

# Labour Epidural Information Comox Valley Hospital



*We believe every pregnant person should have the tools to make informed, empowering decisions.*

*The decision to get an epidural is your choice and you should be free to change your mind at any point during labour.*

*Every person's labour is unique. It is important to discuss decisions about pain relief in labour with your healthcare providers and to have your specific questions answered.*

## *What is a labour epidural?*

A labour epidural involves placing a very thin plastic tube, known as an “epidural catheter” in a person’s lower back. The catheter sits near the nerves that carry pain signals to the spinal cord, but it is placed below the level where the spinal cord itself ends.

Around 60% of people in Canada receive an epidural for childbirth. It is the most effective form of pain relief available for birth and can be used for emergencies like Caesarean birth if they occur.

## *What are the benefits of an epidural?*

1. **Effective pain relief:** epidural pain relief is the most effective type of pain relief available for labour and helps a mother have a positive birth experience.
2. **Non-drowsy:** It allows a mother to be fully awake and aware of the birth experience. Very weak concentrations of numbing medications and opioid pain medications are usually used for labour, so only a tiny amount gets into a mother's blood stream. This means that unlike many other types of pain relief like IV medications and inhaled drugs, it does not cause drowsiness.
3. **Safe for your baby.** Only tiny amounts of epidural medications ever enter a mother's blood stream ensuring that your baby is not affected.
4. **Allows mother to rest:** Once the epidural has been placed, some people may feel sleepy because their pain has finally been relieved, but not because the medications cause drowsiness. This provides a chance to rest (even sleep) for both the mother and her birth partner.
5. **Lowers stress hormones:** Because of labour pain, stress hormones levels are increased. Epidural pain relief helps lower stress hormone levels, which can help lower blood pressure and heart rate.
6. **Can be used for Caesarean birth if required:** It allows easier, and potentially safer anaesthesia for a caesarean birth. If your obstetricians decide that a caesarean birth is necessary for the safety of mother or baby, additional stronger numbing medications can be given through the catheter. This avoids the need for a new spinal injection or general anaesthesia (going fully to sleep and needing a breathing tube).

## What are the risks of an epidural?

Like any procedure, the risk is never zero, but in this case, the benefits are much greater than the risks. Sometimes complications can happen but if they do happen, most are easily managed without bad outcomes for the mother or baby.

### Serious Risks:

- **Blood clot** (*hematoma*) inside the spine = Very Rare (1:170 000-1:million) <0.0006%
- **Infection** in the spine or around the brain = Very Rare (1:50 000-100 000) <0.002%
- **Severe damage to nerves** = Very Rare 1:250 000 <0.0004%

### Less Serious Risks:

- **Complications related to catheter position** (*injection of local anesthetic into bloodstream or spinal space*) = Rare (1:4 000-5 000) <0.02%
- **Postdural puncture headache** (*severe headache*) = Uncommon (1:100-500) <1%
- **Incomplete pain relief** = Common (1:10-50) 2-10% and may require replacing epidural



## What are the possible side effects of an epidural?

- **A drop in blood pressure:** *It is usually brief and responds quickly to treatment.*
- **Soreness in the back for a few days:** *Long lasting back pain is NOT caused by epidurals but is common after any pregnancy, because of the normal effects of pregnancy on the muscles and ligaments of the back.*
- **Itching, fever, and heaviness in the legs** may also occur

### *Is there any reason why I can't get an epidural?*

There are some medical conditions that can mean it is unsafe or very difficult to place an epidural. Some examples are **problems with blood clotting or taking blood thinners, or bad infection**.

### *What will it feel like when the epidural is working?*

- You may feel numb below your belly button
- Your legs may feel warm, tingly and a bit heavy
- Your **contractions feel much less painful**, but you may still feel pressure

### *How long does the pain relief last?*

Pain medication can continue to be **given for as long as you need it**—until shortly after birth. When the catheter is attached to a medication pump, you will get a button that you can press to give yourself extra doses of pain medicine a few times every hour as you decide you need.

### *Does it hurt?*

- The **local anaesthetic** (numbing medicine) that is placed under the skin in the lower back **does sting a bit** (like having freezing done at the dentist).
- Once the area is numb you will only feel pushing during the epidural insertion (not pain).

## How is the procedure done?

- Epidurals are performed **in the labour room** where you plan to give birth.
- You can expect to have an IV, blood pressure monitor, in addition to monitoring your baby's heart rate and contractions of the uterus. *Many women require this type of monitoring regardless of having an epidural.*
- The position for an epidural insertion can be either sitting up or lying on the side with your **back curved like the letter "C."**



- It is a **sterile procedure**, so the person performing the epidural will wear a mask and sterile gloves and clean your back with antiseptic liquid.
- Numbing medication (**local anaesthetic**) is given with a very small needle under the skin in your lower back. This medication stings a bit and it is similar to numbing medicine given at the dentist. It is a similar feeling to having your IV started.
- After the area is numb you will **feel pressure and pushing** (not pain) in your back when the epidural needle is used to locate the correct space.
- **It can take several minutes to place** – everyone is a little different and every time it is done, it can feel a little different. Once it is in the right place, the tube or catheter is passed into the epidural space. Nothing sharp stays in your back.

## *When should I ask for an epidural? Is there a 'window'?*

**A person can get an epidural at almost any time in labour.** In most cases we wait until you are in **active labour (strong regular contractions)** prior to starting an epidural but some patients with a long early labour can benefit from placement of an epidural earlier. If your cervix is fully dilated (10cm) and it is time to 'push' most women do not elect for an epidural as it is difficult to position yourself for the procedure. You can request an epidural at any point during your labour and your obstetrical care provider will help you understand when it is most appropriate.

It is important to know that asking for an epidural earlier in your labour will ensure that you have good pain control in a timely fashion. **It usually takes over an 1hr after you request an epidural until you can rest comfortably** and can sometimes take much longer.

## *Will it limit my ability to eat, move, walk around?*

You will **usually have to stay in bed** after getting an epidural and you are usually only allowed to **drink clear fluids** (water, juice, gatorade).

It is **not safe to walk afterward because of a higher risk of falling.** Most people are able to move well on their bed and assume different positions for labour.

Having an epidural can also take away the urge to urinate so a **urinary catheter** is usually placed (painlessly) to drain your bladder.

## *Will an epidural slow down my labour?*

Getting an epidural could possibly make the **pushing stage of labour longer by about 30 minutes** in most people, and potentially up to 50 minutes, but most of the time it is not noticeable to you, because of how long labour can last anyway.

### *Will an epidural increase my risk of having a Caesarean birth?*

Getting an epidural **will not increase the risk of having a caesarean birth**. It could slightly increase the risk of the physician needing to deliver the baby with special tools like a vacuum or forceps.

### *Will an epidural cause any harm to my baby?*

Epidurals are **safe for your baby**. Less medication gets into your bloodstream than if you get other types of medication for pain, like through an IV or inhaled medication.

### *Will it affect my ability to breastfeed?*

Getting an epidural **will not affect your ability to breastfeed** your baby.

### *Further questions:*

If you have further questions about epidurals or anaesthesia care around your birth please request that your obstetrical care provider **refer you to the anaesthesia department for a consultation**.

### *References:*

1. *Society of Obstetrics Anesthesia and Perinatology. A Product of the SOAP education subcommittee. Aug 2021.*
2. *BC Women's Hospital Information on Epidurals. 2021*
3. *Pain relief during childbirth, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Australian Society of Anaesthetists, Edition 1, 14 Dec 2006.*
4. *Pain relief in Labour, Obstetric Anaesthetists' Association, 3rd Edition, January 2008.*
5. *Schung SA, Palmer GM, Scott DA, Halliwell R, Trina J (editors); Acute Pain Management: Scientific Evidence, 4th edition, ANZCA & FPM, Melbourne.*