



Clinical Q&A: CRPS and Parenthood

By Joshua Prager, MD, MS

Q: Can a woman who has CRP become pregnant? Can a man with CRPS father a child?

A: Yes. Women with CRPS can become pregnant and have children and men with CRPS can father children. This being said, there are many factors to consider when contemplating parenthood, such as the effects that ongoing medications have on a pregnancy and the ability of a person who has active CRPS to care for a child. There is not much written regarding CRPS and pregnancy; however, the following information will attempt to address as many issues as possible, specifically the areas that have not been studied. This article should not be used in place of consultation with the appropriate specialist when making decisions regarding pregnancy.

What are the effects of medications taken for the treatment of CRPS on the fetus? Most medications that are designed to treat either neuropathic pain or seizures can cause birth defects, including congenital anomalies, when taken during pregnancy. The fetus benefits from exposure to as few medications as possible. Talk with either an obstetrician or a neonatologist who is familiar with the effects of medication on embryo and fetal development.

Q: Do opioids affect the development of the fetus?

A: When the baby is born to a mother who has been taking opiates during the pregnancy, the child will go through withdrawal and be quite irritable for a short period of time. Intrauterine development, however, should not be affected by the opiates.

Q: Do individuals with CRPS go into remission or do their symptoms worsen during pregnancy?

A: Once again, it should be stressed that there is very little in the literature on this topic. However, in my practice we have noted that for the most part during pregnancy, CRPS symptoms are less severe. We have not seen an exacerbation of the CRPS as a consequence of pregnancy.

Q: Are there treatments for CRPS that do not affect the fetus?

A: Spinal cord stimulation (SCS) is a technique that utilizes electricity applied to the spinal cord to treat CRPS as a means to allow for physical rehabilitation. The spine insulates the electrical field from the uterus so the fetus is not affected by SCS. We have had numerous patients with SCS implanted prior to pregnancy who have delivered normal children.

Q: Is CRPS genetic?

A: There is nothing in the literature to suggest that CRPS is hereditary, nor does the number of cases of identical twins who both have this disease statistically suggest that CRPS is hereditary. Were CRPS genetic, there would be a high probability of identical twins both having the syndrome if one of them did. Thus, it should not be a concern of a potential parent that they are passing a possible gene of CRPS to a child.

Q: Are there are risks associated with CRPS and pregnancy?

A: Any event that produces trauma to tissue in a person with CRPS can result in symptoms in the area that undergoes trauma. Thus, a traumatic vaginal delivery

could produce the very unpleasant effect of CRPS of the vagina. For this reason, we have recommended a cesarean section be performed under dense regional anesthesia in any patient who is at risk for a traumatic vaginal delivery. After this technique, one patient developed mild CRPS symptoms at the site of the cesarean section. The anesthesiologist who provided regional anesthesia for this delivery did not provide dense blockade for the surgery. The procedure described above is not part of any guideline, but we feel that it is a common sense approach to addressing potential traumatic delivery in CRPS patients. We are pleased with our results from this approach, but recommend that anyone considering delivery who has CRPS, frankly discuss the delivery issues with both the obstetrician and the anesthesiologist.

Q: What do you see as the most important issues related to pregnancy and CRPS?

A: There are two important questions. The first is whether the prospective mother can tolerate being off all medications during pregnancy. Many CRPS patients have difficulty doing this and we recommend that pregnant women with CRPS avoid anti-neuropathic pain medications. The ultimate question is whether the family is prepared to care for a child when the parent has active CRPS. Clearly, there are ways to compensate for the disability that CRPS might create as it affects child rearing. It should be emphasized that this should be a family decision and that all members should proceed into decision making with their eyes wide open.

Joshua P. Prager, MD MS, is Director of the Center for the Rehabilitation of Pain Syndromes (CRPS), Departments of Internal Medicine and Anesthesiology, David Geffen School of Medicine at University of California, Los Angeles, California. ■