



Information for
patients and
carers

Epidural

Pain Management in Labour

What is an epidural?

Epidurals are a method of pain relief. They are often used to help labour pains and are usually very effective. Although epidurals are generally an excellent way of easing pain in labour everyone is different. Different people cope with pain in different ways.

Most mothers hope to not need an epidural but occasionally your labour and the birth of your baby do not go in the way you had expected. Therefore, it is always useful to be aware of your options.

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.

Please take a look at our patient information video

<https://vimeo.com/267979061>

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 lower 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.

Your skin will be cleaned with antiseptic and the anaesthetist performing the epidural will use sterile equipment to reduce the chances of any related infections.

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 medications are then given slowly down the tube to ensure that you do not have any side effects.

Once the epidural is in place 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 heartbeat 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 help.

What happens after my baby is born?

The plastic tube is removed at a convenient time after the birth of your baby, when you have had time for skin to skin and any stitches that you may need have been inserted. The epidural can be helpful to numb the sensation of the stitches.

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 up to about 12 hours until your bladder sensation has returned.

What else do I need to know?

Modern epidurals reduce the pain of labour without making the lower part of your body very numb or giving you weak legs. This allows you to move about the bed and be aware of the sensations that help you to push during the later stages of your labour. You may be able to stand up however you are usually not able to walk around.

When you have an epidural you require an intravenous drip and a more intensive level of monitoring – your blood pressure and heart rate, level of numbness, the babies heart rate. This does mean your mobility may be reduced.

An epidural service is available 24 hours a day and every day. 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.

You can breastfeed and have skin to skin after having an epidural.

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 intravenous drip in your arm will make it possible to reverse this.

About 1 in a 100 people experience 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.

About 1 in 13,000 may have a numb patch or a weak leg which lasts for longer than 6 months.

Side effects such as convulsions and difficulty breathing are rare.

Complications such as infection of the epidural site (epidural abscess and meningitis), permanent nerve damage, epidural haematoma (blood clot) are **very** rare.

People vary in how they interpret words and numbers

This scale is provided to help



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 (suction cap) or forceps births.

If you need an emergency caesarean section, providing the obstetric doctors are in agreement, the epidural can be used so that 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 either Chorley or Preston Birth Centre 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 assist the birth of your baby with forceps or the ventouse (suction cup). This is called an assisted birth. 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 can be up to about 12 hours.

Information and advice on other pain management options are available from your midwife and

https://www.labourpains.com/Information_Leaflets

If you would like to discuss epidurals in more detail you can arrange to see one of the anaesthetists in the Sharoe Green Unit antenatal clinic.

Contact details

Should you require further advice or information please contact the antenatal clinic 01772 524272 for an appointment in the anaesthetic clinic.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

<https://www.lancsteachinghospitals.nhs.uk/maternity-information-films>

www.labourpains.com

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો ફૂપ|કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دوسری زبانوں اور بڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو
یچھیہا جس یبھی ابی دست ہو یسکت ہے براے مہر یان پوے چھدی۔ معلومات

Arabic:

مطبوعة بأحرف كبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يُرجى أن تطلب
أخرى يمكن تو فسير هذه المعلومات

Department: Maternity Services

Division: Women and Children

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