



Epidural information

What is an epidural?

An epidural will make your labour less painful. A small plastic tube, called an epidural catheter, is inserted between the bones of your spine. Local anaesthetic is given down the tube, blocking pain in the nerves of the spine. This provides pain relief until the baby is born.

What are the advantages of an epidural?

- You may still be able to feel painless contractions.
- If you need a forceps or emergency caesarean to birth your baby, the epidural can often be used. If the epidural is working well, the procedure can start sooner.
- Having an epidural already inserted, usually means that you won't need to have a general anaesthetic during a caesarean and will be awake for the birth of your baby.

Research shows that:

- epidurals do not directly affect your baby
- epidurals do not increase your chance of needing an emergency caesarean
- epidurals give better pain relief for labour and birth than tablets or injections.

About 30 in every 100 women, who give birth at the Royal Women's Hospital, choose to have an epidural.

What are the problems with epidurals?

- Your blood pressure may drop, causing you to feel light-headed or nauseous. We will check your blood pressure often while you have an epidural in.
- You will need to stay in bed because your legs may feel heavy and numb.
- The epidural may take away the feeling or urge to urinate. We may use a catheter, which is a tube that collects urine from your bladder.
- You may feel shivery, feverish or itchy.
- The epidural may not always provide total pain relief. If you still have pain the anaesthetist may use more anaesthetic. Sometimes though, the epidural will need to be taken out and put back in.
- Less than one in one hundred women will develop a severe headache in the days following the epidural. This can be treated.

- An epidural can sometimes make the second stage of your labour longer and may increase the need to use forceps to help your baby's birth.

What are the risks of an epidural?

Risk	How often does it happen?	
Blood pressure drop	Common	1 in 20
Require additional anaesthetic	Common	1 in 8
Headache	Uncommon	1 in 100
Nerve damage	Very rare	Less than 1 in 13,000
Epidural infection / meningitis	Very rare	1 in 50,000
Epidural blood clot	Very rare	1 in 170,000
Unexpected anaesthetic spread	Very rare	1 in 100,000
Severe injury, including paralysis	Extremely rare	1 in 250,000

How is an epidural put in?

An anaesthetist will put the epidural in, this takes about 20 minutes.

A drip will be put in your hand or arm.

We will help you into position to place the epidural, either on your side or sitting up.

Cold antiseptic solution will be painted onto your lower back to clean the skin.

Local anaesthetic will be injected into your back. This will sting for a few seconds. You will feel a pushing sensation in your back while the epidural is inserted. It is very important that you keep perfectly still while this is done to avoid any damage to the nerves in your spine.

When the epidural catheter is inserted, you may feel an electric shock in your back and down your legs. This will last for a moment and then go away. It is not harmful.

The needle will be removed from your back and the epidural catheter will be taped into place to prevent it coming out.

Once the anaesthetic is given down the tube, it will take about 20 minutes to take effect.

Questions and concerns

Talk to your obstetrician or midwife, who can arrange for you to speak with an anaesthetist.

The Women's Health Information Centre (WHIC) can also give you information and talk with you about your concerns. Telephone (03) 8345 3045 or visit the WHIC on the ground floor near the front entrance to the Women's.



You have a right to an interpreter.
Ask the staff caring for you to contact
Interpreter Language Services and arrange for an interpreter to help you.

All information contained within is current at the time of writing.

Please direct correspondence to

Acute Pain Service
Anaesthetic Department
Royal Women's Hospital
Locked Bag 300
Parkville VIC 3052
Tel: (03) 8345 2389

References

Pain relief during childbirth, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Australian society of Anaesthetists, Edition 1, 14 Dec 2006.

Pain relief in Labour, Obstetric Anaesthetists' Association, 3rd Edition, January 2008.

Epidural Information Card, Obstetric Anaesthetists' Association, January 2008 Macintyre PE, et al, APM:SE Working Group of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine (2010), *Acute Pain Management: Scientific Evidence* (3rd edition), ANZCA & FPM, Melbourne.

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