

About your epidural

What is an epidural?

An epidural is a form of pain relief to make your labour less painful.

A small plastic tube called an epidural catheter will be inserted into your lower back for the duration of your labour. Local anaesthetic is given through this to help numb the nerves carrying pain signals during labour. This should provide pain relief until your baby is born.

You should be able to move your legs and you may still be able to feel painless contractions.

It is your choice whether to have an epidural, but one may be recommended by your midwife or obstetrician if complications arise during your pregnancy or labour.

When you have your epidural will depend on the progress of your labour.

Some medical reasons may prevent you from being able to have an epidural. In these cases we will discuss other methods of pain relief with you.

What are the benefits of an epidural?

If the birth of your baby needs a forceps or emergency caesarean section the epidural can often be used.

Research shows that epidurals:

- do not directly affect your baby
- do not increase your chance of needing an emergency caesarean
- give better pain relief for labour and birth than tablets or injections

How is an Epidural put in?

An epidural takes about 15-20 minutes to insert and a further 15-20 minutes to work fully.

An intravenous drip will be placed in your arm or hand.

You may need to have some clothing removed or change into a hospital gown so your back is more accessible.

You will be positioned for the epidural to be inserted, this may be either sitting up or lying on your side.

The skin on your back will be cleaned with a cold antiseptic solution.

Local anaesthetic will be injected into your back to help numb it.

It is normal to feel a pushing sensation in your back while the epidural is being inserted. You must keep still for this step.

You may feel an electric tingle sensation in your back or down your legs when the epidural catheter is inserted – this is not dangerous.

The epidural catheter will be taped into place with a large dressing to prevent it from accidentally coming out.

A sensation of warmth and numbness will gradually develop after the local anaesthetic is given.

How will an epidural affect me?

- The epidural may take away the feeling or urge to urinate. A catheter (plastic tube) will be inserted into your bladder and will stay in until the epidural has worn off.
- Your legs will feel heavy so you will need to stay in bed.
- You may feel shivery, itchy or warm.
- The epidural may not always provide total pain relief. If you still have pain the anaesthetist may use more anaesthetic but sometimes the epidural may need to be taken out and put back in.
- An epidural can sometimes prolong your labour or increase the need for an assisted delivery.
- An epidural can cause changes in your baby's heart rate.

Once your baby is born

Once your baby is born the midwife will remove the plastic tube from your back. Once the epidural has worn off, your urinary catheter will be removed and you will be encouraged to get up and move around.

Other Sources of Information

	Barwon Health (Managing Pain Relief in Labour)
Labour Pains	
	Royal Women's Hospital (Labour and Birth)

What are the risks of an epidural?

Epidurals are very safe but, as with any medical procedure, there are risks:

Require further epidural pain relief	Common 1 in 8
Fall in blood pressure (which is easily treated)	Common 1 in 20
Severe headache	Uncommon 1 in 100
Temporary nerve damage	Rare less than 1 in 13,000
Epidural infection/ Meningitis	Very rare 1 in 50,000
Very high epidural block	Very rare 1 in 100,000
Epidural blood clot	Very rare 1 in 170,000
Severe injury / paralysis	Extremely rare 1 in 250,000

Questions and concerns

For further information speak with your midwife or obstetrician, who can arrange for you to speak with an anaesthetist.

You have a right to an interpreter – please ask a member of staff if you need this service.

References

- *Pain relief in labour, Obstetric Anaesthetists' Association, 3rd Edition, January 2008*
- *Epidural Information, Royal Women's Hospital, March 2021*