

Pain is a normal part of labour. There are many medical and non-medical ways to help soothe pain, including support with coaching, breathing techniques, and using the bath or shower. Over time, you may need more help and choose to use more invasive methods of pain management such as an epidural.

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 5-15 minutes and reaches maximum effect by 20-30 minutes. Not all epidurals work perfectly. About 10% leave areas “unfrozen” and some only numb half the body. About 3-5% of epidurals will need to be replaced at some point in labour.

HOW IS AN EPIDURAL PLACED?

- You will have an intravenous (IV) placed in your arm to give you fluids before the epidural is placed.
- Your nurse will help you get into the correct position. You will be asked to remain still for about 10 minutes while a specialist, called an anesthesiologist, places the epidural in your back.
- The anesthesiologist will start by numbing your lower back skin with freezing. This may feel like a bee sting that goes away quickly.
- The doctor will then insert a needle through the frozen area between the spine bones into the epidural space in your back. You may feel an ache or pressure as this is done but it usually does not hurt.
- Once the needle is in the correct space, the anesthesiologist will pass a tiny tube (called a catheter) through the needle into the epidural space. The needle is then removed leaving the catheter in place. Sometimes you may feel a brief tingling sensation down one or both legs as the epidural catheter passes by a nerve.
- The epidural catheter is taped securely to your back and will not be taken out until after your baby is born.
- The anesthesiologist will then inject numbing medication and/or pain medication into the tubing to test the epidural.
- If it is working properly, the epidural catheter will be attached to a medication pump that will continuously deliver pain relief at a steady rate.
- Once the epidural is in place, you will not feel it. It is okay to move around in bed and lay on your back.

WHAT SPECIAL CARE DO I NEED WITH AN EPIDURAL?

A nurse will be with you most, if not all, of the time. They will regularly check:

- Your baby’s heart rate.
- Your breathing, blood pressure, temperature, and your ability to urinate.
- The extent of your numbness by touching you with ice or an alcohol swab to make sure that the medication is not spreading beyond the uterine area.
- Your ability to move your legs.
- If you are having pain and where.

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 gradually decrease and may even go away completely.
- Your legs may feel warm, tingly, and sometimes heavy.

HOW MUCH WILL I BE ABLE TO MOVE IF I HAVE AN EPIDURAL DURING LABOUR?

In consultation with your doctor or midwife, your anesthesiologist can adjust the medication and pump settings in order to increase the likelihood of you being able to move well, use the bathroom, and perhaps walk with assistance. This is called a “walking epidural”. If mobility is important to you, you may need to accept the presence of some discomfort or sensations of pressure because less medication will be used to allow you to mobilize.

Your “walking epidural” may allow you to:

- Move about in bed and use the commode at the bedside, or
- Get out of bed and walk with assistance, use the bathroom, or sit in a chair in the room

Both options will allow you to labour in many positions; however, with an epidural in place, you will not be able to labour in the shower or tub.

If you require a C-section in labour, the anesthesiologist can administer additional pain medicines through the epidural to numb you further, rather than using a spinal anesthetic or a general anesthetic. In this situation, you will be too numb to feel the surgery and would not be able to walk until after the epidural is removed.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF AN EPIDURAL?

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

- Temporary shivering or itchiness
- A fever. Up to 20% of patients will have a fever. It is difficult to know if the fever is from the epidural or from other causes, such as infection. Patients are often given acetaminophen (Tylenol) and antibiotics just to be sure.
- Inability to urinate on your own. If this happens, the nurse will insert a small tube (catheter) into your bladder to empty it.
- A drop in your blood pressure after the epidural is inserted; this may cause your baby’s heart rate to slow down. Your nurse will check your blood pressure as well as baby’s heart rate regularly.
- Labour may slow down, especially if this is your first baby and the epidural is given early in labour. In up to 50% of labours, you may need to receive intravenous (IV) oxytocin, a drug which helps to increase contractions.
- Difficulty pushing your baby out, especially if this is your first baby. You may need a vacuum or forceps to help deliver your baby.
- It is still unknown whether an epidural increases your chance of having a caesarean section (C-section). Studies show conflicting results.

RARE SIDE EFFECTS OF EPIDURALS

- Rarely (less than 1 in 100), the epidural needle goes too far and enters the spinal canal. If this happens, you may get a headache 1-2 days afterward. Contact the clinic if you have a persistent headache that does not go away after you go home.
- 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).
- Very, very rarely (less than 1 in 200,000), an infection may develop in your back or there may be bleeding into the epidural space.

MORE QUESTIONS OR CONCERNS?

If you have additional questions or concerns not addressed here, please bring them up with your doctor or midwife.