

## Epidurals for pain relief

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This leaflet is for women in pregnancy and aims to give information about epidurals used for pain relief in labour. Other methods of pain relief are described in a separate leaflet

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### What is an epidural?

An epidural is the most effective form of pain relief that we can offer you. The pain of labour is relieved by passing local anaesthetic through a fine plastic tube that has been placed in a space, known as the epidural space, between the bones of your back.

Epidurals are only sited on the Delivery Suite by anaesthetists and topped up by midwives.

It is usually your decision whether you would like to have an epidural or not. However, there may be occasions when you may be advised that it would be a good idea for you to have an epidural. This may be because of your health or your baby's health. The opposite can also be true, i.e. we may decide an epidural is not appropriate because of health reasons (e.g. if you have had a big back operation or have problems with your blood clotting that could cause bleeding) or because the midwives or anaesthetists do not have the resources at that time to give you the care an epidural demands, due to an emergency situation elsewhere. Sometimes, your labour may be going so fast that it would not be possible for the epidural to work before you have delivered your baby.

### How do we do an epidural?

- We check that it is safe and suitable for you and that your baby's heart rate is being monitored
- We put a drip in a vein in your arm and connect a bag of fluid.
- We get you to sit up or lie curled up on your side.
- We clean your back to remove germs from the skin.
- We inject local anaesthetic to numb a small patch on your back – this stings briefly.
- We put in the epidural - this may take some time
- You will feel some pushing but it should not be sore.
- You may feel an 'electric shock' type feeling as the epidural goes in, this is not unusual and will pass.

- You will also have a urinary catheter fitted as you may become unable to get out of bed to use the toilet after epidural top-ups. This is necessary to avoid overfilling the bladder and causing unnecessary discomfort.

### Good things about epidurals

- It takes away the pain and allows you to rest.
- If your baby is showing signs of distress, it can improve things.
- You should still be able to move about the delivery room as long as your legs feel strong enough.
- It can usually be ‘topped up’ with stronger solutions of local anaesthetic to enable you to be awake and comfortable if you need any help with the delivery of your baby. This includes procedures such as a ventouse (suction cup) or forceps delivery, where the obstetrician helps to deliver your baby or a caesarean section.

### Possible problems with epidurals

- You may not always be able to have one. If this is for a medical reason you may be offered an alternative method of pain relief called a Remifentanil PCA and further information will be given to you by the anaesthetist.
- Epidurals do not always work perfectly and about 1 in 8 women need to use other pain relief. Usually we can improve things but about 1 in 20 epidurals need to be put in again.
- Blood pressure can drop with an epidural so your midwife will monitor you and your baby closely.
- Headache – about 1 in 100 women will get a very bad headache after an epidural
- You will need a catheter (fine tube) in your bladder to drain your urine during your labour and for a while afterwards.
- If you have received a lot of “top ups” you are likely to experience temporary muscle weakness in your legs.
- Women who have epidurals may have a greater chance of needing help with the delivery of their baby – techniques known as forceps or ventouse delivery

### Risks associated with epidurals (rare or very rare)

- Nerve damage - about 1 in 1000 women experience a temporary numb patch or weakness to their leg. This is estimated to last more than 6 months in about 1 in 24,000 women.
- More serious complications, such as infection or blood clot within the epidural space, are thankfully very rare (1 in over 50,000 women) and the anaesthetists and midwives are trained to recognise and treat these. More detailed information on this and other

aspects regarding epidurals can be found on the Obstetric Anaesthetists' Association website, [www.oaa-anaes.ac.uk](http://www.oaa-anaes.ac.uk), follow the link to 'information for mothers'.

## Acknowledgements

The information is based on good evidence. This information has been adapted from that written by the Information for Mothers Subcommittee of the Obstetric Anaesthetists Association.

## References

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3. Jenkins JG. Some immediate serious complications of obstetric epidural analgesia and anaesthesia: a prospective study of 145,550 epidurals. *International Journal of Obstetric Anaesthesia* 2005; **14**: 37-42.
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This document can be made available in other languages and formats upon request.

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## EPIDURAL INFORMATION CARD

### Epidurals in labour – what you need to know

(This card is a summary. Further information is available from [www.oaafomothers.info](http://www.oaafomothers.info)  
Please discuss anything that is not clear with your anaesthetist).

#### Setting up your epidural

- You will need to have an intravenous cannula and maybe a drip.
- While the epidural is being put in, it is important that you keep still and let the anaesthetist know if you are having a contraction.
- Usually takes 20 minutes to set up and 20 minutes to work.
- Some epidurals do not work fully and need to be adjusted or replaced.

#### Advantages of an epidural

- Usually provides excellent pain relief.
- Sometimes a **spinal** is given first for a quicker effect.
- The dose or type of local anaesthetic can sometimes be altered to allow you to move around the bed. This is a low-dose (or mobile) epidural.
- In general epidurals do not affect your baby.
- Can be topped up for caesarean section if required.

#### Possible problems with your epidural

- Repeated top-ups with stronger local anaesthetic may cause temporary leg weakness and increase the risk of forceps or ventouse delivery.
- The epidural may slow down the second stage of labour slightly.
- You may develop low blood pressure, itching or a fever during the epidural.
- The epidural site may be tender but usually only for a few days. Backache is NOT caused by epidurals but is common after any pregnancy.

The other side of this card gives important risks of epidurals



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## EPIDURAL INFORMATION CARD

### Risks of having an epidural or spinal to reduce labour pain

Type of risk	How often does this happen?	How common is it?
Significant drop in blood pressure	One in every 50 women	Occasional
Not working well enough to reduce labour pain so you need to use other ways of lessening the pain	One in every 8 women	Common
Not working well enough for a caesarean section so you need to have a general anaesthetic	One in every 20 women	Sometimes
Severe headache	One in every 100 women (epidural) One in every 500 women (spinal)	Uncommon
Nerve damage (numb patch on a leg or foot, or having a weak leg)	Temporary - one in every 1,000 women	Rare
Effects lasting for more than 6 months	Permanent - one in every 13,000 women	Rare
Epidural abscess (infection)	One in every 50,000 women	Very rare
Meningitis	One in every 100,000 women	Very rare
Epidural haematoma (blood clot)	One in every 170,000 women	Very rare
Accidental unconsciousness	One in every 100,000 women	Very rare
Severe injury, including being paralysed	One in every 250,000 women	Extremely rare

The information available from the published documents does not give accurate figures for all of these risks. The figures shown above are estimates and may be different in different hospitals.

The other side of this card gives information about epidurals for labour pain



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