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Information about Epidurals

Pain is a normal part of labour and birth. There are many ways you can soothe your pain. Breathing techniques, comfort measures and having helpful and caring coaching are all needed throughout labour. If labour becomes too difficult though, you may need extra help from a drug that relieves pain. This drug can be given in several different ways such as breathing a special gas called entonox or by your nurse injecting it into a muscle or vein. If you do not choose these options or they do not provide enough pain relief, an **epidural** may be suggested.

What is an epidural?

An epidural is a method of giving pain relief. A thin plastic tube called a catheter is put into a space outside the lining of your spine called the “epidural space”. A drug that relieves pain is put into the tube. This drug numbs the nerves coming from your womb or uterus and birth canal. Pain relief begins in 5 to 10 minutes and is complete by 20 minutes. Most epidurals have been shown to be a safe and useful way for women to manage their pain during labour and delivery.

What about side effects and possible problems?

An epidural is usually safe and has few side effects on you or your baby. For most women the benefits of pain relief far outweigh the risks of having the procedure. All medical procedures have some risk. Side effects or risks for labour epidurals are:

Side effects for the mother:

- Not all epidurals work perfectly, about 10% leave areas on your belly “unfrozen”, and some only numb half of your body. About 3 to 5% need to be replaced at some point in labour.
- You may shiver as the epidural begins to work.
- Your blood pressure may go down. Your nurse or anesthesiologist will check your blood pressure often.
- You may have local back discomfort and tenderness after an epidural. This is due to bruising around the area and soon goes away. About 50% of women have generalized low back pain after delivery. The epidural does not cause this.
- You may not be able “to pee” on your own. If that happens the nurse will put a small tube into your bladder to empty it.

Risks for the mother:

- Rarely, less than 1 in 100 times, the epidural needle goes into the space where spinal anesthesia is done. If this happens, you could get a headache, called a “spinal headache” a day or two after the epidural was given.

- Very rarely women have an allergy to the medication used in the epidural. This may range from a minor reaction such as a rash to a major reaction such as anaphylaxis.
- Very rarely, 1 in 10,000 times, a nerve may be damaged. It usually recovers, but there have been a few cases of lasting nerve damage in 1 in 85,000. Paralysis is very, very rare 1 in 500,000, as is death (1 in a million).
- Very, very rarely (1 in 200,000) you could develop an infection in your back or meningitis
- Epidurals do NOT make you more likely to need a cesarean delivery.

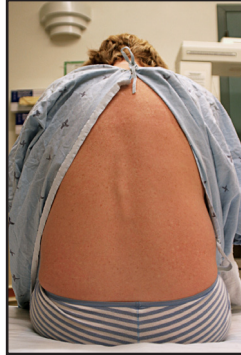
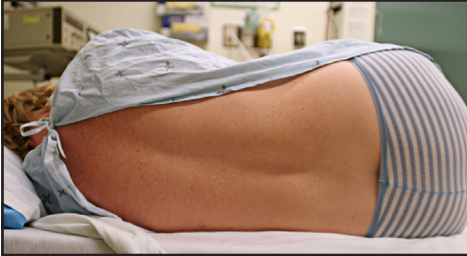
Risks for the baby:

- Your baby’s heart rate may go down in the first 30 minutes after an epidural. Usually this is because your blood pressure has gone down, and when that is treated the baby’s heart rate returns to normal. Your nurse monitors your baby’s heart rate closely in the first 30 minutes after the start of your epidural.
- You may develop a fever after the epidural has been in place for several hours. This is not due to an illness, but it may lead to blood tests for you and your baby once he or she is born. The fever goes away on its own if it was caused by the epidural. We give acetaminophen, also called Tylenol® to try and decrease the effects of the fever on you and your baby.
- Your labour may slow down, especially if it is your first baby and the epidural is given very early in your labour. Your doctor/midwife may need to start medication called Oxytocin to increase the contractions.
- You may find it harder to effectively push out your baby, even with the light medication used. This maybe more so if this is your first baby. This means you may need help with a vacuum or forceps to delivery your baby.

It is important to remember that most epidurals have been shown to be a safe and useful way for women to manage their pain during labour and delivery.

How is it done?

- A doctor called an anesthesiologist gives epidurals.
- You need to have a small plastic tube placed in your arm, called an intravenous, before the epidural is placed.
- You lay on your side, or sit on the side of the bed.



The anesthesiologist:

- May scan your back with an ultrasound machine to check spaces between the bones.
- Cleans your back by washing it with a liquid.
- Injects freezing (local anesthetic) into the skin area where the thin tubing will be inserted into your back. This feels like a bee sting that goes away quickly.
- Inserts an epidural needle between the bones in your lower back into the epidural space. You may feel an ache or pressure as this is done but this does not usually hurt.
- Threads a thin plastic tube or catheter through the hollow epidural needle into the epidural space, then removes the needle and leaves the epidural tubing in place. It is taped to your back.
- Injects numbing medication and/or other drugs that relieve pain into the tubing.
- After the first dose is given by the anesthesiologist, you will be on a “Patient-Controlled Epidural pump” which allows you to give yourself extra medication when you feel you need it. This allows for women even in early labour to have an epidural without becoming too numb.

What does it feel like when the epidural is working?

- The area between your groin and “belly button” become numb.
- Your legs may feel warm, tingly and sometimes a bit heavy.

Do epidurals let me walk?

The drug used in epidurals at BC Women’s may allow you to be mobile. Your legs may feel a little bit numb but you can move them easily.

You may:

- Get out of bed
- Use the bathroom
- Sit in a chair
- Walk in your labour room
- Labour in different positions
- If safe, be able to walk outside your room, around the labour floor

You need to remain in bed for the first 30 minutes after the epidural is started. Your nurse then does several safety checks including measuring blood pressure, leg strength, and testing the feeling in your feet to make sure it is safe for you to get out of bed. If you do walk, there must be someone with you at all times for support.

There are several reasons why you may not be allowed to walk:

- you have too much pain and need more medication
- you did not meet the safety checks
- your doctor or midwife may advise against it because of safety concerns for you or your baby

Combined Spinal Epidural also called CSE

Sometimes the epidural is done in a slightly different way. This is called the combined spinal epidural or CSE. The doctor injects a very small amount of fast-acting drug into the space just beyond the epidural space. Usually this extra step is done if you are in very early labour and would like to walk around, or if you are in very advanced labour and you need fast pain relief. The combined spinal epidural causes itchiness, and the baby’s heart rate is monitored very closely in the first few minutes as it may change.

Where can I get more information?

- BC Women’s Department of Anesthesia - ask your nurse to have an anesthesiologist speak with you.
- Your doctor/midwife