

# Epidural Pain Relief (Maternity)

May 2024

Even if an epidural is not part of your birth plan, it is worthwhile learning some facts about this method of pain relief.

## What is an epidural?

An epidural is an injection of local anaesthetic or pain-relieving drugs (or both) into the lower back to block the nerves that go to the uterus and the surrounding muscles. These are the sources of the pain felt during contractions in labour. Other methods of pain relief include spinal or combined spinal with an epidural which are more often used for caesarean section.

## An anaesthetist:

An anaesthetist will insert your epidural. An anaesthetist is a medical doctor who requires an additional 5-7 years of post-graduate training and exams to qualify as a “specialist anaesthetist”.

The RHW has both specialist anaesthetists and anaesthetists-in-training, known as registrars. You may choose to have the anaesthetic specialist attend to you, this however, will incur an additional cost.

## Insertion of an epidural:

1. You will be asked to sit up or lie on your side. An intravenous “drip” will be inserted into your arm which is necessary for hydration. The anaesthetist will explain the procedure to you.

2. A small amount of local anaesthetic is injected under the skin on your lower back, then the epidural catheter is inserted into the lower back via a needle.
3. The needle is then removed, and the epidural catheter (fine piece of tubing) is left in the lower back and is taped to you. It is important to keep still during the insertion.
4. Once the epidural catheter is in place and local anaesthetic solution is injected, pain relief usually is felt within 15 minutes, sometimes longer.
5. The epidural catheter remains in place throughout the labour. The insertion success rate is over 90%. If the epidural is not working, and you continue to feel uncomfortable, the first epidural catheter may need to be removed and a second epidural catheter will be inserted.
6. A bladder catheter is required, as you will find it difficult to pass urine.

## Potential complications:

### Minor

- A decrease in blood pressure which can be treated with intravenous fluids.
- Your legs may feel heavy, weak, and numb. This means you will have to remain in bed following insertion of the epidural and until you have gained full feeling in your legs.
- Shivering- This is frequent and expected minor complication which resolves with time.
- Itch- sometimes the medication may make you itchy.
- Localised soreness or some minor bruising on your back for a day or two afterwards. There is no association with long-term back pain and epidurals.

## Serious

- Headache – this may be seen in about 1 in 100 women with an epidural following an accidental dural puncture (puncture of sac of fluid around the spinal cord). Approximately 80% of these women will have a headache within 1 day to 1 week if they have suffered a dural puncture.
- “Spinal block” - resulting in a drop in blood pressure, a decreased level of consciousness and difficulty breathing. To avoid this the anaesthetist will give a test dose to ensure the epidural catheter is in the right position.
- Nerve damage – 1 in 3,000 women (with or without an epidural) may be affected with temporary nerve damage after childbirth resulting in some leg weakness and/or a patch of numbness. Virtually all these cases heal spontaneously within 4-5 weeks. Permanent nerve damage is rare.
- Abscess/haematoma – is a collection of pus or blood in the epidural space that can cause nerve damage. This is very rare affecting about 1 in 100,000 women.
- Paraplegia – the incidence of paraplegia in modern practice is now very rare and is less than 1 in a million.

## What is the effect of an epidural on the progress and outcome of labour?

Many studies have looked at this question.

- Epidurals do not increase the need for caesarean section.
- Epidurals may be associated with a lengthening of both the first &/or second (pushing) stage of labour (by minutes).
- Epidurals may be associated with an increase in the need for an assisted birth with either vacuum cup or forceps.
- Epidurals early in labour do not appear to prolong labour any more than one placed later.

## Epidural effects on the baby:

A complication free epidural should have no effect on the baby. The midwives in attendance will monitor your blood pressure and your baby’s heart rate closely.

CBR Endorsed DTC approval 05/10/2023 and endorsed at Maternity Quality Committee. Reviewed by APS, September 2023. Clinician & Consumer review done in development stage & on updation. Should you wish to discuss any aspect of this information please send an email to [RHWfeedback@health.nsw.gov.au](mailto:RHWfeedback@health.nsw.gov.au)

## TALK TO AN ANAESTHETIST AND ASK QUESTIONS

You may write down any questions you have at the end of this page.

I \_\_\_\_\_ have read this information and I understand the risks and benefits of an epidural.

Please note: Signing this form does not make an epidural compulsory nor will one be performed on you in labour without your agreement.

SIGNATURE \_\_\_\_\_