

Maternity

Headache after an epidural or spinal injection

Sometimes people get a headache after an epidural or spinal injections. This is rare, but it is important to know why the headache can happen and what treatments are available.

A member of the anaesthetic team will see you on the first day after your epidural or spinal injection. They will check that you are feeling well and look for rare complications, including a bad headache. You can talk to your anaesthetist at any time if you are worried or have any questions.

How common is this headache?

The headache is called a PDPH (post-dural puncture headache).

- After an epidural injection, about **1 in 100 people** may get a PDPH.
- After a spinal injection, about **1 in 500 people** may get a PDPH.

What causes the headache?

The brain and spinal cord are surrounded by a fluid-filled sac or membrane. The fluid is called CSF (cerebrospinal fluid), and the membrane is called the dura. During an epidural, the dura may be accidentally punctured. During a spinal injection, the dura is pierced using a small needle. When this happens, some of the fluid can leak out.

This fluid helps protect the brain, like a shock absorber. If too much fluid leaks out, the pressure around the brain becomes lower. This can cause the membranes to stretch, which may lead to a headache.

What is the headache like?

Headaches after surgery or childbirth are common. However, there are some specific features about PDPH (post-dural puncture headache) that tell us what the cause of your headache might be. The one feature that is always found is the worsening with sitting or standing up. The other features can vary.



Patient information

- It usually starts the day after your epidural, or 1 to 3 days after your spinal.
- It is usually strong and felt at the front or back of your head.
- It feels much worse when you sit or stand up, and better when you lie down.
- You may also have neck pain.
- Your hearing might be affected.
- Bright light may hurt your eyes, so you might prefer a dark room.
- Walking can be hard because the headache gets much worse when you stand up.

How is the headache treated?

- Taking simple pain-relieving drugs like paracetamol or ibuprofen may help for milder headaches.
- Bed rest and lying flat can also help, but staying in bed for too long is not recommended because it can increase the risk of blood clots.
- Drink plenty of fluid and avoid lifting and straining.
- Some people find drinks with caffeine, like tea or coffee, helpful.

The headache may get better by itself after a few days as the hole in the dura closes. Sometimes this can take weeks, and waiting is not always the best choice. Rarely, problems can happen if the leak continues or if you do not move around enough. Your anaesthetist can explain in detail.

If the headache is severe and not getting better, your anaesthetist can treat the headache with an 'epidural blood patch.'

What is an epidural blood patch?

An epidural blood patch is like an epidural injection. It is usually done in a room on the labour ward and takes about 30 minutes. It works best if it is done 2 days (48 hours) or more after the dural puncture. It can be done sooner if you want, but there is a higher chance that it might need to be done again a few of days later.

The anaesthetist will take some of your blood from a vein in your arm and inject it into your back through an epidural needle close to the leak. The blood will push some fluid back into the head, and clot and seal the leak, to help stop the headache.

Patient information

The headache might stop immediately. Complete or partial relief of the headache is seen in 50 to 80 of 100 (50-80%) women. Sometimes the headache can come back. If it does not improve enough, you may be offered a second blood patch. It is very rare to need more than two.

What are the side effects of an epidural blood patch?

- About 1 in 5 blood patches do not fully stop the headache, and it may come back. You might need another blood patch.
- You may feel pain when the blood is injected into your back.
- About 4 in 5 women have a dull back pain after 24 hours. This can last a few days, but rarely a few weeks.
- There is a small chance (less than 1%) of another accidental dural puncture.
- Very rarely, there can be infection, nerve damage, or bleeding in the back.

It is important to know that epidurals and blood patches do not cause long-term backache.

When should you get urgent help?

Please contact Labour ward triage urgently if you have any of the following:

- Severe back pain
- A high temperature
- Worsening headache with stiff neck
- Weakness in your leg or legs that do not feel normal.
- Difficulty weeing (passing urine).
- Loss of bladder or bowel control. (incontinence of urine or stool).

Further care

Your anaesthetist will contact you each day for the first few days after your epidural blood patch to check that you are feeling well. They will need your telephone number to do this.

More information

For more information about post-dural puncture headache or epidural blood patches, you can ask to speak to your anaesthetist.

Patient information

You can find more information on the Labour Pains website:

<https://www.LabourPains.org>

Go to the website directly or use the QR code on the right.



There is more information about PDPH on the web site of the Obstetric Anaesthetists Association, with an evidence summary done in 2019:

<https://bit.ly/OAA-PDPH>

If you need anything else, please ask to speak to a midwife. You can also speak to the anaesthetist by calling the labour ward triage on 024 7696 7333 (open 24 hours).

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