

# Epidural during Labour

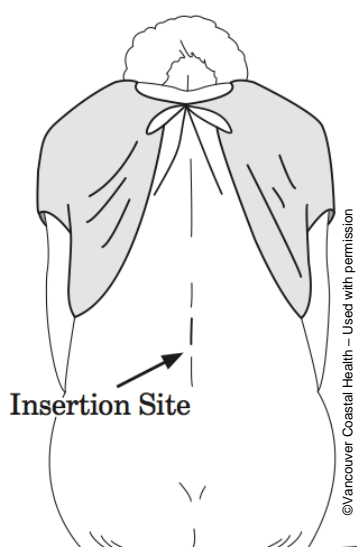
## What is an epidural?

An epidural is a method of giving pain relief. A doctor puts a thin plastic tube into the space around the spinal cord. Medicine goes into this space and “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. Epidurals have been shown to be a safe and useful way to manage pain during labour and birth.

## What are the reasons for having an epidural?

Pain is a normal part of labour and birth. Sometimes the ways to soothe labour pain such as breathing, massage, shower, Entonox gas, and medications are not effective enough. You might choose to have an epidural for more complete pain relief.

## How do I prepare for the epidural?



You need an intravenous (IV) before the epidural.

Your nurse will help you sit on the side of the bed and hunch your back, or curl up on your side. This opens up space between the bones of your spine.

## If I have an epidural, what can I expect?

- You get pain medicine through a tube that is connected to a pump.
- The pump gives you small doses of pain medicine on a regular basis, or you might learn how to give your own medicine when you feel you need it.
- Your legs feel numb but you can move them.
- You might shiver or itch as it begins to work.
- Your blood pressure might go down. The nurse will check it often.
- Your baby’s heart rate might go down in the first 30 minutes but returns to normal when your blood pressure is treated. Your nurse will monitor your baby’s heart rate closely in the first 30 minutes.
- Depending on the amount of medicine you receive and your goals for labour, your nurse can help you change positions, kneel or squat.
- You might be able to stand or walk to help your labour progress. Let the doctor know if walking with your epidural is one of your goals for labour.
- You might not be able to tell when you have to urinate (pee). Your nurse can help you use the bedpan frequently, or walk to the bathroom, to keep your bladder empty. You might need a small tube into your bladder if you cannot pee.
- After you have your baby, your nurse will let you know when it is safe to stand. They will assist you the first time you get out of bed.

An epidural does **not** make you more likely to need a caesarean delivery.

## What are the side effects?

- You might notice that some areas on your belly are not frozen, or the epidural only numbs half of your body.
- You might feel discomfort where the epidural was put in. This is due to bruising and soon goes away.
- You might develop a fever after the epidural has been in place for several hours. This is not due to illness but you and your baby might need blood tests. The fever goes away on its own if it was caused by the epidural. You might take acetaminophen (Tylenol).
- You might get a medicine called oxytocin to give you more contractions. Epidurals do not lengthen labour.
- You might find it harder to push out your baby. You might need the help of vacuum or forceps.

## Are epidurals safe?

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

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

- **Severe headache** can be treated and usually goes away in a few days.
- **Allergic reaction** to the medicine, 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 back happens to about 1 in 10,000 to 200,000 people. An abscess or blood clot big enough to press on the spinal nerves or cord can cause permanent nerve damage.

## How does the doctor put the epidural in?

A doctor called an anaesthesiologist will:

- Clean your back using a liquid.
- Inject freezing into your skin where the epidural is to go. This feels like a bee sting that goes away quickly.
- Insert an epidural needle between the bones in your back and into the space around your spine. You might feel an ache or pressure but this does not usually hurt.
- Remove the needle and leave a thin plastic tube taped to your back.
- Put numbing medication or other pain killers in the tubing.

