Mercy Health
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Your important health information

Epidural anaesthesia during labour

What is an epidural?

An epidural is a medical procedure that can be used to control pain in labour (childbirth or having a baby). It is a thin plastic tube that is put in through the skin between the bones of your lower back. Pain relieving medication (called “local anaesthetic” or just “local”) is given through this epidural tube to stop the nerves of your lower body from sending pain messages to your brain. This medicine can continue to be given until during your labour until it is no longer needed, then the tube is removed. It is safe and very effective.

How is it done?

The epidural is put in place by a doctor called an anaesthetist. First, you will need an intravenous drip placed in your arm or hand by your midwife or obstetrician. A blood test may need to be taken.

The anaesthetist will come and talk to you to make sure you understand what is going to happen. Your midwife helps you to prepare. You will need to be on the bed in the birth room. Some anaesthetists will like you to sit, some will ask you to lay down on your side on the bed. You may need to have some clothing removed for the epidural to be placed, but your privacy will be respected.

Your skin on your back will be washed with a disinfectant. You will then be asked to curl up and bend forward to open up the spaces between the bones of your back. Your midwife will help you with this.

The anaesthetist will inject some local anaesthetic into the skin and tissues on your back to numb it. They will then use a special needle to place the epidural tube into the skin and between the back bones. You may feel some pressure in your back as the tube goes in.

Once the epidural tube is in place, the anaesthetist will remove the needle so that only the soft, thin epidural tube is left behind. They will tape this in position with large dressings. Once in position the anaesthetist will start giving medication through the epidural tube. It may take up to 20 minutes for pain relief to be complete.

It is very important for you to follow the instructions of your midwife and anaesthetist, to reduce or lower the chance of any problems and so the procedure is done quickly.

What are the risks?

It is a very safe procedure, but as for any medical procedure, there are risks.

- As the epidural tube is inserted, you may feel something like an electric shock into your back or legs. This lasts for a second and is not harmful, but it may feel very unusual.
- You will need to have more monitoring done of your baby to check your baby’s heartbeat, your blood pressure and other checks once the epidural is inserted.
- You will also need to have a urinary catheter (a tube placed into the bladder to drain your urine), as your body will not feel the need to go to the toilet. Your midwife would usually do this for you.
- You will need to stay in the bed, as your legs may feel numb or weak.
- You may feel shivers, fever or itch.
- You may have a slightly increased risk of needing your obstetrician to use forceps or another device to help baby be born.

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- There is an anaesthetic doctor present at the hospital at all times. After hours, the anaesthetic doctors are supported by other very experienced anaesthetists.

Risk	How common?	How often does it happen?
Blood pressure drop- light headed, dizzy, nausea	Common	1 in 20
Require additional anaesthetic or procedure	Common	1 in 8
Headache	Uncommon	1 in 100
Temporary nerve malfunction	Temporary- rare	1 in 1000
Nerve damage - lasting more than 6 months	Very rare	Less than 1 in 13,000
Epidural infection or meningitis	Very rare	1 in 50,000
Unexpected spread of anaesthetic - unconsciousness	Very rare	1 in 100,000
Epidural blood clot	Very rare	1 in 170,000
Severe injury including paralysis	Extremely rare	1 in 250,000 - 1,000,000

Sources: Royal Women's Hospital (RWH),"Epidural Information" fact sheet and OAA labourpains.com

What are the benefits?

About one in three women will have an epidural inserted for labour. Many millions of women have had epidurals for labour. They have been used safely for many years.

An epidural may help you:

- to sleep and recover your strength if your labour has been a long one.
- to enjoy the birth if you are finding the pain too much.
- relax for vaginal examinations if you are very uncomfortable having these during labour.

An epidural may be recommended for medical reasons. Your obstetrician will discuss that with you.

Research tells us that an epidural:

- does not directly affect your baby
- does not increase your risk of emergency caesarean
- is the most effective form of pain relief in labour.

Sources: Royal Women's Hospital, The Alfred,
OAA https://www.oaa-anaes.ac.uk/ ASA https://my.asa.org.au/ RANZCOG https://ranzcog.edu.au/

Further Information

If you have any questions regarding this information, please contact your midwife or Department of Anaesthesia via hospital switch board

Acknowledgements

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This document provides general information only and is not intended to replace advice about your health from a qualified practitioner. If you are concerned about your health, you should seek advice from a qualified practitioner.