- If an epidural for labour is not possible, then the alternatives include Entonox, pethidine injections and remifentanil PCA.
- If a spinal anaesthetic is not possible then a general anaesthetic will be used instead.
- If you have any further questions regarding this leaflet, please speak to your midwife or obstetrician. Please also see www.labourpains.com and click on the "leaflets" tab for more information about the issues discussed in this leaflet (https://www.labourpains.com/information_leaflets).

For a translation of this leaflet or for accessing this information in another format:

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Please contact (PALS) the Patient Advice and Liaison Service on:

Frimley Park Hospital
Telephone: 0300 613 6530
Email: fhft.palsfrimleypark@nhs.net

Wexham Park & Heatherwood Hospitals
Telephone: 0300 615 3365
Email: fhft.palswexhampark@nhs.net

Frimley Park Hospital Portsmouth Road, Frimley, Surrey, GU16 7UJ
Heatherwood Hospital London Road, Ascot, SL5 8AA
Wexham Park Hospital Wexham, Slough, Berkshire, SL2 4HL

Hospital switchboard: 0300 614 5000
Website: www.fhft.nhs.uk

Title of Leaflet	Pregnancy and Birth: Anaesthetic information for pregnant women who have scoliosis	
Author	Dr Sarah Armstrong Dr Elizabeth Combeer	
Dept.	Obstetrics	
V1	**Issue Date** February 2021	**Review Date** February 2024

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Maternity

Pregnancy and Birth: Anaesthetic information for pregnant women who have scoliosis

Information for patients, relatives and carers

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Introduction

Congratulations on your pregnancy. This leaflet outlines specific aspects of anaesthetic pregnancy care for women who have scoliosis (curvature of the spine).

Who are anaesthetists?

Anaesthetists are doctors who work alongside obstetric doctors and midwives in the care of pregnant women. Anaesthetists provide some forms of pain relief in labour and anaesthesia for childbirth when required.

Anaesthetic interventions during childbirth

There are a range of options for pain relief in labour, one of which is epidural analgesia. A needle is used to insert a thin tube into the back near the nerves that supply the lower half of the body. Infusion of a local anaesthetic mixture through the tube near the nerves reduces sensation from the lower half of the body thus making labour pains more manageable.

If a woman requires an urgent caesarean delivery or instrumental delivery (where an obstetrician uses forceps or a suction cup to help deliver the baby), a well-working epidural can be topped up with a stronger mixture of local anaesthetic to make the lower half of the body numb. Alternatively, a spinal anaesthetic may be given which is similar to an epidural but is a one-off injection. Again, the lower half of the body is made numb.

Impact of scoliosis on the feasibility of epidural analgesia or spinal anaesthesia

Spinal anaesthesia and epidurals for labour are both inserted by touch, by feeling the bones of the spine and finding a space between them to insert the needle. Scoliosis alters the symmetry of the back and can therefore make the process of insertion more challenging or, rarely, impossible. It is often difficult to predict whether it will be possible until the point of actually attempting to insert an epidural or spinal. In most cases, siting an epidural or spinal is possible but may take a little longer than in women without scoliosis. For this reason, if you have scoliosis and would like an epidural it would be advisable to choose to have one earlier rather than later in labour to ensure that your contractions are not too frequent or painful. This will allow you to sit comfortably whilst the anaesthetist is undertaking the procedure.

Some women may have had surgery for their scoliosis and, depending on the location of the surgery, the advice may be that an attempt at spinal anaesthesia or epidural for labour should not be made and an alternative used. Women with severe scoliosis (that which affects their activities of daily living, posture or breathing) or who have had scoliosis surgery will be referred to the High Risk Obstetric Anaesthetic Clinic so that an assessment can be made about whether attempts at spinal anaesthesia or epidural analgesia are appropriate.

Alternatives for women who are unable to have an epidural for labour or spinal anaesthesia

All other forms of pain relief in labour are appropriate for use by women who have scoliosis. These include Entonox (gas and air) and pethidine injections. For women who require stronger pain relief, a remifentanil PCA (patient-controlled analgesia) may be recommended by the anaesthetist on duty. However, you cannot have this within 4 hours of having pethidine. Please see “Remifentanil PCA” information leaflet for more information – ask your midwife if you have not been given a copy.

If a woman requires a caesarean delivery or instrumental delivery, an assessment of her back will be made by the anaesthetist. The anaesthetist may attempt to perform a spinal anaesthetic. If they decide that it is not appropriate to perform a spinal anaesthetic, or if they attempt a spinal anaesthetic but are unsuccessful, then a general anaesthetic will be used instead.

Summary

- The majority of women with scoliosis can have an epidural for labour or spinal anaesthesia if it becomes necessary.
- Women with severe scoliosis (those who have had surgery or for whom it affects their activities of daily living, breathing, or posture) should be referred to the High Risk Obstetric Anaesthetic Clinic during their pregnancy.