right. So if there's, let's say something in their shoe, that's pokey or something, the body like responds in a pretty dramatic way to alert to this discomfort. So like blood pressure changes, sweating, like all of that, that can be really life-threatening if not taken care of. And so my doctor's concern was, OK, pregnancy and delivery is going to, you know, do stuff. It's more than a thing in your shoe. Yeah, a little bigger. So that was something that he wanted to monitor. So, you know, the plan was to give me an A line, which helps monitor the blood

MEAGHE KELLEHER: pressure at an even more specific measure than just like a pressure cuff.

DR. ELLIOT BERLIN, DC: And the A line during the pregnancy or? During delivery.

MEAGHE KELLEHER: Oh, during delivery.

DR. ELLIOT BERLIN, DC: Yeah, yeah.

MEAGHE KELLEHER: OK, so that's more what they were worried about. That was the biggest one. And then urinary tract infections, obviously, for anyone who's pregnant. But then, yeah, people with spinal cord injuries sometimes have a higher risk of that and just monitoring that as well.

DR. ELLIOT BERLIN, DC: OK, so after you got the green light, ready to go.

MEAGHE KELLEHER: Yeah, it actually took a while. It was about a year and a half. before we got pregnant.

DR. ELLIOT BERLIN, DC: Were you concerned?

MEAGHE KELLEHER: Yeah, I think after a year and a half, I was like, well, maybe we should go check in on that. And so we went to just an initial appointment of like, hey, here's some information. And funny enough, at that appointment, I was actually pregnant.

DR. ELLIOT BERLIN, DC: That's awesome. I know, I was like, oh, wow. Well, I guess that appointment works, so. Okay, so first of all, what kind of research are you doing about pregnancy? Like, it's an unknown for everybody who's never been pregnant before and maybe a bigger unknown for you. So were you able to find resources and information?

MEAGHE KELLEHER: Unfortunately, I had a really hard time finding anything about women with disabilities giving birth. I connected with University of Washington. They have a spinal cord section of their research and hospital and just reached out to say, hey, is there anyone that you know with a spinal cord injury who had babies who's willing to talk to me and they connected me with a woman who was super, super helpful. And I got to ask her all these questions and my biggest takeaway from her was like, it's pretty normal and it's pretty boring and it's pretty like everything else. And even I was thinking, oh, it's gonna be like, because of this disability, it's gonna look so different. And she was like, no.

MEAGHE KELLEHER: She said the biggest stuff was more after the pregnancy and the delivery, like parenting with a disability, which my head wasn't even there yet. I was like, well, we got to get the baby. Card before the horse.

DR. ELLIOT BERLIN, DC: Okay, horse before the cart.

MEAGHE KELLEHER: Yeah, so she was really helpful and yeah.

DR. ELLIOT BERLIN, DC: Okay, so how were the different stages of pregnancy for you?

MEAGHE KELLEHER: I was really tired in the first two months. I remember just being the weirdest amount of tired I've ever felt in my life. And then nauseous too, which is typical. I was transitioning jobs at that time too. So I was working two different types of therapy jobs at the same time. And so everything felt extra tired just mentally, physically. So I remember that the first trimester was pretty challenging. Amazing though, because it's such, I'm just like, wow, the human body is amazing. The second trimester felt like myself, which was amazing. And then I found out I got gestational diabetes, which was a super, super big bummer.

DR. ELLIOT BERLIN, DC: You found out more like towards the third trimester?

MEAGHE KELLEHER: I found out in October and he was due at the end of December. So whatever that makes it.

DR. ELLIOT BERLIN, DC: Yeah, and then the third trimester. Wow, so for gestational diabetes, usually you change your diet, but also try to be more active.

MEAGHE KELLEHER: Yeah, so I was lucky enough that just changing my diet, I could manage it. I didn't need insulin. And I continued with doing the standup table and the arm bike and stuff like that. But it's obviously not like going for a huge run at the end of the day or anything. Right. Yeah, the hardest part for me with the gestational diabetes is you have to prick your fingers like four times a

day. And I can't do that to myself. So I was thinking, oh my gosh, how am I gonna do this at work? Cause if I was home, my husband would help me, but at work I'm like, and I started a new job. So I didn't have like, coworkers that I've been around forever, but two coworkers really just, we became friends really quickly.

MEAGHE KELLEHER: And they were super excited to prick my fingers. She was like, I'll do it. Can I do it? She'd come stop by my office and be like, it's time to prick your fingers. I'm like, well, thank you.

DR. ELLIOT BERLIN, DC: Are your fingers sensitive?

MEAGHE KELLEHER: I mean, I can feel them and they're pretty soft because they don't touch a lot of things. So they don't have a lot of callus built up. I did not like that part, but I got used to it.

DR. ELLIOT BERLIN, DC: Yeah. It seems like a place for innovation actually for those lancets to be able to do it yourself, you know, with less mobility. Totally. I don't know who to talk to about that, but it seems like it's not that hard to do, especially now they have lancet devices with a barrel so that you could preload, you know, a bunch of, yeah, and a bunch of needles and then, you know, just automatically moves to the next one so that you always have a sterile needle. And also it seems like you could probably do it with, you know, like an automated situation without having to spring load it or whatever.

MEAGHE KELLEHER: Yeah. I feel like we should be there. I always say, like, we put a man on the moon. Like we should be able to do this one too.

DR. ELLIOT BERLIN, DC: Absolutely. I mean, you know, talking to you is really interesting and eye-opening for me. Like some of the things that you say, like, you know, it's obviously not like going for a big run and how much I take for granted that I could go for a big run, but I go for a big burger instead. I do that too sometimes. All right, so we're samezies. All right, let's take another little break and then find out how you planned for your birth and how things actually went. We'll be right back. Welcome back to the Informed Pregnancy Podcast. We're talking to Maggie Kelleher. Okay, so by the third trimester, you found out you have gestational diabetes, but you were able to control it with dietary changes.

DR. ELLIOT BERLIN, DC: What point did you start thinking about your birth options?

MEAGHE KELLEHER: Uh, I was thinking about that the moment I found out I was pregnant. I was super excited, and then I was like, whoa, what did I just do? I remember having a moment, like I called my dad, and I was like, oh, yes, this is happening. Oh, this is what this means. He's going to have to come out somehow, as always. I remember it. But it was a conversation that I add with my doctor a lot, where he was a great doctor, really supportive and open. And he's like, you could do a vaginal delivery if you want. You could do C-section. And we're just more and more discussion just kind of, I decided that for me personally, C-section was what was going to be the safest for me. I did not want to start a vaginal delivery and it ended up being an

MEAGHE KELLEHER: emergency C-section. I think that would have been really dangerous for me. So having it planned and prepped and everyone there, because I think I had extra people in the room for the C-section, like the anesthesiologist specifically for like the A-line and all these types of things.

So it felt very set up and prepared. Yeah.

DR. ELLIOT BERLIN, DC: Did your OB have experience delivering with women with disabilities previously?

MEAGHE KELLEHER: I don't think so. Because I asked, I said, have you had patients with spinal cord injuries before? And I think he said he had a patient who used a wheelchair. And I could be remembering this wrong, but it's not the same. He did a lot of research himself, so that was good. But yeah.

DR. ELLIOT BERLIN, DC: Can you tell us more about the A-line? How was that inserted? Where does it go and what does it

MEAGHE KELLEHER: do? Yeah. So I remember when they rolled me into the operating room, they like strapped down my right arm and they basically put this plastic stick in one of the bigger veins and it stays there throughout the whole surgery. And it was super bloody. I remember watching it. And I'm like, what am I doing? I just remember like, this is happening, but you know, great anesthesiologists, great doctors, great surgeons, like everyone was super great at what they were doing. But yeah, that was a weird one because it just stays in your wrist. And afterwards my arm was super bruised all the way up and down.

DR. ELLIOT BERLIN, DC: It does not sound pleasant.

MEAGHE KELLEHER: No.

DR. ELLIOT BERLIN, DC: I mean, the interesting thing is so far everything you said is really not different than people without similar disabilities. So everybody pretty much has the option to have a vaginal birth or a cesarean birth. And many women go through the same risk-benefit analysis or what's good about this option or bad and what's good about the other option or bad and they make a decision and your decision gets supported. And then it doesn't sound other than that A line, which does not sound good. I mean, I am a little squeamish around myself being poked with things, you know, during COVID. I got COVID right away before it was cool.

MEAGHE KELLEHER: Oh yeah.

DR. ELLIOT BERLIN, DC: And before we had any idea what to do with it. And I ended up in the ICU for a while. And as I was actually starting to get a little bit better, a nurse came in and she said, you know, my blood pressure was really low. I'm usually like high, 140 over 80 and it was like 80 over 40. And they wouldn't let me stand up. They're afraid I was gonna pass out. And she's like, you know, normally the blood pressure starts to go up when your body's not in as much crisis, but mine wasn't. And I remember when the nurse came in and she said, look, Elliot, if we can't get your blood pressure up, we're gonna have to give you a medication that can only be administered through an IV in the jugular vein in your neck.

MEAGHE KELLEHER: Ooh, that probably brought your blood pressure up.

DR. ELLIOT BERLIN, DC: Yeah, I was like, exactly. I was like, well, Rose, I don't think we have to worry about that now, do we? It seems like it just went on pretty high right there. Tell me something

else. Yeah, actually, I really think it worked. The next day I started to creep up in my blood pressure. I was like waving my arms and legs around and you know, I couldn't get out of bed. I probably looked like a bird trying to take off. I don't know. I was doing anything I could to get the pressure going.

MEAGHE KELLEHER: Totally.

DR. ELLIOT BERLIN, DC: So, I mean, you're obviously very strong, a strong will, you know, to have all these different things done to you and just look at it and be like, oh, that's me. I have this stick in my arm and I'm bleeding all over the place. Being that observer. That's right. So, I mean, once the baby's out, do you remember the first cry?

MEAGHE KELLEHER: No, so we were planning on an epidural, but I have scoliosis. My spine is crooked and twisted. You can't really tell looking at me, but looking at x-rays is very obvious. And my concern was, I don't think they're gonna be able to get it in there, but they're the doctors. Let them try it. And so they tried it. And I remember they put those compression things on your feet to keep the blood going. And I remember still feeling it.

DR. ELLIOT BERLIN, DC: You felt the compression things, okay.

MEAGHE KELLEHER: Yeah, after the epidural. And they're like, we'll give it five more minutes. And I was like, I still feel it. And so, yeah, like I'm feeling this. I'm not gonna be like, and cut me open. They used like a pinwheel to see if you could feel like around your belly. Yeah, they did the pin too. And I was like, yeah, I feel that.

DR. ELLIOT BERLIN, DC: Okay, that's not a secure feeling.

MEAGHE KELLEHER: Yeah, no, I was like very vocal about that one. And they said, well, do you wanna try another one or do you wanna just go under general? And I was like, general. I was like, bye. I'm kind of ready to just take a nice little nap here. And I knew general anesthesia was gonna be a possibility because I talked to them about my spine and say, you know, what if it doesn't work? They said, well, then we do general. Not ideal, right? But when your other option is feeling the surgery. Yourself being cut open.

DR. ELLIOT BERLIN, DC: Yeah. Is your scoliosis related to your injury or you just had a scoliosis anyway?

MEAGHE KELLEHER: So being in a wheelchair over time, typically that develops. So that's kind of where it came from. I didn't have it prior to my injury, but over time it just has been progressive.

DR. ELLIOT BERLIN, DC: So did someone take pictures or video of your birth happening?

MEAGHE KELLEHER: No, that's probably one of the more disappointing parts. My husband obviously couldn't be in that room once I went under general and they kicked him out. And so I think all he got to see is some flashes through the windows of like bloody towels. It's not the most like, and here's your beautiful first video. But a nurse did, thankfully went to my husband and said, hey, give me your phone and took a picture of my baby when he came out. So I have one or two pictures of him. Now I wasn't present mentally, obviously I was out and my husband was in a room outside. So thankfully I have those pictures.

DR. ELLIOT BERLIN, DC: How was your recovery?

MEAGHE KELLEHER: So, I had to go in another room for the anesthesia to wear off. That was hard. Just, it was heavy. It took a while. That was about two hours. And then I got to see him. So, that was really so amazing. And they sent him by me and I remember the nurse saying, wow, his vitals have never looked so good. And it was really nice.

DR. ELLIOT BERLIN, DC: So, after that, cesarean recovery is, you know, recovery from surgery in general limits you and you're already limited. So, was that extra challenging for you?

MEAGHE KELLEHER: I think I am like the ideal candidate for a C-section because I'm not standing. I'm not trying to lift anything. I'm not moving. I'm just sitting and that, you know, incision has the most beautiful environment to heal. So, I'm grateful for my recovery. It wasn't that bad. It was pretty good. I took the medication in the first couple days and then I don't think I really need toxic cotton or whatever they give you. I just kind of kept taking the Tylenol for a few more days and then it was pretty good. So, I know that's not the typical experience with the C-section. So, very grateful for that. Like it was not too bad.

DR. ELLIOT BERLIN, DC: I mean, the way you're saying it may be easier than it would be if you were up and about. All right, let's take a break. When we come back, we have one more segment with you. I want to find out how early motherhood was for you. We will be right back. Welcome back to the Informed Pregnancy Podcast. We're talking to Maggie Kelleher. Okay, you have a baby. I mean, the whole thing is incredible, an incredible journey so far. How does early motherhood work with a spinal cord injury? First of all, in terms of breastfeeding, is that an option for you that you wanted to explore?

MEAGHE KELLEHER: Yeah, it was an option for me. I think I didn't recognize the importance of starting right away. So my baby was in the NICU for like 10 days. He kind of had a little bit of a shallow breathing, so they wanted to just make sure he was good. It was never like touch and go or anything like that, thank God. But it meant that he was away from me because I couldn't stay with him. So that really inhibited the breastfeeding stuff. But in the moment, I was just kind of like, is he okay? Like, I don't know, it's such a weird experience. So I wasn't thinking, oh, breastfeeding, that's what I really need to do in this exact moment. And then the way it worked out, obviously, my husband is a huge support and he was the one

MEAGHE KELLEHER: feeding and doing all that stuff. And so I did breastfeed, you know, when I could, and I ended up doing that for about five weeks, but it was just really challenging. It's just another extra thing to ask someone to help you to do. So I think if they're ever getting the chance to do it again, I think I would try in a different way and really recognize like, okay, start early and things like that. I mean, would somebody have to hold the baby for you? They would have to help me position the baby, you know, a pillow or whatever like that.

DR. ELLIOT BERLIN, DC: Then I would be fine. Okay. So I mean, help, but you know, you're still doing the work. Yeah, feeling the pain. And that, and then also just in general, I mean, if you think about typically all the bending, lifting, holding, feeding, changing, how do you adapt

MEAGHE KELLEHER: to that? Yeah. So that's where my awesome husband comes in. He obviously did all the diapers, the changing, the, you know, everything like that. I think the weirdest

thing for me was actually having to ask someone else if I could hold my baby. That kind of sucked. That's kind of interesting. Yeah. Yeah. Where of course everyone, you know, my husband would always hand them to me. It wasn't like, he'd be like, no, but just even having to say, oh. can I hold him, you know? So that was probably one of the more frustrating parts. But my family, his family, super supportive, like amazing help and support in my life. So without that, I know that would be extremely, extremely challenging. Yeah. So I did a lot of the naps

MEAGHE KELLEHER: and the feedings with the bottle and things like that. I just remember him mostly just beat on my lap the whole time for the first however many months, just keeping him with me. How old is he now? He's a little over two and a half. So he's running around. Oh yeah. He has the scooter and he goes down these big ramps and

DR. ELLIOT BERLIN, DC: does little jumps. Slow down. I mean, you said if I ever do it again,

MEAGHE KELLEHER: is that something you're considering? I would like to, but I don't know if it's something that's going to happen or not. But if I could just magically go, yes, here's another one, I would do it. Yeah.

DR. ELLIOT BERLIN, DC: Meaning you don't know because of everything that's involved with the pregnancy, the birth and aftermath or?

MEAGHE KELLEHER: Probably more just raising another kid. It's just a lot of logistics and, you know, making sure that both me and my husband are like, yep, you know, we're on board and all that. I think we're both people that really want to make sure we have the capacity, you know, mentally, physically, financially, all of that to support another one.

DR. ELLIOT BERLIN, DC: Kind of the same as the discussion I think we all have.

MEAGHE KELLEHER: Exactly.

DR. ELLIOT BERLIN, DC: I would go back to this. You said that when you were trying to get more information about pregnancy with spinal cord injury, you found one person that you could talk to. And the biggest takeaway was that your pregnancy and birth are just fairly typical and it's the mothering part afterwards that's harder. Was that your experience too?

MEAGHE KELLEHER: In some ways, yes, because when I look back at my pregnancy, my delivery, everything, like I had a good one, you know, it wasn't perfect, right, gestational diabetes, but in general, the stuff that I see other people to have to go through, I take mine any day. So yeah, and I think the piece about being a parent with a disability is that's all about adaptation. So you're really having to think, well, how do I carry this child and maneuver my wheelchair? How do I make sure, you know, all those, so it's a lot of that mental work that I think is, that's where the hard part comes in. The other stuff, my body

DR. ELLIOT BERLIN, DC: just thankfully did it for me. So if you're the person who's had the experience now and somebody were to call you and say, have the spinal cord injury, and I'm thinking about

MEAGHE KELLEHER: getting pregnant, what would you tell them? Say, do it. It's the thing that I'm most proud of and the thing that I find actually really impressive about myself. I'm like, birthed a whole child. Like, I don't know how we do it, but we do it all the time. And I still can't wrap my head around it. I think it's so amazing. And having my son is just the best thing in the world. I love him so much and he's brought me so much joy and just, gosh, to miss out on that. If you really want that, do it.

DR. ELLIOT BERLIN, DC: I'm literally on the verge of tears. And I'll tell you why. Even though it's an audio podcast, we have video. And every single time you talk about your son, your face lights up, like with the most incredible amount of joy. I can't describe it, but it's a really beautiful thing to see. Maggie, what would you want for able-bodied people around you to know in general? And also, you know, me, I think you can even hear now I'm asking you the questions. I'm guarded and I'm hypersensitive to not wanting to offend you in any way. And you're so open and easy to talk to. But I just wonder in general, like if you see somebody in a chair with a spinal cord injury with or without a kid, what would you want us to know?

MEAGHE KELLEHER: I think the first thing is I would highly encourage not going up to them and saying, what's wrong with you? I get that all the time.

DR. ELLIOT BERLIN, DC: Oh, really?

MEAGHE KELLEHER: What's wrong with you? Yeah. Not the best opener.

DR. ELLIOT BERLIN, DC: No, no. Not a great pickup line.

MEAGHE KELLEHER: No, no. I say, what's wrong with you? But so that's just one thing. The other thing that I think comes up a lot is people often want to know, well, how do I help you? What actually helps you? And I think being an advocate for me is super helpful. So for example, if you go to a restaurant and there's no disability entrance, say something about it, so that the person with the disability doesn't have to be outside saying, hey, I can't get in. Be that person that goes into the manager and says, why isn't there a ramp here? I think that's really how. people could help.

DR. ELLIOT BERLIN, DC: That's really powerful. I'm going to do that from now on.

MEAGHE KELLEHER: Thank you.

DR. ELLIOT BERLIN, DC: And I'm going to start with those insulin testers, those blood sugar testers, the little lances. I'm going to search and see if they exist. And if not, I'm going to write to the companies and ask if they can make one.

MEAGHE KELLEHER: That's amazing. I love it. Yep.

DR. ELLIOT BERLIN, DC: Well, we're at the end of a two-part podcast. And I guess before we sign off, do you have any last thoughts?

MEAGHE KELLEHER: I think my last thoughts are just, you know, if a person does have a spinal cord injury or some sort of disability to really find a doctor that listens to you and is willing to really understand what you're trying to say and collaborate versus the doctor saying, well, this is how you have to do something. I looked out and had one that was super supportive and willing to do the work

to figure out, gosh, what do we need to look out for? And I don't know. So that's a big piece for me. And just being thankful for my family and supports that have allowed me to do this. And my hope is being able to talk about this stuff encourages other people that, hey, they could do it too, if they wanted.

DR. ELLIOT BERLIN, DC: I bet it will. Well, Maggie, thanks so much for joining us and for sharing your story. And I don't know if you have another one, I'm going to definitely catch up with you again.

MEAGHE KELLEHER: Okay. I'll let you know if that happens.

DR. ELLIOT BERLIN, DC: At home, thanks for listening to the informed pregnancy podcast. If you'd like to connect with us, visit us on Instagram at Dr. Berlin. It's D O C T O R B E R L I N.

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