

Epidurals

Patient information leaflet



A brief guide about epidural analgesia for labour

Pain relief in labour

Although having a baby is a natural process, it can be uncomfortable. Every woman is different and every birth experience is unique, so the need for pain relief varies. Please discuss all the pain relieving options suitable for you with your doctor or midwife.

There are multiple options for pain relief in labour. The most common include:

- **Non-medical** e.g., water birth, TENS, aromatherapy, relaxation techniques
- **Medical** e.g., nitrous oxide gas, strong pain relieving injections
- **Epidural analgesia**

For information on the *epidural insertion* procedure see the back page.

Advantages of an epidural

- gold standard of pain relief for labour
- provides excellent pain relief
- does not affect your baby
- can be topped up and made stronger if you require a caesarean section

Side effects / risks of an epidural

Common

- slight discomfort during insertion
- shivering
- low blood pressure
- back discomfort for 1-2 days



Uncommon / rare

- infection
- headache 1 in 100
- temporary nerve injury 1 in 10,000
- permanent nerve injury 1 in > 200,000



Placement of Your Epidural

If you decide you would like an epidural in labour please discuss this early with your midwife. The on call Anaesthetist will be contacted as soon as your decision is made, however, there are occasions where there might be a short delay if another epidural or procedure is being performed on the unit.

Preparing for your epidural

This will occur in your birth room. You will have an IV (Intravenous) cannula placed in your hand or your arm with fluids running. We will monitor your baby continuously.



You will be asked to sit on the side of the bed whilst an epidural is placed. Local anaesthetic will be injected into your back to numb your skin. Then a fine plastic tube (catheter) is placed through the epidural needle. This will be secured to your back with adhesive dressings.

The epidural is slowly topped up with pain relieving medication, and it takes effect over a 10-30 minute period. We will perform regular blood pressure measurements throughout this time to make sure that you and your baby stay safe. As the epidural starts to take effect you might notice that your legs and feet feel warm and tingly, and you might feel a small amount of numbness in your legs.

Once the epidural is working well we attach your epidural catheter to a Patient Controlled Epidural Analgesia (PCEA) machine. This allows you to control your own pain relief. Your midwife and Anaesthetist will explain how to use the PCEA device.

The epidural catheter will be removed after your baby is born. The effect wears off after 2-3 hours. An Anaesthetist will visit you the next day to check on your recovery.

Disclaimer: This is only general information for patients. If you require more detailed information or have further questions, please discuss with your Anaesthetist.