

Our Department of Anesthesia wants to tell you about **Epidural Analgesia for Labour and Delivery**. We have provided information about the procedure, benefits, risks and alternatives. With this information, you can decide whether to include an epidural in your childbirth plan and to consent for it at the time of delivery. If you have any questions, health conditions or would like more information; please ask to be referred to our Pre-Anesthesia clinic for a consultation.

### Why do I need information on epidurals when I want "natural" childbirth?

Even if you are not planning to have an epidural, it's still important to be informed about them. Although you may not want one initially, you may change your mind once you experience the pain of labour. Even if you have tolerated labour pain with a previous child, there is a possibility that the pain with this pregnancy may be worse. Also, unplanned situations may arise where an epidural may be beneficial (high blood pressure, cesarean section, severe labour pain, baby's position). We feel that the best way to give informed consent for this procedure is for you to read this material before you go into active labour. It is not easy to discuss epidurals during active labor when you may be distracted by pain and fatigue.

### What is an epidural?

An epidural is a method of pain relief using local anesthetics (freezing) and narcotics injected between the bones of your lower back. This blocks the pain caused by childbirth, which travels in the nerves coming out of the spinal cord.

### How is an epidural placed?

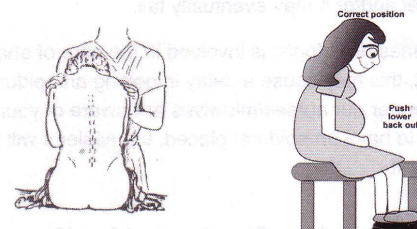
Before an epidural can be given, blood results must be checked and an intravenous started. You will be positioned sitting up or lying on your side. The nurse/midwife will assist you to get into the proper position.

It is a sterile procedure to keep the risk of infection to a minimum. A cleansing solution is used to sterilize the skin of your back. The anesthesiologist, the doctor who gives you the epidural, wears a mask and gloves to protect you.

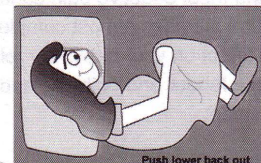
The skin over your lower back will be frozen and an epidural needle inserted. The epidural needle is

advanced to a space just outside of the fluid filled sac where the spinal cord and spinal nerves sit (the epidural space).

Once the epidural needle is in the epidural space, an epidural catheter (a small plastic tube) is passed through the needle and the needle is removed. A solution of local anesthetic (freezing) and often a narcotic is then given through this catheter. Pain relief begins after a few contractions, taking full effect in 15 to 20 minutes.



Correct position



### How long will the pain relief last?

To keep you comfortable, an infusion pump will continue to inject the epidural solution into the epidural catheter until you give birth. Occasionally, an extra dose is required as labour continues if the pain becomes worse. This can be provided by the nurse/midwife or by you pushing a button attached to the epidural infusion pump (patient-controlled epidural analgesia – PCEA) in which case you will be instructed.



### **Will I be able to move after having an epidural?**

You will be able to move your upper body and legs and turn from side to side. Occasionally, your legs may become numb and heavy (weak). It is necessary to stay in bed while the epidural is working and after birth until the numbness is gone from your legs – about one to three hours. You will still be able to help with the pushing stage.

### **Who decides if I need an epidural?**

In most cases, you decide. If your situation may benefit from an epidural, your caregiver will suggest its inclusion in your care plan. An obstetrician, midwife, nurse or anesthesiologist would advise you if needed.

### **Will I always get an epidural if I want one?**

Not always. Conditions that affect blood clotting or existing infection may not allow it. Any important back problems such as scoliosis, previous back surgery or morbid obesity, may make it very difficult to insert an epidural and/or it may eventually fail.

If the anesthesiologist is involved in the care of another patient, this may cause a delay in getting an epidural. The sooner our nurses/midwives are aware of your desire to have an epidural placed, the easier it will be to plan for it.

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

Epidurals are the most effective pain control that we can offer. An epidural provides almost complete pain relief with little or no affect on your baby. By relaxing you, it can improve your labour and delivery, and often allow much needed sleep.

### **How will the epidural affect my baby?**

An epidural is a safe method of pain control and will not harm your baby. It may even improve blood supply to

### **the uterus and oxygen to your baby. What risks are involved?**

Like any medical procedure involving medications and needles, there is a slight risk. Every precaution is taken to reduce any risk of complication to a minimum.

Serious or long-term complications are very rare but have occurred: paralysis of the legs, respiratory and cardiac arrest, brain damage and even death (1:100,000). Other rare problems include bleeding or infection around the spine – possibly requiring surgery (1:50,000) and nerve damage and seizures (1:10,000). There have been rare instances of equipment failure resulting in needle and catheter breakage.

Minor complications like headaches may occur in less than 1:100 cases. This is caused by the needle going too far in and puncturing the fluid-filled sac where the spinal nerves sit – a “spinal tap”. The “spinal headache” gets worse with sitting or standing. It gets better with lying down. If spinal headache occurs, the anesthesiologist might discuss the option of an “epidural blood patch” as a remedy.

Backaches occur just as frequently after birth whether an epidural has been given or not.

Epidurals do not always have the expected effect. Occasionally, you can have one-sided “freezing” or a “patchy” block. Infrequently, it does not work at all. In most cases satisfactory pain relief can be achieved with manipulation of the epidural catheter, some extra doses of medication, or sometimes repeating the procedure.

Other side effects include low blood pressure, nausea, dizziness, itching and low fever. Urinary retention is common, so it is routine to insert a urinary catheter.

**Epidurals do NOT increase your risk of needing a cesarean section for delivery.**

**Options:** Medications such as narcotics, can be used for pain relief instead of an epidural. These are usually not as effective in relieving severe pain and could affect your baby. Our hospital does not offer nitrous oxide (laughing gas) as other countries do. Our nurses/midwives are skilled and would help you with “natural” childbirth if you choose.

*If you would like more information on epidurals, speak with your prenatal teacher, obstetrician, midwife, nurse or ask to see an anesthesiologist. We hope to make your childbirth experience at Grand River Hospital a positive one. Every precaution will be taken for your complete safety and comfort.*