

## New Consensus Guidelines Support Use of Epidurals and Vaginal Delivery for Most Women with Chiari

For decades, women with Chiari malformation who became pregnant often received conflicting advice regarding labor, delivery, and anesthesia. Some were told to avoid vaginal delivery. Others were advised against epidurals because of concerns that changes in cerebrospinal fluid (CSF) pressure could worsen symptoms or trigger neurological complications.

A newly published multidisciplinary consensus statement from the Obstetric Anaesthetists' Association (OAA) concludes that, for most women with stable Chiari malformation, these concerns are not supported by the available evidence. The guidelines suggest that vaginal delivery, epidural analgesia, and standard anesthesia techniques can generally be offered safely to appropriately selected patients.

Unlike a traditional research study, this publication represents a formal consensus process involving anesthesiologists, neurosurgeons, and obstetricians. The expert panel reviewed nearly 1,200 published articles and identified 49 studies relevant to the management of pregnant women with Chiari malformation and syringomyelia. Based on this evidence review, the group developed eight recommendations and ten supporting statements.

One of the most important conclusions concerns mode of delivery. The panel found no evidence that Chiari malformation alone should prevent a woman from having a vaginal delivery. Several large studies reviewed by the group found no increase in serious neurological complications among women who delivered vaginally compared to those who underwent cesarean sections. As a result, the authors recommend that delivery decisions should generally be based on standard obstetrical considerations and patient preference rather than the Chiari diagnosis itself.

The recommendations regarding epidurals may be even more significant for many patients. Historically, some clinicians have worried that accidental dural puncture during epidural placement could alter CSF pressures and worsen Chiari symptoms. However, after reviewing the available literature, the expert panel concluded that Chiari malformation, with or without syringomyelia, is not a contraindication to epidural analgesia during labor. Multiple retrospective studies involving dozens of women found no evidence of neurological deterioration following epidural placement.

The panel reached similar conclusions regarding anesthesia for cesarean delivery. Both neuraxial anesthesia (spinal or epidural) and general anesthesia were found to have reassuring safety records in published studies. The consensus statement notes that there is currently no evidence demonstrating harm from any standard anesthetic technique in women with stable Chiari malformation.

At the same time, the authors emphasize that not all Chiari patients are alike. The recommendations primarily apply to women who are asymptomatic or have stable symptoms. Women who develop new neurological symptoms during pregnancy, worsening syringomyelia-related problems, or signs suggestive of increased intracranial pressure should undergo prompt multidisciplinary evaluation involving obstetricians, anesthesiologists, and neurosurgeons.

Even though most of the available evidence comes from case reports and retrospective studies rather than prospective clinical trials, for patients, the main message is reassuring. While every pregnancy should be managed individually, the available evidence suggests that most women with stable Chiari malformation can expect routine obstetrical care, can usually consider vaginal delivery, and may be candidates for epidural pain relief during labor. The consensus statement represents one of the most comprehensive efforts to date to bring evidence-based guidance to an area that has long been marked by uncertainty.

**Source:** Metodiev Y, Brodbelt A, Kennedy N, et al. *Anaesthetic management of obstetric patients with Chiari 1 malformation with or without syringomyelia: a multidisciplinary consensus statement from the Obstetric Anaesthetists' Association (OAA)*. International Journal of Obstetric Anesthesia. 2026;67:105189.

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