HUTT maternity
Hutt Valley Maternity Care

Epidural

For labour and birth

Information for women

What is an epidural?

An epidural is a method of pain relief where local anaesthetic is injected through a fine plastic tube which has been placed in your back.

Almost everyone can have an epidural. A few mothers have conditions which prevent them from having an epidural such as a bleeding disorder. If you have been prescribed clexane (a drug to thin the blood) antenatally you need to stop taking it 24 hours before the epidural.
The higher the BMI (body mass index) a woman has, the more difficult placing the epidural can be.

Preparation for an epidural

While you are pregnant your midwife will talk about pain relief whilst writing your birth plan. It is important that epidurals are clearly explained at this time as you will need to give informed consent for

the procedure. It may be difficult to follow explanations whilst you are in pain but the anaesthetist will answer your questions before they start the procedure. The anaesthetist will ask for a verbal consent

The antenatal discussion needs to include:

- All the benefits and risks of an epidural.
- The safety features
- The role of the anaesthetist

Before an epidural is inserted, your midwife will check your blood pressure, pulse, and temperature and run a CTG to monitor the baby's heart beat. If all of this is within normal limits the midwife will consult with the obstetrician and anaesthetist. Sometimes there may be a delay as the anaesthetist can be busy in theatre but they are usually able to indicate an approximate time of arrival.

In the mean time the midwife will insert a drip into your arm and fluid will be started. This is a standard precaution. The midwife will help you into the position for the epidural once the anaesthetist is present to place the epidural.

The skin around your lower back will be washed with an antiseptic. A small area of your back will be numbed by an injection of local anaesthetic. Once the area is numb a needle is placed into your back to find the 'epidural space' where the pain nerves are. A soft plastic tube is then threaded through the needle until it is in the epidural space then the needle is removed. The threading can sometimes cause a temporary shooting sensation of pain down your lower back or leg.

The tube is held in place by a see-through dressing so we can check the site. The rest of the tube is

attached to your back using a special white non allergic plaster. This is to prevent the tube from moving.
Once this is stuck down you can move around.

Effects of epidural

The anaesthetist gives a 'light mix' so it does not take away all sensation and does not prevent you from moving. This can take time to work, sometimes up to 20 minutes. You may still feel contractions but they should be less and less painful until the pain has completely gone.

Your blood pressure will be taken and measured frequently. You are advised to stay in bed when the epidural is working. If you are able the midwife will walk with you to the toilet so you can pass urine yourself. Sometimes a tube is inserted into your bladder to assist you to pass urine as that sensation may be

blocked while the epidural is in progress.

You may have enough sensation to feel the bearing down urge which is helpful when it is time for the baby to be born.
The midwife will remove the plastic tubing from your back and feeling will return when the epidural has worn off. This can take a few hours.

Advantages of epidurals

- An epidural is the most effective way of giving pain relief.
- Provides rest for an exhausted woman increasing her chance of having a vaginal birth

Disadvantages of epidurals

- Labour can be longer
- You may need a syntocinon drip to speed things up.
- You need continuous foetal monitoring and you are attached

to a drip so your mobility is restricted.

Some potential complications of epidurals

- Drop in blood pressure.
- Unexpected high.block
- Epidural not working
- Patchy pain relief
- Nausea and vomiting
- Difficulty in emptying the bladder
- headache (around one in every hundred women who have an epidural have the layer of fluid which surrounds their spinal cord punctured by the epidural needle. If this happens you could get a severe headache that could last for days or weeks if it is not treated. If you do develop a severe headache, your anaesthetist should talk to you and give you advice about the treatment you could have.
- Itchiness
- Shivering

- Infection/ epidural abscess (very rare).
- Haematoma, a blood clot, can press on a nerve in the epidural space.

Any questions ask your midwife or anaesthetist when they come to place the epidural.

Leaflet complied by Janet McKean – Head of Obstetric Anaesthetics – July 2012

RISKS OF AN EPIDURAL

Blood pressure drop	common	1 in 20
Require additional anaesthetic	common	1 in 8
Headache	uncommon	1 in 100
Nerve Damage	Very rare	Less than 1 in 13000
Infection/Meningitis	Very rare	1 in 50000
Epidural Blood clot	Very rare	1 in 170000
Unexpected anaesthetic spread	Very rare	1 in 1000000
Severe Injury including paralysis	Extremely rare	1 in 250000

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