

Epidural Anaesthesia

EPIDURAL ANAESTHESIA IN LABOUR & DELIVERY

In labour, some women experience pain that they feel is manageable using only non medical pain relief strategies, while other women prefer to use medication for relief from painful contractions. The team caring for you in labour will work with you to help you make decisions about what options are best for your pain relief, one of which is Epidural Anaesthesia.

WHAT IS EPIDURAL ANAESTHESIA?

It is a type of medication most often used during labour or c-section to stop you from feeling pain in certain parts of your body. It involves inserting a needle into the lower back to place a small tube that allows a continuous infusion of medication that will relieve the pain of contractions. Epidurals provide the most effective pain relief for women in labour.

WHAT IS THE BEST TIME TO GET AN EPIDURAL?

An epidural becomes a good option for pain relief once you are having regular and strong contractions that are changing your cervix (Active Labour). Before your contractions become regular and strong (Early Labour) other options for pain relief are preferred.

WHAT HAPPENS ONCE I DECIDE TO GET AN EPIDURAL?

Before an epidural can be inserted, the Anaesthetist (a doctor who has specialized training in order to do the epidural insertion) will meet you and review your medical history. They will explain to you the risks and benefits of having an epidural for pain relief, and answer any questions you have about getting it.

Your nurse will insert an IV and use it to give you IV fluids. Your blood pressure and heart rate will be checked, and your nurse will listen to the baby's heart rate before the procedure begins.

HOW IS AN EPIDURAL INSERTED?

- You will be asked to sit on the edge of the bed hugging a pillow or lie on your side with your knees curled up to your chest so that your spine curves into the shape of a "C"
- The Anaesthetist will wash your back with a cleaning solution that often feels cold. Then they will inject a tiny amount of medication into the skin so that area of your back is numb. Most people feel a pinching sensation as this medication is injected.

- You will be asked to stay very still while the doctor puts a needle into the epidural space around your spine, which may cause you to have a sensation of pressure in that part of your back. They will then feed a soft plastic tube (called a catheter) through the needle into that area, and the needle is removed once the catheter is in the right place. This can usually be done quite quickly in the time between contractions.
- The catheter is then taped into place and connected to a pump that begins sending pain medications through the tube. These medications will take 20 to 30 minutes to become fully effective, and contractions will begin to feel less and less painful over this time. The medication will continue to flow through the catheter as long as pain relief is needed and will be stopped after your delivery.

HOW WILL I FEEL ONCE I HAVE AN EPIDURAL?

- Your belly and legs will feel numb while the medications are being used, and your legs may feel heavy when you try to move them.
- Some women begin to feel shaky and their body may shiver as the medications begin to work. This is a normal reaction and your nurse may offer you a warm blanket for comfort until the shivering settles.
- Once the medication is stopped and the catheter is removed, you will gradually regain feeling over the next 1-2 hours.

WHAT ARE THE SIDE EFFECTS AND RISKS OF AN EPIDURAL?

Although epidurals are a safe option for you and your baby, it's important to be aware of the risks before making your decision. Most possible side effects are rare and all precautions are taken to prevent them, but some could be very serious. The Anaesthetist will review the risks and possible side effects before beginning the procedure, which include, but are not limited to:

Most Common

- Itchiness
- Numbness/temporarily unable to move your legs
- Nausea and vomiting
- Bruising on your back where the epidural is inserted

Less Common

- A drop in blood pressure which may make you feel lightheaded (1 in 50 people)
- Headache or back pain the first few days after the anaesthetic (1 in 100 people)
- The epidural does not provide proper pain relief and needs to be removed and inserted again (14 in 100 people)

Rare

- Chance of damage to the nerves in the back which may resolve (1 in 1000 people) or possibly be permanent (1 in 150 000 people)
- Infection at the insertion site (1 in 1000 people)

References:

1. Management of Spontaneous Labour at Term in Healthy Women. JOGC, Sept 2016, Volume 28 Issue 9.
2. PRHC Patient Education Handout - Epidural Anesthesia for Obstetrics, June 2000.