# optimalbirth

# Having an Epidural

For pain management during labour



#### www.optimalbirth.ca

Inform yourself during your pregnancy and prepare for your child's birth.

The process of labour is different for everyone and it is important to be aware of specific considerations when choosing an epidural to manage pain during labour. This pamphlet highlights information about managing pain during labour and specifically, information on epidural use. Become informed about your choices and talk to your care provider.

#### 01

## How do you manage pain?

Pain is a normal part of labour. The are many non-medical ways to help soothe your pain, including support with coaching, massage and focused breathing, and also taking a bath or shower. However, if your labour is long or more difficult than usual, you may need more help and choose to use other medical methods of pain management such as nitrous oxide gas, intravenous narcotics such as Fentanyl or Demerol, or an epidural.

02

#### How do epidurals help with labour pain?

Epidurals have been shown to be a generally safe and effective way to manage pain during labour. The medication in the epidural numbs the nerves coming from your uterus and birth canal. Pain relief begins in 5-10 minutes and reaches maximum effect by 20 minutes. However, not all epidurals work perfectly. Approximately 10% of epidurals leave areas of the belly 'unfrozen', and some only numb half the body. About 3-5% of epidurals will need to be replaced at some point in labour.<sup>1</sup>

#### How is an epidural placed?

- Your nurse will assist you to sit on the side of the bed and hunch your back. This will open up a space between the bones of your spine.
- A specialist doctor, called an anesthesiologist, will inject some freezing liquid into your skin. This may feel like a bee sting, but it goes away quickly. The anesthesiologist will then insert a needle between the bones in your spine so that the pain-relieving drugs reach the tissues surrounding the spinal cord. You may feel an ache or pressure as this is done, but it does not usually hurt.

- The anesthesiologist will pass a tiny tube (catheter) through the hollow needle into the epidural space. You may feel a brief tingling sensation down one leg as the epidural catheter passes by a nerve. The needle is then removed.
  Pain medication will then be injected into the catheter.
- The epidural catheter is taped securely to your back. Once the epidural is in place, you will not feel it. It is okay to move around in bed.
- The epidural catheter will be attached to a medication pump that will continuously deliver pain relief medication at a steady rate.
- You may be given the opportunity to control how much medication you receive by pushing a button. This system will not allow you to overdose.

04

## What special care do I need with an epidural?

- You will not be able to be in the shower or a tub if you have an epidural.
- If your labour slows down, you may be given a drug called Syntocinon in your IV to increase the number and strength of contractions. Many caregivers prefer women to wait until labour is well established (cervix is 3-5 cm dilated) before having an epidural.
- You may breastfeed your baby as soon as it is born.
- You may go home as soon as the effects of the epidural have worn off and you have normal strength in your legs.

A nurse will regularly check:

- Your baby's heart rate.
- Your breathing, blood pressure, temperature, and if you are able to urinate.
- The extent of your 'numbness' by touching you with ice to make sure that the medication is not spreading above the uterine area.
- How well you can move your legs.
- If you are having pain, and where. Your nurse may ask you to rate your pain on a scale from 0-10.







05

## What does it feel like when the epidural is working?

The area between your groin and belly button becomes numb. The amount of pain that you are experiencing will decrease and may even go away completely. Your legs may feel warm, tingly, and sometimes, a bit heavy.

06

## How much will I be able to move if I have an epidural during labour?

Depending on which hospital you are in, you may be able to have a 'walking' or 'mobilizing' epidural that will allow you to use the bathroom and perhaps walk with assistance.

07

# What are the possible side effects of epidural analgesia for you and your baby?

An epidural during labour is usually safe and has few side effects or risks. Side effects may include:

- Temporary shivering
- A drop in your blood pressure that may cause your baby's heart rate to slow down after the epidural.
- Itchiness while the epidural is in place.
- Difficulty in pushing your baby out, especially if it is your first baby. Approximately 18% of women with an epidural need to have the delivery assisted with a vacuum extractor or forceps compared to 12% of women without an epidural.<sup>2</sup>
- Up to 15% of women will have a fever.<sup>3</sup> It is difficult to know if the fever is from the epidural or from other causes, such as infection. Women and their baby are often given antibiotics, just to be sure.
- Inability to urinate on your own. If this happens, the nurse will put a tiny tube (catheter) into your bladder to empty it.

Rare side effects of epidural analgesia:

- 1. Rarely (less than 1 in 100), the epidural needle goes in too far and enters the spinal canal. If this happens, you may get a headache a day or two afterwards. Contact your healthcare provider if you have headaches after going home that do not go away.<sup>4</sup>
- 2. Very rarely (less than 1 in 10,000), a nerve may be damaged. It usually recovers, but there have been a few cases of permanent nerve damage (less than 1 in 85,000).<sup>5</sup> An infection at the site of the epidural tube may also be a very rare complication.<sup>6</sup>
- 3. Very, very, rarely (less than 1 in 200,000), there may be bleeding into the epidural space.<sup>7</sup>

08

## Can anyone have an epidural?

- You can decide when you are in labour if you want an epidural - you do not need to decide beforehand.
- Keep in mind that not all hospitals have available anesthetists 24/7 – you may have to wait for an epidural. This may be a consideration in choosing your birthing hospital.
- Epidurals are not available at home births.
- There are some rare pre-pregnancy health conditions which may mean you cannot safely be given an epidural. The anesthetist will ask you about your health before giving the epidural.

After reading this pamphlet you may have other questions about your own situation. Please discuss this pamphlet, and your choices, with your doctor or midwife.

**Please note:** The information in this pamphlet may not be appropriate if you have health issues that may affect your pregnancy and childbirth. Ask your care provider for personal advice related to your situation.

- 1 Arendt K, Segal S. Why Epidurals do not always work. Rev Obstet Gynecol. 2008;1(2):49-55.
- 2 Leighton B, Halpern S. The effects of epidural analgesia on labor, maternal, and neonatal outcomes: A systematic review. Am J Obstet Gynecol 2002;186:569-577.
- 3 Lieberman E, Lange I, Frigoletto F, et al. Epidural analgesia. Intrapartum fever, and neonatal sepsis evaluation. Pediatrics. 1997;99:415-419.
- 4 Berger C, Crosby E, Grodecki W. North American survey of the management of dural puncture occurring during labor epidural analgesia. Can J Anaesth. 1998;45(2):110-114.
- 5 Loo C, Dahlgren g, Irestedt L. Neurological complications in obstetric regional anaesthesia. Int J Obstet Anesth. 2000;9:99-124.
- 6 Green L, Paech M. Obstetric epidural catheter-related infections at a major teaching hospital: a retrospective case series. Int J Obstet Anesth. 2010;19(1):38-43.
- 7 Horlocker,TT. Regional anesthesia and analgesia in the patient receiving thromboprophylaxis. Regional Anesthesia. 1996;21:503-507.

