

Epidural Analgesia During Labour

What is an epidural?

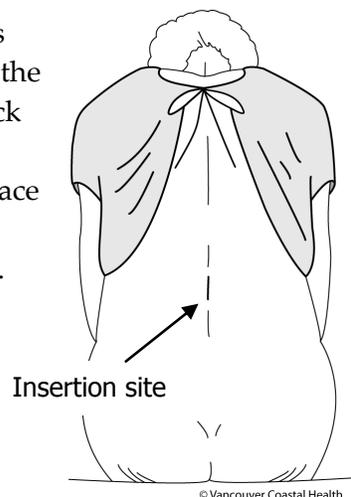
An epidural is a way of giving pain relief. A thin plastic tube (called an epidural catheter) is put into the space around the spinal cord (called the insertion site). The medication injected into this space 'freezes' the nerves that carry pain sensation from the uterus and birth passage. Pain relief begins in 5 to 10 minutes and is complete by 20 minutes. Most epidurals have been shown to be a safe and useful way for women to manage their pain during labour and delivery.

What are the reasons for having an epidural?

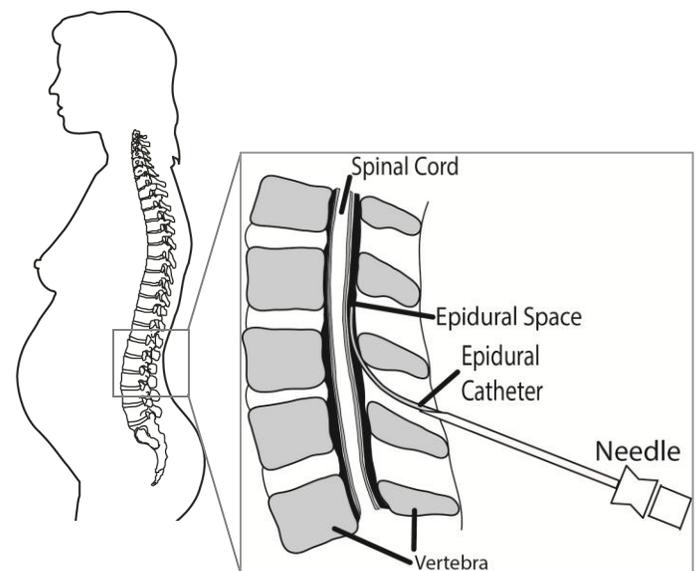
Pain is a normal part of labour and birth but sometimes the ways to soothe labour discomfort such as breathing, massage, warm shower, Entonox gas (also called 'laughing gas'), and narcotic injections are not effective enough. You may choose to have an epidural for more complete pain relief.

How am I prepared for the epidural?

- We start an intravenous in one of your arms before the epidural catheter is put in place.
- Your labour nurse helps you to sit on the side of the bed and hunch your back or curl up on your side. This helps open up a space between the bones (vertebra) of your spine.



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How is the epidural put in?

A doctor, called an anaesthesiologist, puts the epidural in and gives the medication as follows:

- Cleans your back using a special solution.
- Injects freezing into the skin area where the epidural will be placed. This feels like a bee sting that goes away quickly.
- Inserts an epidural needle between the bones (vertebra) in your lower back into the space around your spine. You may feel an ache or pressure as this is done but this does not usually hurt.
- Removes the needle, leaving a thin plastic tube (epidural catheter) in place and tapes it to your back.
- Injects numbing medication and/or other pain killers into the tubing.

Epidural Analgesia During Labour - *continued*

If I have an epidural, what can I expect?

- You will learn how to give your own pain medication through a machine called an epidural pump when you think you need it.
- Your legs will feel numb but you will be able to move them.
- You may shiver or itch as it begins to work.
- Your blood pressure may go down so the nurse will check it often.
- Your nurse monitors your baby's heart rate closely in the first 30 minutes. Your baby's heart rate may slow down in the first 30 minutes after an epidural if your blood pressure goes down. The baby's heart rate returns to normal when your blood pressure is treated.
- Your nurse helps you change positions in bed (and even kneel or squat) in order to help your labour progress.
- You may not be able to feel when you have to urinate (pee). Your nurse will help you use the bedpan frequently to keep your bladder empty. A small tube into your bladder may be needed if you are unable to pee.
- After delivery your nurse decides when it is safe for you to stand and helps you the first time you get out of bed.

What are the side effects?

- Some areas on your belly can be left 'unfrozen' or the epidural might only numb half your body.
- You might feel sore where the epidural was put in. This is usually from some bruising around the area and soon goes away.
- Your labour may slow down (especially if it is your first baby and the epidural is given early in labour). Your doctor or midwife may need to give you Oxytocin to make more contractions.

- You may find it harder to push out your baby. This means you may need help with vacuum or forceps to deliver your baby.
- You might get a fever after the epidural has been in place for several hours. This is not due to illness but it may lead to blood tests for you and your baby. The fever goes away on its own if it was caused by the epidural and you may have acetaminophen (such as Tylenol) to treat it.

Epidurals do NOT make you more likely to need a cesarean delivery.

Are epidurals safe?

Yes, an epidural is quite safe and has few side effects. For most women the benefits of pain relief far outweigh the risks of having the procedure. All medical procedures have some risk. Complications occur very occasionally. Most of these are minor and easily treated. Complications that are more serious may occur but these are extremely rare.

The following complications are **rare** and usually resolve on their own or are treated with little or no lasting effects:

- **Severe headache** which can be treated and usually goes away on its own in a few days.
- **Allergic reaction** to the medication occurs causing a rash or swelling.
- **Numbness or tingling** in the legs caused by a bruised or damaged nerve that usually heals in a few weeks or months.

The following complication is **very rare**:

- **Infection, blood clot, or abscess** in the epidural space. It is difficult to get an exact number for this risk but it may be about 1 in every 10,000 to 200,000 patients. An abscess or blood clot big enough to press on the spinal nerves or cord can cause permanent nerve damage.

Adapted with permission from GH.350.Ep43 Epidural Analgesia (August 2012), Vancouver Coastal Health