



EPIDURAL INFORMATION CARD

You have been given this card to provide you with information on epidurals for pain relief in labour. Please ask your Midwife or Anaesthetist any additional questions you may have.

Further information including alternative methods of pain relief in labour and language translations can be found at: <https://www.labourpains.org> (or please scan the labourpains.org QR code above).

What is an epidural?

- An epidural catheter is a very thin, plastic tube inserted between the bones in your spine.
- Local anaesthetic and opioid pain medication are given down this tube, blocking pain in the nerves from the spine and provides pain relief until the baby is born.

What is needed before putting in an epidural?

- An intravenous cannula (or drip) in your hand or arm to give you fluid.
- A urinary catheter (a small tube inserted into the bladder); some people may temporarily lose the feeling to pass urine.
- Continuous monitoring of the baby (fetal heart rate).
- Discussion with an Anaesthetist and your consent for the procedure.

How is an epidural put in?

- An Anaesthetist will take approximately 20 minutes to place the epidural.
- The Midwife will help to position you, usually sitting in a 'slouched' position and ask you to sit as still as you can manage during the procedure.
- Your lower back will be sprayed with a cold antiseptic to clean the skin.
- Local anaesthetic will then be injected into the skin of your lower back. This may sting for a few seconds. You should only feel a pushing sensation in your back while the epidural is inserted.
- When the epidural catheter is inserted, you may feel a brief electric shock in your back or legs. This is not harmful.
- The needle will be removed, and the epidural catheter will be taped into place, to prevent it falling out.
- Once the first dose of anaesthetic is given into the epidural, it usually takes 20 minute to take effect. Your Midwife or Anaesthetist will regularly check if the epidural is working, but if you are uncomfortable, please tell them.



What are the good things about epidurals?

- They usually provide excellent pain relief. Some people are still able to feel painless contractions.
- If you need forceps or an emergency caesarean to deliver your baby, the epidural can often be used. If the epidural is working well, the procedure can start sooner.
- Epidurals do not increase your chance of needing an emergency caesarean, do not affect the condition of the baby when it is born, nor do they effect breastfeeding.

What are the possible problems with epidurals?

- Epidurals may cause your blood pressure to drop, causing you to feel light-headed or nauseous. Some people may also feel shivery, itchy or feverish.
- The site in your lower back where the epidural was inserted may be tender or mildly bruised for a few days. Backache is not caused by epidurals but is common after any pregnancy.
- Repeated doses (or 'top-ups'), especially if you need a stronger local anaesthetic medication, may mean your legs become heavy and weaker. It is important you do not try and walk until the numbness has worn off.
- The second stage of labour (the pushing stage) may be slowed down slightly. The risk of needing some help (Ventouse or forceps) with delivering your baby is also slightly increased.
- Some epidurals do not provide full pain relief and need to be adjusted or replaced.

The following table shows the types of risks which could occur with an epidural:

Type of Risk	How often does this happen? *	How common is it?
Significant drop in blood pressure	One in every 50	Occasional
Not working well (eg one sided) and requires adjustment	One in every 8	Common
Not working well enough for a caesarean section (may require re-siting or alternative anaesthesia)	One in every 20	Sometimes
Severe headache	One in every 100 (epidural) One in every 100-200 (spinal)	Uncommon
Nerve damage (numb patch on leg or foot, or having weak leg)	Temporary – one in every 1,000	Rare
Effect lasting more than 6 months	Permanent – one in every 13,000	Rare
Epidural abscess (infection)	One in every 50,000	Very Rare
Meningitis	One in every 100,000	Very Rare



Type of Risk	How often does this happen? *	How common is it?
Epidural haematoma (blood clot)	One in every 170,000	Very Rare
Severe nerve injury, including being paralysed	One in every 250,000	Extremely Rare

*The information available from published documents does not give accurate figures for all of these risks. The figures shown above are estimates. Reference: www.labourpains.org (March 21 edition)

What is Patient-Controlled Epidural Analgesia (PCEA)?

- This allows you to give yourself doses of the epidural pain-relief when you need them. You will be given a handset with a button, which when pressed gives a small amount of anaesthetic.
- It is safe to use. The pump is programmed so you cannot give yourself too much pain relief even if you keep pressing the button.
- The Anaesthetist and Midwife will help and support you with how to use it.
- It is useful to inform your Midwife when you press the button so that your blood pressure and the efficacy of the epidural can be monitored.

Please feel free to discuss any questions or concerns with your Midwife or Anaesthetist

We aim to provide the best care for every patient. So, we would like your feedback on the quality of the care you have received from the Hospital. Please visit: <http://ratenhs.uk/IQu9vx> Or scan QR code:

