

# Nerve Damage after Childbirth

**This information is for patients with suspected or confirmed nerve damage following childbirth. If you have been suffering from difficulty in walking or have numbness in your groin or legs it is possible you may have some nerve damage. Please read this information carefully. It explains what nerve damage is, what the symptoms are and what to do if you have suspected nerve damage following a spinal or epidural injection.**

**If you have any further questions, please speak to a doctor or nurse caring for you.**

## What is nerve damage after childbirth?

Minor nerve damage can occur in up to 1 in 100 women following childbirth. In most cases, a single nerve is damaged resulting in a numb area of skin on the leg or limited muscle weakness. In most cases, these effects are temporary and will completely resolve within a few weeks. Permanent nerve damage resulting in loss of the use of your legs is very rare.

## What causes nerve damage after childbirth?

Nerve damage is most commonly a result of pressure on the nerves in your back or pelvis during labour and / or delivery. It is more common in women who are experiencing labour for the first time, those who have pushed for a long time and in cases where forceps were used during delivery of the baby.

## What might nerve damage feel like?

The symptoms you might experience will depend on the extent of nerve damage:

- A numb area on your skin or an area of 'pins and needles'
- An area of pain in your back or legs
- Weakness of one or more muscles
- In the most severe (and rarest) of cases:
- Severe weakness of one or both legs.
- Loss of control of bladder or bowel.

## Was nerve damage caused by my spinal or epidural injection?

This is possible but it is a rare complication. The risk of permanent nerve damage from a spinal or epidural injection is between 1 in 14,000 and 1 in 140,000 and is therefore very rare<sup>1</sup>.

The cause of nerve damage after a spinal or epidural injection would likely be the result of:

- Direct damage to a nerve by the needle or epidural catheter
- Haematoma (a blood clot)
- Infection
- Inadequate blood supply.

**Any nerve damage following a spinal or epidural injection is most likely temporary and fully resolves within a few weeks.**

## What should you do if you think you have nerve damage after an epidural or spinal?

Please alert your midwife and ask them to contact the Obstetric Anaesthetist on duty. If you have been discharged and you are concerned you might have some nerve damage, please speak to

your community midwife or call the Delivery Suite and ask to speak to the Obstetric Anaesthetist on duty (contact details below).

**Please come immediately to A&E if you develop any of the following symptoms**

- Severe back pain or severe shooting pain in both legs
- Being unable to walk
- Loss of control of bladder or bowel
- High temperature and feeling unwell.

**What happens next?**

In most cases, nerve damage is temporary and will resolve within a few days to weeks without treatment. In some cases, you may be referred to see a neurologist for some further tests. Your anaesthetist will advise if this is necessary.

**Contact us**

If you have any questions, please ask your midwife to contact the on-call obstetric anaesthetist.

Contact details:      Obstetric Anaesthetist on duty  
                                 Telephone: 020 8672 1255, Bleep 6392  
                                 Delivery Suite  
                                 Telephone: 020 8767 4654

- (1)      *Cook et al Major Complications of Central Neuraxial Blocks; Report and findings of the 3rd National Audit Project of the Royal College of Anaesthetists; January 2009*

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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## **Additional services**

### **Patient Advice and Liaison Service (PALS)**

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### **NHS UK**

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### **NHS 111**

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### **AccessAble**

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website

([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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