

Epidural pain relief in labour

The aim of this leaflet is to explain pain relief in labour using an epidural. There are several other methods of pain relief available during labour. You can discuss these with your midwife or anaesthetist.

What is an epidural?

An epidural is a method of providing pain relief during labour pain. It is the most effective method of providing pain relief and does not cause drowsiness to you or your baby. An epidural involves inserting a very thin plastic tube called a catheter into your back and connecting it to a pump. The pump gives pain-relieving medicine called local anaesthetic into the tube which acts on the nerves which transmit pain signals. This causes a reduction or removal of the pain sensation of contractions.



How is an epidural inserted?

Epidurals are inserted by specially trained doctors called anaesthetists. Before being given an epidural, an anaesthetist will come and discuss it with you. You should feel free to ask your anaesthetist any questions or concerns which you have. A cannula ('drip') will be inserted into your hand. The anaesthetist will clean your back with antiseptic. It is important to be in the correct position (curled up, usually with you sitting but sometimes on your side) for the epidural to be inserted, and to be still when the procedure is carried out. Your midwife will help you to do this. The anaesthetist will inject some local anaesthetic into the skin of your lower back to numb the area. Once the area is numb, the anaesthetist will use a different needle to find the correct space in your back and to insert the epidural catheter. Once the catheter is in place, the needle is removed and the catheter is kept in place with some sticky dressings. An epidural usually takes 40-60 minutes to work, including preparing the equipment, inserting the catheter and time for the medicines to work.

What happens once the epidural is inserted?

Once your epidural is inserted the anaesthetist will check it carefully and then attach the pump. The pump will provide anaesthetic medicine to the epidural catheter throughout your labour and delivery. In addition, you can give yourself extra doses (top-ups) using a handset connected to the pump so that you remain comfortable throughout the rest of your labour. Your midwife will check your blood pressure regularly as it can occasionally drop after an epidural is inserted. You should still be able to move in bed, but if the epidural is in place for a long time your legs may start to feel a little heavy or weak. For this reason, you may not be able to walk to the toilet so your midwife may insert a small tube (catheter) briefly to empty your bladder. Your baby's heart rate will be monitored continuously once you have an epidural.

Who cannot have an epidural?

Most people can have an epidural, but there are some conditions which are unsuitable for this type of pain relief. For example, patients who have bleeding disorders or are taking medicines to thin their blood, and some patients who have had complex surgery to their back.

Are there any problems with an epidural?

An epidural should not make you feel drowsy or sick and will have very little effect on your baby. Sometimes the epidural does not work well to start with. The chance of this is about 1 in 10. If this happens, the anaesthetist will discuss how to manage this. This may involve adjusting the epidural or adding some extra medication to it, or sometimes taking it out and trying again. Epidurals are associated with a small increased chance of needing a forceps or suction cup delivery, but they do not increase the chance of having a caesarean section. There is a 1 in 100 chance of a bad headache. The risk of nerve injury is very low. There is a 1 in 1000 chance of temporary nerve injury which can cause numbness or weakness in your legs or feet that improves over time: usually days, weeks or months. Permanent nerve injury is very rare and happens in 1 in 15,000 people.

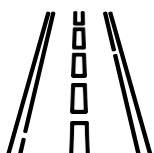
Risks and probability

People vary in how they interpret words and numbers. This scale is provided to help.



1 in 10

One person in
your family



1 in 100

One person in
your street



1 in 1000

One person in
a village



1 in 10,000

One person in
a small town



1 in 100,000

One person in
a large town

Sources

LabourPains.com (2021). Epidural Information Card.

Available at: <https://www.labourpains.com/Epidural-Information-Card>.

LabourPains.com (2020). Risks of Regional Anaesthesia (Epidurals & Spinals) and General Anaesthesia Explained. Available at: https://www.labourpains.com/assets/_managed/cms/files/New%20Leaflets/Labour%20pain%20infographic_04_2021.pdf

Royal College of Anaesthetists (2009). 3rd National Audit Project. London: Royal College of Anaesthetists. Available at: https://www.nationalauditprojects.org.uk/NAP3_home.

This leaflet was produced by the obstetric anaesthetists at the Royal Infirmary of Edinburgh. There are more excellent resources which you can read including those published by the Royal College of Obstetricians & Gynaecologists (RCOG) and LabourPains.com. Scan the QR codes to access these.



[rcog.org.uk](https://www.rcog.org.uk)



[LabourPains.com](https://www.LabourPains.com)