



What is an epidural?

An epidural will make your labour less painful. A small plastic tube, called an epidural catheter, is inserted between the bones of your spine into the epidural space. Local anaesthetic is given down the tube, blocking pain from the nerves of the spine. This provides pain relief until the baby is born.

What are the advantages of an epidural?

- An epidural can be requested at any time during the first stage of labour (while the cervix is dilating)
- You may still be able to feel painless contractions.
- If you need a vacuum/forceps or emergency caesarean to help in your birth, the epidural can often be used. If the epidural is working well, the procedure can start sooner.
- Having an epidural already inserted, usually means that you won't need to have a general anaesthetic during a caesarean and will be awake for the birth of your baby.
- Sometimes an epidural will be recommended to help with specific issues during your labour, such as high blood pressure

Research shows that:

- Epidurals do not directly affect your baby
- Epidurals do not increase your chance of needing an emergency caesarean
- Epidurals give better pain relief for labour and birth than tablets or injections
- Epidurals are not associated with an increased incidence of back pain after childbirth

In Australia, about 30 out of every 100 women choose to have an epidural during labour/childbirth.

What are the problems with epidurals?

- Your blood pressure may drop, causing you to feel light-headed or nauseated. We will

check your blood pressure often while you have an epidural in place.

- You may need to stay in bed because your legs may feel heavy and numb.
- The epidural may take away the feeling or urge to urinate. We may use a catheter, which is a tube that collects urine from your bladder.
- You may feel shivery, feverish or itchy.
- The epidural may not always provide total pain relief. If you still have pain the anaesthetist may use more anaesthetic. Sometimes though, the epidural will need to be replaced.
- Less than one in one hundred women will develop a severe headache in the days following the epidural. This can be treated.
- An epidural can sometimes make the second stage of your labour longer and may increase the need to use vacuum/forceps to help your baby's birth.

What are the risks of an epidural?

Risk	How often does it happen?	
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 13,000
Epidural infection/meningitis	Very rare	1 in 50,000
Epidural blood clot	Very rare	1 in 170,000
Unexpected anaesthetic spread	Very rare	1 in 100,000
Severe injury, including paralysis	Extremely rare	1 in 250,000

How is an epidural put in?

An anaesthetist will put the epidural in, this takes about 20 minutes.

A drip will be put in your hand or arm. We will help you into position to place the epidural, either sitting up or on your side.

Antiseptic solution will be painted onto your lower back to clean the skin.

Local anaesthetic will be injected into your back. This will numb the skin. You will feel a pushing sensation in your back while the epidural is inserted. It is very important that you keep perfectly still while this is done to avoid any damage to the nerves in your spine.

When the epidural catheter is inserted, you may feel an electric shock in your back and down your legs. This will last for a moment and then go away. It is not harmful.

The needle will be removed from your back and the epidural catheter will be taped into place to prevent it coming out.

Once the anaesthetic is given down the tube, it will take about 20 minutes to take effect.

The epidural will be connected to a pump that will continue to give you the anaesthetic for as long as you need it. You can also control the pain relief yourself through the use of a button connected to the pump.

Once the baby is born, the midwife will remove the epidural catheter quickly and painlessly.

Questions and concerns

Talk to your obstetrician or midwife, who can arrange for you to speak with an anaesthetist. You have a right to an interpreter. Ask the staff caring for you to contact Language Services and arrange for an interpreter to help you.

Bendigo Health ph: 5454 6000

All information contained within is current at the time of writing.

References

- Australian and New Zealand College of Anaesthetists. Epidurals and childbirth. <http://www.anzca.edu.au/patients/frequently-asked-questions/epidurals-and-childbirth>
- Chung SA, Palmer GM, Scott DA, Halliwell R, Trina J (editors); Acute Pain Management: Scientific Evidence, 4th edition (2015), ANZCA & FPM.
- The Royal Women's Hospital. Epidural Information fact sheet. May 2018. www.thewomens.org.au/images/uploads/fact-sheets/Epidural-information-2018.pdf