

EPIDURAL INFORMATION CARD

Epidurals in labour – what you need to know

(This card is a summary. Further information is available from www.labourpains.com
Please discuss anything that is not clear with your anaesthetist).

Setting up your epidural

- You will need to have an intravenous cannula and a drip.
- While the epidural is being put in, it is important that you keep still and let the anaesthetist know if you are having a contraction.
- Usually takes 20 minutes to set up and 20 minutes to work.
- Some epidurals do not work fully and need to be adjusted or replaced.

Advantages of an epidural

- Usually provides excellent pain relief.
- Sometimes a **spinal** is given first for a quicker effect.
- The dose or type of local anaesthetic can sometimes be altered to allow you to move around the bed. This is a low-dose (or mobile) epidural.
- In general epidurals do not affect your baby.
- Can be topped up for caesarean section if required.

Possible problems with your epidural

- Repeated top-ups with stronger local anaesthetic may cause temporary leg weakness and increase the risk of forceps or ventouse delivery.
- The epidural may slow down the second stage of labour slightly.
- You may develop low blood pressure, itching or a fever during the epidural.
- The epidural site may be tender but usually only for a few days. Backache is NOT caused by epidurals but is common after any pregnancy.

The other side of this card gives important risks of epidurals

Risks of having an epidural to reduce labour pain

Type of risk	How often does this happen?	How common is it?
Significant drop in blood pressure	One in every 50 women	Occasional
Not working well enough to reduce labour pain so you need to use other ways of lessening pain	One in every 8 women	Common
Multiple attempts Procedure may be performed by a different Anaesthetist to the one performing the pre-operative assessment	Unknown	Occasional
Not working well enough for a Caesarian section so you need to have a general anaesthetic	One in every 20 women	Sometimes
Severe headache	One in every 100 women	Uncommon
Nerve damage (e.g. numb patch on a leg or foot, or having a weak leg) Effects lasting for more than 6 months	Temporary- one in every 1000 women Permanent- one in every 13000 women	Rare Please note most nerve damage in pregnancy is related to the birthing process, e.g. obstetric palsy
High block	One in every 2000 women	Rare
Epidural abscess (infection)	One in every 50 000 women	Very rare
Meningitis	One in every 100 000 women	Very rare
Epidural haematoma (bloodclot)	One in every 170 000 women	Very rare
Accidental unconsciousness	One in every 100 000 women	Very rare
Severe injury, including being paralysed	One in every 250 000 women	Extremely rare

The information available from the published documents does not give accurate figures for all of these risks. The figures shown above are estimates and may be different in different hospitals.

Data adapted from Obstetric Anaesthetists' Association.