

Sources of further information:

Sharoe Green Unit: Antenatal clinic 01772 524472
Parentcraft 01772 524512

Obstetric Anaesthetists Association www.oaa-anaes.ac.uk

www.lancsteachinghospitals.nhs.uk

www.nhsdirect.nhs.uk

www.patient.co.uk

Ref. Intrapartum care. Care of healthy women and their babies during childbirth. National Collaborating Centre for Women's and Children's Health. Commissioned by the National Institute for Health and Clinical Excellence. 2007 RCOG Press, London

Obstetric Anaesthetists Association

www.oaa-anaes.ac.uk [accessed Jan 2013]

Pain Management in Labour: Epidurals

Women's Health

This is one of a series of leaflets that gives you information about the various pain management methods available to you during labour and delivery.

Chinese	English
如果你需要帮助使能明白这些信息的内容，或者需要另一种的格式，请你提出这个要求。	Please ask if you would like help in understanding this information or need it in a different format
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Polish	Spanish
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What is an epidural?

Epidurals are a method of pain relief. They are often used to help labour pains and are usually very effective.

Epidurals involve a small plastic tube being placed in the fatty tissue around your lower spine. Pain killing medicines (local anaesthetics and pethidine-like drugs) are fed into the tube to numb the nerves that pass through this area and through which you feel labour pains.

The tube is put in place by an anaesthetist who is a doctor

How is an epidural put in place?

Before the epidural is inserted, an anaesthetist will talk to you about how it is performed and any side effects that you may experience. These aspects are also covered in this leaflet.

- A needle will be used to put a thin plastic tube into a vein in your hand or arm for giving extra fluids (a drip). The epidural may drop your blood pressure and this drip is to help prevent this happening.
- You will be asked to curl up on your side or lean over a table. This helps open up the spaces between the bones forming your spinal column so that the epidural can be inserted easily
- Local anaesthetic is injected to freeze your skin where the epidural will be placed. It stings initially but then makes the area numb.
- Once your skin is quite numb a needle is inserted through which a small plastic tube (epidural catheter) is passed.
- You will be asked to keep still during the procedure; if you have a contraction the anaesthetist will stop and wait for it to pass.

- The needle is removed, leaving the tube, which is taped to your back.
- The pain killing drugs are then given slowly down the tube to ensure that you do not have any side effects.
- It takes about twenty minutes for the epidural to work.
- You can use gas and air (Entonox) while the epidural is placed and until the epidural is giving you enough pain relief.
- After this, a patient controlled analgesia pump is generally used to maintain a continuous flow of the epidural drugs through the tube; you can boost the flow if you feel further discomfort.
- The midwife will check your blood pressure at regular intervals and your baby's heart beat will be continuously monitored electronically.
- You may lose the sensation of wanting to pass water and if necessary a catheter (tube) can be passed into your bladder to empty it

What happens after my baby is born?

The plastic tube is removed after the afterbirth has been delivered and any stitches that you may need have been inserted.

You will be asked to lean forward to allow the midwife to gently pull the tube from your back. It should not hurt. The sensation and strength in your legs will gradually return over the next few hours

A catheter is placed in your bladder for about 8 hours until your bladder sensation has returned.

What else do I need to know?

- Modern epidurals allow you to move about the bed and be aware of the sensations that help you to push during the later stages of your labour. However you are not able to walk around
- An epidural service is available all day and every day and we do our best to provide epidurals promptly on request and in an emergency, but at busy times this cannot be guaranteed. Epidurals cannot be booked in advance
- Some conditions such as high blood pressure or complications in pregnancy e.g. bleeding or pre-eclampsia will mean that blood tests have to be carried out before an epidural can be given
- Epidurals provide the most effective form of pain relief however sometimes they may not take away the pain completely:
 - You may continue to experience mild period like pains
 - Sometimes a small area may not be numb and you feel some pain. This is called a window; it is possible to give other painkillers through the epidural to correct this situation.
 - Occasionally it may be better to re-site the epidural

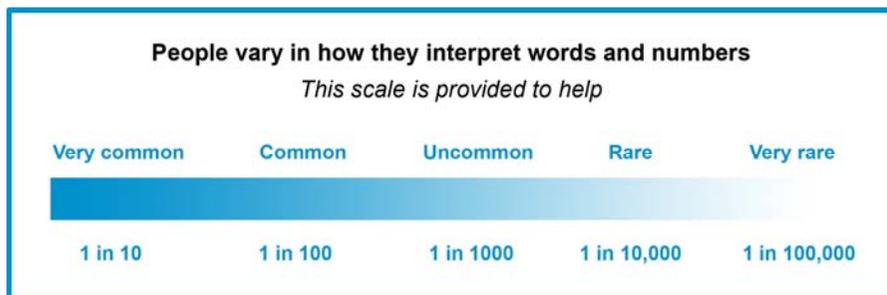
Very common or common side effects and complications

- Your blood pressure may become too low, but the drip in your arm will make it possible to reverse this.

- About 1 in a 100 people experiences a headache after an epidural as a result of complications with the insertion. There are several methods that can be used to treat the headache.
- A small proportion of people will develop some itching if an epidural is used.
- There may be an increased risk of urinary tract infection after the insertion of a catheter into your bladder.
- It is not the case that epidurals cause backache, however you may experience some soreness around the area where the epidural was placed.

Rare and very rare side effects and complications

- About 1 in 10,000 –20,000 people may experience pins and needles in their legs or feet. This does not last and after a few days will have gone away. You are more likely to get these types of sensations purely from giving birth rather than the epidural.
- Side effects such as convulsions and difficulty breathing are rare.
- Complications such as infection of the epidural (epidural abscess and meningitis), permanent nerve damage, epidural haematoma (blood clot) are **very** rare.



What are the advantages of an epidural in labour?

- Epidurals are generally the most effective form of pain relief for labour
- They are particularly helpful for managing certain complications or situations such as high blood pressure and ventouse or forceps deliveries
- If you need an emergency caesarean section, providing the obstetric doctors are in agreement, you may not need a general anaesthetic.

What are the disadvantages?

- Epidurals are not available in all birth settings. If you choose to have your baby at home or in Chorley Birth Unit you will not be able to have an epidural.
- You will not be able to have a water birth

- Some mothers do not like the lack of sensation and the inability to move around freely.
- The second stage of labour may take longer and although you will be able to push there is a higher chance that the doctor may need to deliver your baby with forceps or the ventouse. This is called an assisted delivery. An epidural is not associated with a longer first stage of labour or more chance of a caesarean birth.
- The need for a catheter after delivery until your bladder sensation feels normal again; this is about 8 hours.

In summary, although epidurals are generally an excellent way of easing pain in labour everyone is different. Different people cope with pain in different ways.

Information and advice on other pain management options is available from your midwife and is also always included in parentcraft (antenatal) sessions. Other leaflets in this series are *Aromatherapy; TENS, Gas and Air, Pethidine, Birthing Pool*

In addition, if you would like to discuss epidurals further you can arrange to see one of the anaesthetists in the Sharoe Green Unit antenatal clinic.