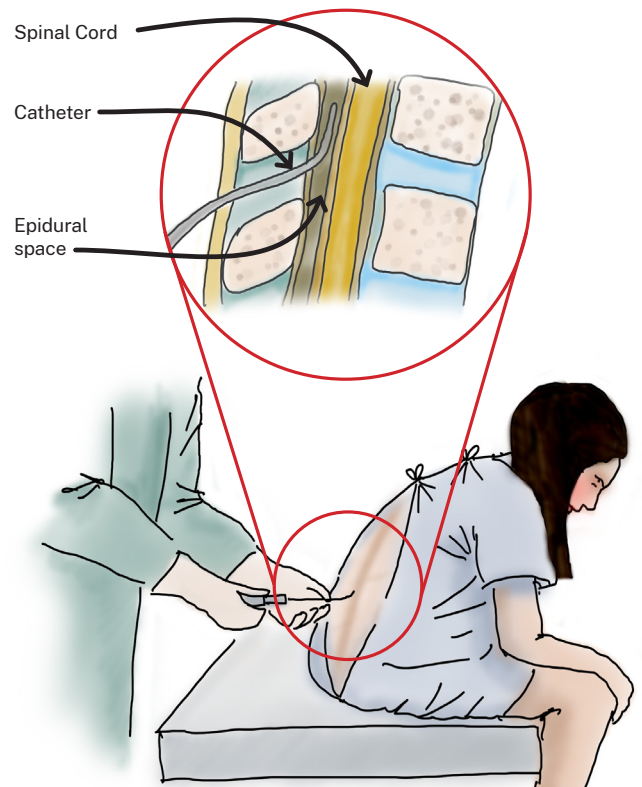


Epidural for Pain Relief in Labour

This information answers some commonly asked questions about epidurals to treat pain in labour. It does not replace discussion with your midwife or doctor about your situation and what matters to you. We encourage you to ask questions and take time to consider your options.

What is an epidural for labour?

- It is a form of pain relief to make your labour less painful.
- Usually a low strength local anaesthetic is used to maintain strength for pushing and general movement.
- A small amount of a Morphine like drug (Fentanyl) is also used.
- Local Anaesthetic and Fentanyl are given through the Epidural tube to block pain nerves in the lower spine and provide pain relief until the baby is born.



How is an epidural put in?

It will take about 30 minutes to put the epidural in and about an hour until you have good pain relief.

- A cannula (needle and drip) is put in your arm to deliver fluid.
- You will need to sit up or lie on your side in a curled position. Antiseptic is put on your back to clean the skin.
- Local anaesthetic will be used to numb the skin
- A special needle is used to insert a thin plastic tube, called an epidural catheter, between the bones of your lower spine into the epidural space (space around spinal cord).

- It is very important to stay very still and not move when the needle is in your back.

You may feel a small electric 'zap' when the catheter is inserted. This is brief and not harmful.

- The needle is taken out of your back.
- The epidural catheter (tubing) is taped in place.
- Local Anaesthetic (numbing medication) is given through the tube. This blocks feeling and movement signals ("nerve block") between your lower body and brain.
- After you have an epidural you will need to stay in bed because your legs will feel numb and slightly weak.
- You will not feel the need to urinate, so we put in a catheter (tube to your bladder) to collect urine.

Once an epidural is started it will take about an hour to achieve good pain relief. The time between requesting an epidural and starting the procedure can be affected by the availability of an Anaesthetist. Once in established labour, if you decide on having an epidural it is better to ask for it earlier than later.

What are the advantages of an epidural?

- An epidural is more effective pain relief for labour and birth than breathing nitrous oxide gas or injections.
- An epidural allows you to be awake if you need caesarean surgery. This means you can see your baby being born and usually have early skin to skin with your baby.

Research shows that low strength epidurals:

- Do not change how long labour will take.
- Do not increase your chance of needing an emergency caesarean.
- Do not increase the risk of back pain after birth.

Will an epidural harm my baby?

- Almost any medication given in labour and birth has the potential to reach the baby. Because the epidural catheter is close to the nerves that sense pain, medications used are in very small doses.
- Research shows that an epidural does not affect your baby's wellbeing at birth.

What else do I need to know?

- An epidural can lower your blood pressure which may affect your baby's heart rate. In most cases additional fluid will quickly correct this. We recommend continuous monitoring of your baby's heart beat once you decide to have an epidural.
- Additional fluid can cause the breasts to swell and cause difficulty with feeding. This is not common. If this happens then please ask us for support to assist you in your breastfeeding.
- If you have an epidural for more than a few hours, you might get a fever. If this happens we may recommend you or your baby have antibiotics in case there is an infection.

What are the risks of an epidural?

Risk	How often it happens
Feeling itchy	Very common.
Fever or shivering	Very common.
You need extra local anaesthetic	Common. 1 in 8
Your blood pressure might drop. This is usually mild and easily treated. We check your blood pressure often when you have an epidural.	Common. 1 in 20
Epidural does not take away all the pain	Uncommon. 1 in 50
Headache	Uncommon. 1 in 100
Severe headache	Uncommon. 1 in 100
Nerve damage	Very rare. Less than 1 in 13,000
Infection near the spine or in brain	Very rare. 1 in 50,000
Unexpected Anaesthetic spread to other parts of the body like breathing muscles	Very rare. 1 in 100,000
Blood clot caused by epidural	Very rare. 1 in 170,000
Local Anaesthetic overdose. An antidote is available on birth suite if this happens.	Very rare.
Severe injury, including permanent paralysis	Extremely rare. 1 in 250,000