Epidural Pain Relief in Labour

Information for consumers

What is an Epidural?

An epidural is only one type of pain relief available to you in labour. It is complicated to administer; however, it is potentially the most effective pain relief available.

- This method of pain relief can only be started by an anaesthetist - a doctor specially trained in this field
- Either you, your midwife or your obstetrician may request an epidural. Once requested, your anaesthetist will examine you and ask you about your previous anaesthetic history. They will also review your medical and obstetric condition and ask about medications you are taking and drug allergies you may have
- An intravenous drip will be started, allowing extra fluid and medication if needed
- If you are in extreme pain, this review will be brief, however any questions you have will be readily

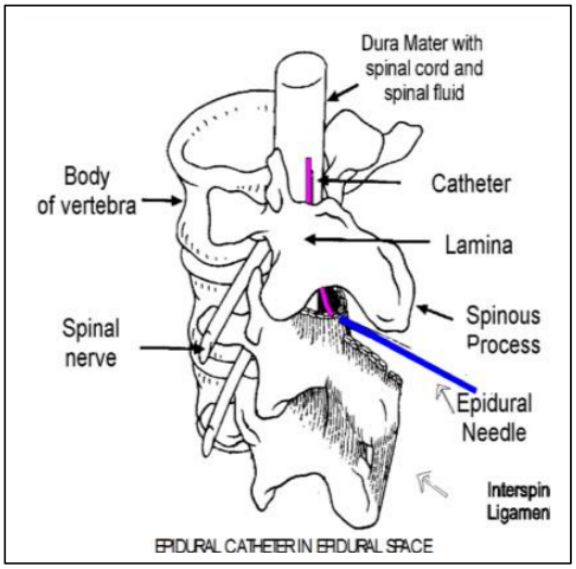
How is an Epidural given?

- An epidural involves inserting a needle into your lower back between the bones of your spine into the epidural space (see diagram). This may be done with you sitting up or lying on your side, depending on the circumstances, and you will be asked to curl your back
- The skin will be washed with antiseptic and a small injection of local anaesthetic will be used to numb the area where the epidural needle will be inserted
- Once the needle is in the epidural space, a very find soft flexible tube (catheter) will be placed through the needle into the epidural space and the needle will be removed. The catheter will then be taped in position. This procedure takes about 20 minutes
- Once the epidural catheter is in place, a weak solution of local anaesthetic mixed with a strong pain relieving medication called fentanyl, will be injected down the epidural catheter. The full effect of the epidural will take another 20 minutes. While the epidural is starting to work, the midwife will check your blood pressure regularly. Sometimes the epidural will not work very well at first and will be adjusted by your anaesthetist. Very occasionally, the epidural may need to be replaced if your pain relief remains poor
- The epidural pain control will be continued until your baby is born. Your epidural will be connected to a pump beside your bed. This pump will deliver the local anaesthetic mixture at regular intervals during your labour. Also, you can top-up the epidural yourself, by using the Patient Controlled Epidural Analgesia (PCEA) handset. Only you can use this handset

- The aim of an epidural is to control the pain of labour. It should not remove all sensation which means when the epidural is working well, you may still feel contractions as lightening and you may still feel the baby moving. You should still feel the urge to push when the time comes.

Things to consider

- If you are overweight, an epidural may be more difficult and take longer to put in place. However, once it is in, you will have all the benefits
- Most people can have an epidural, but certain medical problems (such as spina bifida, previous back surgery, or problems with blood clotting), may mean it is not suitable for you. The best time to find out about this is before you are in labour. Talk to your midwife if you have concerns.



What ate the benefits of an Epidural?

- Epidurals lessen the pain of labour more than any other treatment.
- With epidurals, there is less need to use medication to help your baby start breathing when he or she is born, compared to injections of morphine or pethidine.
- Epidurals cause less nausea, vomiting and sedation compared with other forms of pain relief.
- An epidural alone will not cause you to have a Caesarean Section.
- There is no greater chance of long-term back ache. Back ache is common during pregnancy and often continues afterwards. You may have a tender spot in your back following an epidural that will go away by itself.
- An epidural will not prolong the first stage of labour but can slightly increase the duration of the 2nd stage (pushing).

Will it affect my baby?

- Only a very small amount of local anaesthetic passes to the baby and it has practically no effect. Morphine related drugs such as fentanyl can also pass into the baby, but the small amounts used in the epidural usually have no effect on the baby; these drugs can be easily reversed if they do affect the baby.

What if I require a Caesarean Section?

- If you require a Caesarean Section, then epidural anaesthesia will allow you to remain awake and see your baby as soon as it is born. Your partner or friend can usually come into the operating room with you, and you may both nurse the baby soon after delivery
- As with epidurals during labour, an epidural for Caesarean Section does not eliminate all sensation, and you will know that you are having an operation, even though you cannot feel any pain.

Please see the information brochure about Anaesthesia for Caesarean Section for more information.

What are the risks of having an epidural?

Common Temporary side effects for the mother

- Difficulty passing urine. To prevent this, a small catheter (tube) will be inserted into your bladder by your midwife.
- A decrease in blood pressure; this may be treated with medication and intravenous fluids if necessary.
- Shivering, nausea and/or vomiting (this may occur also with no epidural in place).
- Itching can result from the fentanyl used. If troublesome, it can be treated.
- Irregular or ineffective pain relief can occur, in which case a “top up” can be given.
- Occasionally, your epidural may need to be replaced.
- Legs may feel heavy, weak and numb, restricting movement.
- An epidural may increase the chance of requiring forceps to help deliver your baby compared with other forms of pain relief.

Possible temporary complications for the mother

- About 1 in every 100 women who have an epidural develops a headache due to cerebrospinal fluid leaking into the epidural space. This headache can be treated.
- Temporary nerve damage outside the spinal cord may occur in about 1 in 1,100 women. Virtually all of these heal within 12 weeks. Permanent nerve injury from an epidural may

occur in 1 in 23,000 women, however it is important to remember that nerve damage after giving birth can happen whether you have an epidural or not.

Serious by very rare complications for the mother

- Infection (meningitis) or epidural abscess is rare though possible (1:50,000). The epidural is inserted under very strict conditions to reduce this risk. Treatment may require antibiotics or surgery.
- Bleeding around the spinal cord can cause an epidural haematoma (1:50,000). Women with problems with their blood clotting are at higher risk and it may not be safe for them to have an epidural.
- The local anaesthetic may be inadvertently injected into the blood stream causing temporary dizziness, tingling or (in severe cases), convulsions and heart problems. This is very rare. Your anaesthetist is trained to manage these problems.
- Allergic reaction to the drugs is extremely rare.
- Permanent paralysis and even death have been reported in the world literature but this is so rare in the modern anaesthetic practice that the exact risk is unknown.

If you have any questions or concerns about this information please talk to your midwife, obstetrician or anaesthetist.

Questions to ask my midwife, obstetrician or anaesthetist