



Information for
patients and
carers

Bad Backs

Pregnancy and Birth

Bad Backs

You may have an existing back problem or have developed one during your pregnancy. We are frequently asked questions about back problems and how they will affect pregnancy and the birth of your baby.

This leaflet should help to answer some of your questions.

Some mothers develop pelvic girdle pain during pregnancy. Advice about this condition can be obtained from:

<https://www.rcog.org.uk/en/patients/patient-leaflets/pelvic-girdle-pain-and-pregnancy/>.

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 stay the same, some improve during pregnancy, and some get worse.

Advice about back care can be obtained from the Women's health physiotherapy department.

You can self-refer to the physiotherapy department, via email, to: Coretherapies@lthtr.nhs.uk.

What pain relieving medications can I take in pregnancy?

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.

If you are already taking pain relieving medication please check with your midwife, GP or maternity team if these are safe for you to continue. If necessary, they will check safety with our pharmacy medicines information.

Paracetamol is regarded as one of the safest pain relievers and can be used in pregnancy. It can be combined with dihydrocodeine or codeine if the pain is very severe. Dihydrocodeine and codeine often cause constipation. Eat lots of fibre and drink at least eight cups of water each day to ease this.

Dihydrocodeine combined with paracetamol is called co-dydramol. You can buy the lowest strength of co-dydramol (7.46/500) from a pharmacy without a prescription.

Codeine combined with paracetamol is called co-codamol and the lower strength (8/500) can be bought from a pharmacy without a prescription. Both these medications contain paracetamol. Each tablet contains the equivalent amount of one paracetamol tablet (500mg) so you must not exceed the amount of paracetamol recommended (8 x 500mg tablets in 24 hours).

If you need to take these medications regularly you must discuss this with your GP.

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 the risks.

If the pain is not controlled by paracetamol, with or without dihydrocodeine or 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 you 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 sort 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.

Information about pain relief in labour can be obtained from <https://www.lancsteachinghospitals.nhs.uk/maternity-leaflets>

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

It is usually possible for you to have an epidural. 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.

If I have had back surgery, can I have an epidural?

Many women who have had back surgery worry that it will not be possible 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. This depends upon where your scar is, the reason for the surgery and the type of surgery 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.

An appointment can be made to see an anaesthetist in antenatal clinic to discuss the possibility of an epidural.

Once in place, an epidural often behaves quite normally. Occasionally, the numbness may not work evenly and there may be an area which is still painful, or the epidural may work better on one side than the other. This can be due to scar tissue in your back following your surgery. If this happens, then it may be possible to even out the numbness, but this is not guaranteed. In addition, if you were then to require a Caesarean birth, another 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. If you have had 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. Approximately 1 in 10 women who have never had a back problem before pregnancy will develop some sort of back problem after the birth of their baby, whether they have an epidural or not. The most recent studies are very encouraging and show that there is no difference in how often back pain occurs 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 return to normal for up to six months. Physiotherapy and building core strength can help with this. It is possible to self-refer to the physiotherapy department for up to 6 weeks

after having your baby if you need any advice or help. This is done via email Coretherapies@lthtr.nhs.uk

A recommended web site for essential exercises and advice after childbirth is <https://pogp.csp.org.uk/publications/fit-future>

Can I have a spinal anaesthetic if I have a back problem?

A spinal anaesthetic is very similar to an epidural, but it is a simpler injection and lasts for about 3-4 hours. It does not last long enough for labour, but it is often used for Caesareans, for assisted births or other procedures that are needed at the time of the birth of your baby. There is no reason why you could not have a spinal anaesthetic if you have had back surgery in the past.

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

Make sure that details of your back problem are recorded in your pregnancy 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, then discuss them with your midwife or maternity team who may suggest that you have an appointment with an anaesthetist.

Red Flag Signs

There are warning signs known as RED FLAGS that may indicate that your back pain is caused by a serious condition and requires urgent review by a doctor. These include:

- Difficulty passing urine or having a bowel movement, incontinence or numbness in the genital area
- Progressive weakness in your legs
- Severe, continuous abdominal or low back pain

Other warning signs that may indicate your back pain needs investigation and review by a doctor are:

- Swelling of the back
- Constant back pain that does not ease after lying down
- Pain caused by recent injury to your back

Contact details

Should you require further advice or information please contact the Sharoe Green Antenatal clinic on 01772 524448.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਯਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے لئے مدد کی ضرورت ہے تو ییچھپیا یمن ییہ ابی دست بو یسکت ہے برا ئے مہر یبان پو یچھدی۔ معلومات

Arabic:

مطبوعه بأ حروف كبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يرجى أن تطلب أخرى يمكن تو فسير هذه المعلومات

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