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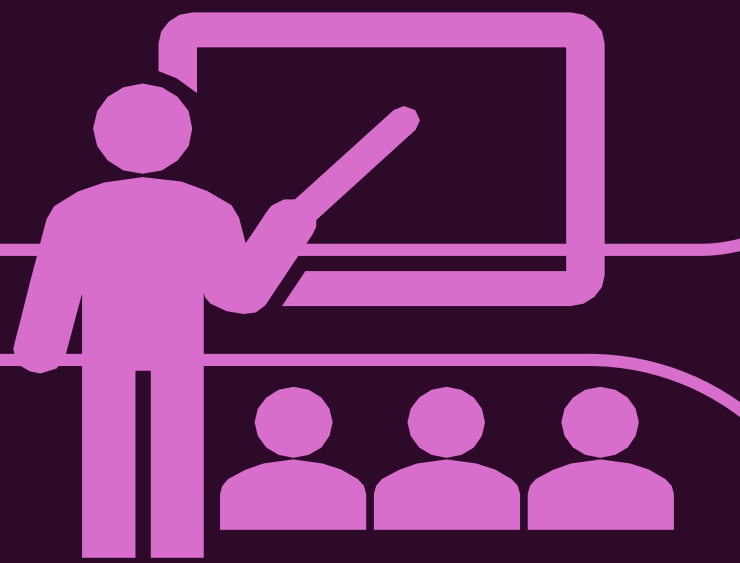
CASE DETAILS

- 38 –year old G5 P0 presented for IOL for reduced fetal movements.
- **Background:** IVF pregnancy, PTSD following multiple pregnancy losses, anxiety (on sertraline), sciatica, hyperemesis in pregnancy.
- Uncomplicated and effective **epidural** inserted for labour analgesia.
- Lengthy labour. 24 hrs following epidural insertion the epidural was topped-up for operative birth (0.75% ropivacaine 20 ml, fentanyl 100mcg, diamorphine 3mg). **Caesarean birth** after unsuccessful instrumental.
- Intraoperatively, a brief episode of altered awareness without change in observations or altered physiology occurred. Partner confirmed not unusual.
- **Prolonged epidural block** referred to anaesthetic team on Day 0 post-op.
- Consecutive reviews and examinations over the subsequent 48 hours demonstrated **variable and fluctuating neurological findings**.
- Predominantly patchy sensory deficit, right lower limb weakness and inability to weight bear despite visible muscle activation.
- Additional parental stress was present due to unexpected admission of baby to NICU.
- **Management included MRI spine, regular review, neurology opinion, reassurance, daily physiotherapy.**
- MRI spine demonstrated no acute neuraxial pathology.
- Mobility improved 4 days post-operatively and discharge with baby occurred 7 days following birth.
- **Outpatient care included mental health support, maternity birth afterthoughts and anaesthetic outpatient debrief**



What is Functional Neurological Disorder (FND)?

- FND is a common, disabling disorder presenting with a variety of clinical neurological manifestations
- It is a multi-network processing disorder and one of the most common reasons for presentation at neurology clinic
- Women are disproportionately affected (70% of all cases)
- Diagnosis is frequently delayed, impaired by misunderstanding and fruitless investigations
- The disorder is frequently viewed as less genuine than other disorders and is highly stigmatised

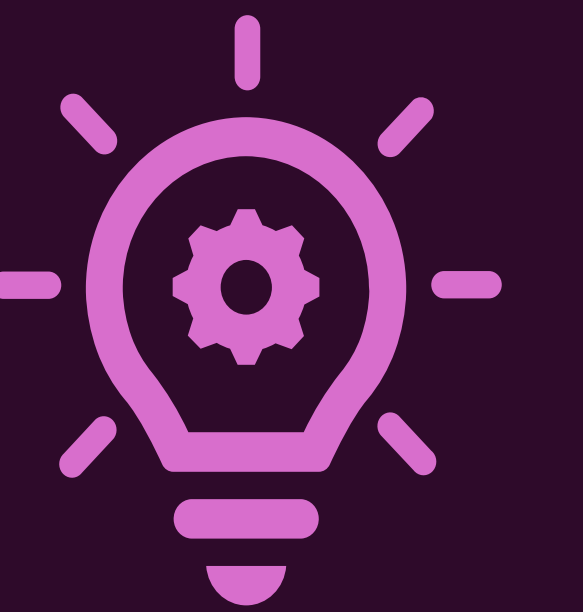


FND in pregnancy:

- The perinatal period presents particular vulnerability due to hormonal changes, psychosocial stressors and pain during labour and delivery
- It can present anytime during the perinatal period, with the majority of cases presenting in the third trimester, labour, or post delivery
- Known risk factors include previous neurological or psychiatric history, adverse life events, PTSD, miscarriage, stillbirth and neonatal loss, obstetric complications, prolonged labour, neuraxial anaesthesia, pain and lack of autonomy
- FND in pregnancy presents variably: functional seizures, motor weakness, visual or speech disturbance, or mixed phenotypes
- Medical and surgical interventions are risk factors for functional movement disorders
- Symptoms may last anywhere from hours to days to weeks
- FND remains largely a diagnosis of exclusion, however it can be diagnosed on the basis of reproducible signs or history. Signs for instance include Hoover's sign and typical FND gait.

Key Learning Points:

- Delayed return of neurological function following neuraxial block requires regular review
- Consideration of spinal imaging should be prompt
- Neurology opinion for specialist input
- Reported presentations of perinatal FND vary widely, functional seizures being most common
- Misdiagnosis may result in exposure to unnecessary investigations and medication. Specific signs exist.
- For women with previous miscarriage or stillbirth, support after the loss may reduce vulnerability
- Once FND is diagnosed, multi-disciplinary support is required, including neurological and psychological expertise



References:

1. SM Yentis, DN Lucas, L Brigante, et al. Safety guideline: neurological monitoring associated with obstetric neuraxial block. *Anaesthesia*. 2020; 75: 913-19.
2. Cabreira V, McLoughlin C, Shivji N, et al. Functional neurological disorder in pregnancy, labour and the postpartum period: systematic review. *BJ Psych Bulletin*. 2025;49(6):401-411.
3. McLoughlin C, Hoerizauer I, Cabreira V et al. Functional neurological disorder is a feminist issue. *Journal of Neurology, Neurosurgery and Psychiatry*. 2023; 94:855-862