

Women with Back Problems

Information for Pregnant Women

Introduction

This leaflet gives information to women who have back problems about the pain relief and anaesthetic options available for the birth of their baby.

If you have certain types of back problems, you will be invited to meet a specialist anaesthetic doctor in the antenatal clinic. This will allow us to talk about and plan safe options for pain relief and anaesthesia at the time of your baby's birth

Most women who have back problems do not need to be seen by a specialist anaesthetic doctor before the birth of their baby. However, if you are particularly keen to discuss your care antenatally, we will be happy to arrange an appointment.

Why are back problems relevant to women who are pregnant?

Women may worry about the safety of epidurals and spinals if they have back problems. An epidural is a type of pain relief in labour. An epidural is a very thin tube which is placed into the soft tissue in the bottom of the back. Drugs are given into the tube which numbs pain nerves and usually provides excellent pain relief.

A spinal is a type of anaesthetic. An anaesthetic is needed if a woman needs to have an operation for example a caesarean section. A very thin needle is placed into the bottom of the back and drugs are injected which make the nerves to the legs and abdomen very numb.

Epidurals and spinals can be given safely to most women who have back problems [1,2].

Why is back pain common in pregnancy?

New back pain in pregnancy is very common. This is due to the hormonal changes which soften and stretch ligaments to prepare the body for labour. The weight and position of the baby at the front of the body also puts pressure on the back and muscles of the abdominal wall.

Epidural pain relief is not associated with long term back pain [1,2] – This means that medical research has demonstrated that there is no difference in long term back pain

suffered by women who have had epidurals and spinals at the time of labour and delivery, and those who have not.

New back pain in pregnancy should be managed in accordance with NHS advice about backache in pregnancy. More information can be found here:

<https://www.nhs.uk/conditions/pregnancy-and-baby/backache-pregnant/>

Which women need to be seen by a specialist anaesthetic doctor in pregnancy?

There are some patients with particular types of back problems who would benefit from meeting an anaesthetic doctor in pregnancy to plan safe pain relief and anaesthesia (if needed). If you: -

- Have been seen by a spinal or back surgeon, and/or have undergone spinal surgery
- Have back pain which is associated with continuous/permanent leg weakness, leg numbness, altered leg sensation or leg pain such as sciatica
- Have moderate or severe scoliosis requiring back surgery or a brace
- Have Spina Bifida or other conditions you have been born with that affect your back
- Need to take strong pain killers on a regular basis to help to control your back pain

Your anaesthetic doctor will ask you questions about your back problems and may examine your back and legs. They will discuss which pain relief and anaesthetic options are safely available for you if these are needed around the time of delivery

If you have XRAYs and scans, and letters at home about assessment and treatment of your back problems in the past, it is helpful bring these along when you meet with your anaesthetic doctor

Which women do NOT need to be routinely seen by an anaesthetic doctor in pregnancy?

Most patients with back problems do not need to be seen by an anaesthetic doctor before delivery. You can be reassured that both epidurals and spinals are safe and do not cause or worsen back problems [1,2]. You do not need to see an anaesthetic doctor before delivery if: -

- You have new onset of back pain in pregnancy

- You have disc prolapses or disc bulges and : -
 - Have not had surgery
 - Do not have permanent leg weakness, leg numbness, altered leg sensation or leg pain eg sciatica
- You have had fractures to bones in the back and: -
 - Have not had surgery
 - Do not have permanent leg weakness, leg numbness, altered leg sensation or leg pain such as sciatica
- You have mild scoliosis and : -
 - Have not had surgery
 - Do not have permanent leg weakness, leg numbness, altered leg sensation or leg pain eg sciatica

If you are particularly keen to discuss your care antenatally, we will be happy to arrange an appointment with an anaesthetic doctor

Where can I get more information about pain relief in labour and anaesthetic options around the time of the birth of my baby?

www.labourpains.com is an excellent resource for more information about pain relief and anaesthetic options.

What should I do if I am still worried?

If you are unsure whether or not you need to be seen by an anaesthetic doctor, please mention this to your midwife who will be able to discuss with us whether an appointment would be a good idea.

References

1. Nunes VD, Gholitabar M, Sims JM, Bewley S. Intrapartum care of healthy women and their babies: summary of updated NICE guidance. *Bmj*. 2014 Dec 3;349:g6886.
2. Anim-Somuah M, Smyth RM, Jones L. Epidural versus non-epidural or no analgesia in labour. *Cochrane database of systematic reviews*. 2011(12).