Confidence for Post-Stroke Pregnancy

By Amy Edmunds, Survivor; Founder and CEO, YoungStroke Inc. Conway, South Carolina

Young women who experience stroke are uniquely challenged by motherhood. Some may choose not to bear children. But contingent upon the cause of the stroke and its resulting deficits, there may be no barriers to successful conception, pregnancy and delivery with confidence in your medical team.

Cheryl Bushnell, M.D., director of Wake Forest Baptist Stroke Center in Winston-Salem, North Carolina, recommends a professional medical consultation prior to attempting pregnancy to address specific risks for the mother and child.

“When a young woman who experienced stroke desires pregnancy, the medical consultation may include discussion about the cause of the stroke, prenatal care and delivery preferences,” said Bushnell. Considerations for prenatal care include blood pressure monitoring for preeclampsia, a complication marked by increased blood pressure and protein in the urine. If untreated, it may be dangerous both for the mother and the fetus. Preferences about a vaginal or cesarean delivery may be contingent upon pregnancy complications, if any.

“Contraceptive choice is critical for those seeking options prior to pregnancy and between pregnancies,” Bushnell said. Because of the increased stroke risk associated with taking some oral contraceptives, alternative methods of family planning need to be explored with your doctor. Generally, non-hormonal or estrogen-free options work best. Such options may include:

- IUDs, which protect for multiple years
- Quarterly injections
- Implants that are effective up to three years

It was another day with a headache for Ashley James-Collins, a young, engaged preschool teacher who was coaching the dance team after school for an upcoming performance. Suddenly, she fainted before a squad of terrified girls and perplexed faculty who attempted CPR. Displaying no signs of consciousness throughout three hospital transfers, she finally awakened from her coma 10 days later with a bald head and left-side paralysis.

At age 25, Ashley had experienced a brain aneurysm — a ballooning of a blood vessel in the brain, which led to stroke in 2008. Family history was the underlying risk factor. Her emergency brain surgery corrected the issue without long-term prescription medications. She married her husband, Tran, later the same year and assumed her new life as a military spouse.

The couple relocated from Louisiana to California
in time for the birth of their son, Tran Jr., the following year. When her husband deployed to Iraq in 2009, Ashley returned with her son to Louisiana. In 2011, the reunited family followed Tran for his deployment to Okinawa, Japan. Their daughter, Ashlyn, was born there in 2012.

“During both pregnancies, my doctors were very cautious due to my prior stroke,” Ashley said. Her doctors advised against a vaginal delivery of her son. And, her doctors insisted on an additional CT scan to ensure good results for her daughter. “But I was fortunate to have experienced easy pregnancies both times. Since my stroke, I was not prescribed medications, and I chose not to use contraceptives as a matter of personal choice,” she said.

Between pregnancies, Ashley received a variety of physical therapies. However, she never received adaptive therapy to assist with the physical demands of parenting. Nonetheless, she created her own resources. Among her favorite activities was to practice holding her infant on her left side by substituting a 10-pound sack of rice.

Ultimately, the transient lifestyle of the military couple yielded inconsistent therapy outcomes. Although not as pronounced, the left-side paralysis lingers. And, Ashley occasionally experiences anxiety outside her home.

Recently while playing in the park, Tran Jr. watched his mom play with sister Ashlyn on the slide and swings and then jump high on the trampoline. “Mommy, you can do that!?” he questioned.

“Trust in God and believe you can do all things through Him,” Ashley replied.

Dizziness and nausea are familiar symptoms of vertigo. However, blurred vision, inability to speak and right-arm paralysis are not so typical. But these symptoms arose during a Sunday morning church service for athletic and health-conscious Kristy Harding.

At age 24, Kristy Harding experienced two strokes as a result of a patent foramen ovale (PFO), a hole in her heart that should have closed after birth. Since its surgical repair, Kristy has given birth to two healthy boys.

Ironically, Kristy had not initially planned to be a mother. But she changed her mind after turning 27. As a precaution, she and her husband, Ian, consulted her neurologist and obstetrician before attempting pregnancy. Until this time, an IUD was Kristy’s contraceptive method.

During the second trimester of her first pregnancy, Kristy was placed on modified bed rest. During her second pregnancy, she went on bed rest during the third trimester. Both times, she averaged a weight gain of about 50 pounds.

Prior to her stroke, Kristy actively participated in rock climbing, marathons and healthy eating.

“I am definitely proof that you can have completely healthy pregnancies after stroke and heart surgery, so don’t be discouraged,” said Kristy. “During my first pregnancy, my medical team included my cardiologist, neurologist and obstetrician. I think having a team of doctors working with you is one of the best things you can do.”

Kristy suggests continuing to work out to make sure you are as healthy as possible. But once the doctors say bed rest, “it is important to follow that advice precisely,” Kristy said.

To give birth twice to healthy babies after stroke makes Ashley and Kristy two exceptional survivor mothers. Both exemplify that motherhood may be a realistic possibility for young survivors when confident with their medical team.