

However, having an epidural or spinal does not increase your risk of having long-term back pain.

Contact details and resources of further information and support

For further information about these and other pain relief options for labour, please visit www.labourpains.com

Labour Ward RSCH: 01273 664793

Labour Ward PRH: 01444 448669



Brighton and Sussex
University Hospitals
NHS Trust

Anaesthetic information for expectant mothers with back problems

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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carer and patient information group approved

A patient and carer information leaflet

At Brighton and Sussex University Hospitals NHS Trust, our aim is to provide the safest possible care for you and your baby, and to ensure your pregnancy care is a good experience.

Back pain is very common. About 15% of the population have significant backache before pregnancy. About 50% of people will experience backache during pregnancy. Back pain is also common after having a baby, particularly if it was present before pregnancy.

One of the pain relief options for labour is an epidural, which involves an injection into the back. People who have a Caesarean section are also likely to have an injection into the back (a spinal anaesthetic). This may be of concern for those who have back problems.

Who is this leaflet for?

This leaflet provides information and reassurance to people who want to know more about pain relief during labour and who have:

- Pre-existing back pain or those who have developed back pain during pregnancy
- A slipped disc without any nerve symptoms (e.g., weakness or numbness of a leg)
- A previous spinal fracture which did not require surgery, and no nerve symptoms
- Mild scoliosis
- Surgery to their back such as discectomy or laminectomy

This leaflet is **not** for people who have:

- Weakness or numbness in the legs because of a back problem
- Severe scoliosis, or have had surgery for scoliosis
- Metal work in their back after surgery

If this is you, you should be seen in the obstetric anaesthetic review clinic to discuss what your pain relief options are for labour and delivery: please ask your midwife to refer you.

If I have back problems, can I still have an epidural or spinal anaesthetic?

If you have back pain, a slipped disc, scoliosis (that has not been surgically corrected) or surgery such as a discectomy or laminectomy, you can still have an epidural or spinal anaesthetic if you wish.

Are there any additional risks to having an epidural or spinal anaesthetic if I have back problems?

It can sometimes take slightly longer than normal to get the epidural or spinal into the correct place. If you have had back surgery, there is also a slightly higher chance that the spread of anaesthetic medication in the back may be affected. This means it might take slightly longer to get comfortable. Very rarely, it may not be possible to get the epidural or spinal into the right place at all. The anaesthetist will explain your options to you at the time if this happens.

After back surgery, there may also be a very slightly increased risk of developing a headache after an epidural or spinal. This is because of scar tissue that can develop after surgery.

None of these things prevent you from having an epidural or spinal anaesthetic if you wish.

Do I need to do anything differently after I have had an epidural or spinal anaesthetic?

If you have an epidural or spinal, you must be careful to avoid positions that you would not normally adopt; it may be possible to stretch ligaments or aggravate back pain in this way. Continue to support your back as you would have before your epidural or spinal.