Epidurals for pain relief

Royal Berkshire NHS Foundation Trust

This leaflet is for pregnant women and provides information about epidurals used for pain relief in labour. Other methods of pain relief are described in a separate leaflet. For further information on the Obstetric Anaesthetists Association Epidural Information Card please follow this link https://www.labourpains.org/ or scan the QR code opposite. You can download a QR Code reader free, from your App store.

What is an epidural?

An epidural is the most effective form of pain relief that we can offer you. The pain of labour is relieved by passing local anaesthetic through a fine plastic tube that has been placed in a space, known as the epidural space, between the bones of your back. Epidurals are only sited on the Delivery Suite by anaesthetists.

You will receive the pain relieving mixture via the epidural catheter (fine plastic tube) automatically at regular intervals. You can also press the button on the handset (which you will be given) to give yourself an extra dose if you have additional "breakthrough" pain.

The pump will beep to let you know that you are going to get a dose.

The pump has a "lockout" time limit so that you do not receive too much medication. There is a green light on the handset that blinks whenever the "lockout" time is over and another dose of medication can be given. If you do press the button to request a dose before the "lockout" time has elapsed, the pump will not deliver a dose and you will not hear any beeping sounds. When this happens, just wait a few minutes and try again.

It is usually your decision whether you would like to have an epidural or not. However, there may be occasions when you may be advised that it would be a good idea for you to have an epidural. This may be because of your health or your baby's health. The opposite can also be true, i.e. we may decide an epidural is not appropriate because of health reasons (e.g. if you have had a big back operation or have problems with your blood clotting that could cause bleeding) or due to an emergency situation elsewhere the midwives or anaesthetists may not be available to insert and look after an epidural infusion safely. Sometimes, your labour may be going so fast that it would not be possible for the epidural to work before you have delivered your baby.

How do we do an epidural?

- We check that it is safe and suitable for you and that your baby's heart rate is being monitored.
- We put a drip in a vein in your arm and connect a bag of fluid.
- We get you to sit up or lie curled up on your side.
- We clean your back to remove germs from the skin.

- We inject local anaesthetic to numb a small patch on your back – this will sting briefly.
- We put in the epidural - this may take some time.
- You will feel some pushing but it should not be sore.
- You may feel an ‘electric shock’ type feeling as the epidural goes in, this is not unusual and will pass.
- You will also have a urinary catheter inserted as you may become unable to get out of bed to use the toilet after epidural top-ups. This is necessary to avoid overfilling the bladder and causing unnecessary discomfort.

Good things about epidurals

- It takes away the pain and allows you to rest.
- You should still be able to move about the delivery room as long as your legs feel strong enough.
- It can usually be ‘topped up’ with stronger solutions of local anaesthetic to enable you to be awake and comfortable if you need any help giving birth to your baby. This includes procedures such as a ventouse (suction cup), forceps delivery or a Caesarean birth

Possible problems with epidurals

- You may not always be able to have one. If this is for a medical reason you may be offered an alternative method of pain relief called a Remifentanil PCA and further information will be given to you by the anaesthetist.
- Epidurals do not always work perfectly and about 1 in 8 women need to use other pain relief. Usually we can improve things but about 1 in 20 epidurals need to be put in again.
- Blood pressure can drop with an epidural so your midwife will monitor you and your baby closely.
- Headache – about 1 in 100 women will get a very bad headache after an epidural.
- You will need a catheter (fine tube) in your bladder to drain your urine during your labour and for a while afterwards.
- If you have received a lot of “top ups” you are likely to experience temporary muscle weakness in your legs.
- Women who have epidurals may have a greater chance of needing help to give birth to their baby – techniques known as forceps or ventouse delivery.

Risks associated with epidurals (rare or very rare)

- Nerve damage – about 1 in 1000 women experience a temporary numb patch or weakness to their leg. This is estimated to last more than 6 months in about 1 in 13,000 women.
- More serious complications, such as infection or blood clot within the epidural space, are thankfully very rare (1 in over 50,000 women) and the anaesthetists and midwives are trained to recognise and treat these.
- More detailed information on this and other aspects regarding epidurals can be found on the

Obstetric Anaesthetists' Association website, www.oaa-anaes.ac.uk, follow the link to 'Information for mothers' or scan the QR code at the top of this leaflet.

Acknowledgements

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References

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