

Bad backs: pregnancy and labour

You may have an existing back problem or have developed one during your pregnancy. We are commonly asked questions about back problems and how they will affect pregnancy and delivery. This leaflet should help to answer some of your questions.

What will happen to my back pain during pregnancy?

The strong supporting ligaments in your back become softer during pregnancy and the changes in your shape can put strain on your back. It is important that all pregnant women are careful with their backs. However, some bad backs are better during pregnancy and some are worse. Advice about back care can be obtained from the physiotherapy department. You will need to be referred by your GP or a hospital doctor.

What pain relieving drugs can I take during pregnancy if my back hurts?

Many pregnant women prefer to avoid medication, especially in the first 12 weeks. However, if you suffer with back pain this may be very difficult. Paracetamol is regarded as one of the safest painkillers. It can be combined with codeine if the pain is very severe. Codeine often causes constipation. Eat lots of fibre and drink at least eight cups of water each day to ease this.

Do not take aspirin or aspirin-like drugs. This includes drugs such as Nurofen®, Brufen® or Voltarol®. These drugs have been linked to occasional problems in pregnancy and so should only be taken if you and your doctor decide that the benefits outweigh these risks.

If the pain is not controlled by paracetamol with or without codeine please consult your GP.

What effect will labour have upon my back problem?

Almost all women with back problems are able to labour normally if that is the plan. Only very occasionally does the back problem require them to have a planned Caesarean birth. There is no conclusive evidence that labour makes back problems worse. However, labour is hard work and it is important that you let the midwives and doctors know about your problem so that they can do their best to help you with your positioning. This can help to reduce the strain that labour can cause to your back.

Will my back problem affect the sorts of pain relief that I can use for labour?

Very few back problems actually affect the pain relief methods. However, if your back pain affects your mobility then it may not be possible for you to use the birthing pool.

Can I have an epidural if I have backache or have injured my back in the past?

We can usually do an epidural for you. There are no guarantees for anyone that an epidural will be 100% effective. There is no evidence to suggest that an epidural is less likely to be effective if you have backache.

I have had a back operation. Can I have an epidural?

Many women who have had back surgery worry it will be impossible for them to have an epidural for pain relief. This is often not the case. However, after back surgery it can be more difficult to do an epidural. It partly depends upon where your scar is and the type of operation that you have had. Most of the time we are able to do an epidural but sometimes it is technically impossible for us to get it in the right place.

Once in place, an epidural often behaves quite normally. Occasionally, it may not work evenly all over and there may be an area which is still painful or one side may be numb than the other. This can be due to scar tissue in your back following your surgery. If this happens, then it may not be appropriate to use the epidural for a Caesarean birth, should you need one, and some other form of anaesthetic would be needed.

All women having an epidural have a 1 in a 100 chance of getting a headache after an epidural. This can be quite severe for several days but we can help with it. After back surgery your chances of having one of these headaches may be increased.

Will an epidural make my back pain worse after I have had my baby?

Unfortunately, having a baby can cause backache in women who have not had it before pregnancy. Two out of ten women who have never had a back problem before pregnancy will develop some sort of back problem after their delivery, whether they have an epidural or not. The most recent studies are very encouraging and show that there is no difference in the incidence of back pain between those that had epidurals and those that did not.

Be careful and sensible with your back after you have had your baby. Your ligaments do not get back to normal for up to six months.

What about spinal anaesthetics and back problems?

A spinal is very similar to an epidural but there is no tube left in place. The local anaesthetic lasts for about 2-3 hours so it is no use for labour pain but it is often used for Caesarean births or for forceps delivery etc. There is no reason why you should not try to have one of these if you have had back surgery in the past. The chance of the headache complication mentioned earlier is about 1 in 500.

Do I need to do anything about my bad back before I come into hospital?

Make sure that it is recorded in your notes so that everyone is aware of your problem. Take care of your back during your pregnancy. Hopefully, this leaflet will have answered some of your questions. If you still have questions that you would like to ask then discuss them with your midwife or obstetrician (doctor specialising in pregnancy and birth). **They may suggest that you have an appointment with an anaesthetist to discuss your back.**

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Dr L Williams, Consultant Anaesthetist, July 2004

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