

## **Epidural Analgesia**

There are many options for managing pain during labor. You might decide before you begin labor that you want pain medication, or you may not want any medications. This handout discusses epidural analgesia.

### **What is Epidural Analgesia?**

Epidural analgesia is a local anesthetic placed in a part of your back where it numbs the nerves that go from your pelvis and legs to your brain. The anesthetic is like the kind you get when you go to the dentist. With an epidural, you get an injection into the space around the nerves in your spine that makes your body numb below the site of the injection.

### **How Does an Epidural Work?**

All of the nerves of the body send their messages to the brain through the spine. Anesthetics are medicines that block the messages from traveling up the nerves of your back to the brain. When the pain messages are blocked before getting to your brain, you do not “feel” the pain.

### **How is an Epidural Done?**

You will have to sit on the side of the bed or curl up on your side on the bed for the procedure. At Presbyterian Hospital all of the members of your labor support team (including your partner) will need to leave the room; at Women’s hospital, one person may remain in the room with you. The nurse anesthetist or anesthesia doctor will give you a shot of Novocain in your back to numb the area. Then he/she will put a long needle through that numbed area into the epidural space (a very small space around the nerves of your spine). When he or she has found the space, a thin tube (“catheter”) will be threaded through the needle, and the needle is removed. A pump is then set up to deliver the anesthesia through the tube into the epidural space during your labor. You will keep getting the medication throughout your labor - an epidural does not “run out”. After birth, the tube will be taken out. The numbness will begin to go away. You will be able to move your legs and walk in an hour or so.

### **How Well Does an Epidural Work?**

For some women, an epidural works very well. Within 15 to 20 minutes of starting the anesthesia, they lose feeling below the waist. Many women are so comfortable they can talk, watch television, or even sleep. Occasionally, the epidural does not work as well, and you may continue to feel pain or pressure even though your legs are numb. There is no way to guess who will get a “pain free” epidural and who will have an epidural that does not work completely. Most women can still feel the pressure of the baby’s head with an epidural.

### **What Are the Benefits of an Epidural?**

- If the epidural works well, you will not feel the intense pain of labor.
- Sometimes—especially with a first baby—early labor may be long. An epidural can give you a chance to rest so that you can gather your strength for active labor and birth.
- If you are very anxious, an epidural may help you relax. In some women it appears that the epidural may actually make your labor go more quickly.
- If you need a cesarean section, your epidural can be used to make you numb for the surgery.
- Women with twins or women who are having a TOLAC (Trial of Labor after Cesarean) may use an epidural so they are prepared for a cesarean section if their baby (or babies) has problems during labor or birth.

## **Are There Risks Associated With Having an Epidural During Labor?**

Your labor progress depends on lots of things: the size of your pelvis, the size of your baby, the position of your baby, and the strength of your contractions. Most of these factors are out of your control. Sometimes an epidural can help and sometimes it makes labor longer and more complicated. The following information will help you balance the risks and benefits of using an epidural:

### **Risks of Insertion and Placement of Anesthesia in the Epidural Space**

- The epidural is inserted sterilely, but there is a small chance of infection at the site where the needle is inserted. A serious infection could cause paralysis or, very rarely, death.
- The needle could hit a nerve and cause nerve damage or paralysis. In most people, the spinal cord is above the area where the needle is placed, which is why this problem is rare.
- If the epidural is incorrectly placed too high in your back or into spinal fluid, you may lose the sensation of your breathing – the anesthesiologist is always close by immediately after the procedure to ensure that this does not cause a continual problem.

### **Side Effects and Risks During Labor**

It is not uncommon to experience a blood pressure drop after receiving an epidural. Medication is available if needed to correct this. Low blood pressure can make you feel dizzy. All women receive IV fluids before getting an epidural to help prevent low blood pressure.

Some women may become itchy from the medication in the epidural. If this happens, another medication can be given to counteract it. It could make you sleepy.

- If your bladder is full, you will not be able to feel the sensation to urinate, so you will need a catheter to drain the urine after the epidural is placed.
- Women who have an epidural have a higher chance of getting a fever during labor, and then the baby may need additional blood work and observation to rule out infection.
- Women who have an epidural placed early in their labor are more likely to need medication to make contractions stronger.
- Your legs will be numb. Once you have an epidural you cannot get out of bed at all until the epidural medicine is turned off. If your baby gets stuck in a “crooked” position, you may not be able to move around to “jiggle” the baby into a good position. This may increase your chance of needing a cesarean section.
- It may be hard to feel your contractions when you need to push. Pushing takes longer.
- Women who have an epidural have a higher chance of needing a vacuum or forceps to help give birth.

### **Risks Afterward**

- The most common risk of an epidural after the baby is born is a “spinal headache.” This only happens one or two times for every 100 epidurals that are used. This is a terrible headache that comes 1 to 2 days after the epidural is removed. If you get a spinal headache, you will need to return to the hospital to have a special procedure called a “blood patch.” The patch usually helps right away.
- Your baby may have a harder time getting started breastfeeding.
- Many women report ongoing back pain after an epidural, but we do not know if this is because of the epidural or because of other things that may have happened during their labor.
- There is a very, very small risk of permanent paralysis—loss of the ability to move your legs.

### **For More Information**

*Childbirth Connection*: Labor Pain → Options: Labor Pain → Epidural & Spinal

<http://www.childbirthconnection.org/article.asp?ck=10190&ClickedLink=264&area=27>