

LABOUR EPIDURAL ANALGESIA

Introduction:

The amount of pain a woman feels during labour differs from woman to woman. Pain depends on many factors, such as the size and position of the baby, the strength of contractions and whether your labour has been induced. There are several ways of helping you cope with pain during childbirth, including having an epidural.

What is an Epidural?

The epidural space is a tiny space close to the spine. Having an epidural involves placing a small plastic tube into this space, through which pain relieving drugs can be given as often as is necessary. While epidurals provide pain relief, you may still be aware of pressure sensation.

What does it involve?

Only anaesthetists can administer epidurals. During busy times, it may take some time for an anaesthetist to arrive to perform the epidural. You will first need a drip with fluid running into a vein, if you do not already have one. You will be asked to either curl up on your side, or sit bending forwards. Your skin will be cleaned and local anaesthetic used to numb the skin.

An epidural needle is used to insert a small plastic tube (catheter) into the epidural space. The needle is withdrawn once the catheter has been inserted and then the catheter is taped into place on your skin.

During the insertion of an epidural, extreme care is needed to avoid accidental puncture of the bag of fluid around the spinal cord, as this may give you a headache afterwards. Therefore, it is most important that you keep still during the procedure.

Afterwards, you will be confined to bed and will need continuous monitoring of the baby's heartbeat. You will be free to move from side to side, or sit up, but you should avoid lying on your back.

Pain relieving drugs will then be given into the catheter in one of two ways:

- 1) Continuously by a pump with the option of you pressing a button for an extra dose if needed or:
- 2) The midwife can give top-ups as they are needed.

While the epidural is taking effect, the midwife will take your blood pressure regularly and check that the epidural is working properly. It usually takes 20 minutes to work fully and occasionally needs some adjustment or repeating, if it isn't working well. Once it is working, the midwife will insert a tube into your bladder as the epidural may remove the urge to urinate.

Who can have an Epidural?

Most women are suitable for this form of pain relief. There are some conditions that make it unsuitable, for example, bleeding disorders, previous spinal cord surgery and some heart conditions. If you have any questions or concerns you should discuss them with your obstetrician who may then refer you to be seen by an anaesthetist before the onset of labour.

What are the side effects of an Epidural?

*Occasionally (1 in 50 epidurals) it can cause your blood pressure to decrease transiently, which is why you are given fluids through a drip.

*If the covering (dura) around the spinal fluid is pierced during the insertion of the epidural, you can get a bad headache that may interfere with you looking after the baby afterwards. In this hospital, the risk of this is 1 in a 100 epidurals. This may just need treatment with painkillers, but sometimes you may need another epidural to treat the headache some days later.

*You may feel shivery after the epidural is inserted.

*Occasionally (1 in 30 epidurals) the epidural may not provide total pain relief. This may be fixed by adjusting the catheter, but sometimes the epidural procedure may need to be repeated.

*The effects of epidural pain relief on labour have been subject to extensive research. Epidural pain relief is associated with an increased need for instrumental (vacuum/forceps) assisted delivery. It does not increase the need for a caesarean section.

*Backache is common during pregnancy and often continues afterwards too. Your back may be sore from the injection for a few days but epidurals do not cause long-term backache.

*Temporary nerve damage (e.g numb patch on your leg) is rare – 1 in 1,000 epidurals. Permanent nerve damage is extremely rare (less than 1: 13,000)

What are the serious complications?

An epidural is the most complex method available for relieving childbirth pain, and although serious complications are very rare (1 in a 100,000 epidurals), they can occur. There is a risk of accidental injection of local anaesthetic into a vein in the spine. This can cause dizziness, heart problems and fits.

This is why only trained personnel – anaesthetist or midwife can administer epidural medication. The small tube can be placed into the spinal fluid compartment instead of the epidural space. This could cause temporary paralysis and affect your chest muscles making it hard for you to breathe and may cause your blood pressure to fall. Anaesthetists are equipped with skills to properly manage and treat these complications.

The anaesthetist will be happy to discuss this information and your questions.

For more information on pain relief in labour, including epidural, please visit:
<https://www.labourpains.com>

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