

LABOUR EPIDURALS: KNOW THE FACTS!



Grant number B8749.R01

What is a labour epidural?

A labour epidural is an injection in your lower back that can help with the pain you feel during labour. After the injection a very small tube is put in your back so more pain medication can be given to you if needed, but without having to give you another injection. **Epidurals are safe and very good at helping with labour pain.**

Who can and can't have an epidural?

Generally all young healthy women can have epidurals. If you are interested in having an epidural please check with your nurse and doctor to find out if you are a candidate.

Below is a list of problems that may stop you from getting an epidural:

- It is very early or very late in labour;
- Some heart problems;
- If you have previously had back surgery;
- Very bad infections or infections at the place where the injection needs to be made;
- Bleeding problems (your blood doesn't clot easily);
- Some diseases of the nerves and brain;
- Very bad high blood pressure or very low blood pressure;
- Allergies to any of the medications that are used in the epidural.

How is the injection done?

Once you are in labour you can ask for an epidural. You will have to have a drip put in first and once your epidural is working if you do not already have a catheter that drains your urine then your doctor or nurse will insert a catheter for you. The catheter will help empty your bladder and will help your baby's head to move down.

The doctor performing the injection will ask you to sit in a curled-up position so that your back is bent like the "C" in cat or like a banana. This position helps to open up the spaces in your back where the injections will be made. You will need to sit still in this position for about 10 to 20 minutes while the injection and tube are being put in. Usually your nurse or another doctor will help you sit properly. Please let the doctor or nurse know if you are having a contraction, as this may affect your ability to sit still. It is very important that you keep as still as possible during the injection.

What happens after the injection?

After the injection you will most likely have to rest in bed and won't be able to walk around. The medicine that helps reduce your pain may also make you lose feeling in your legs, and make your legs feel weak.

You will also be connected to some monitors after your epidural has been put in. These monitors will be used to watch your blood pressure and to check your baby's heartbeat.

What is a walking or mobile epidural?

Sometimes the doctor may give a very low dose of pain medication and you will be able to walk around. However, even then, you will only be allowed to get out of bed if your nurse says so, and you will need your nurse and someone else to help you move around as your legs may be weak and you may fall.

When does the epidural get taken out?

The epidural will be taken out after you have delivered your baby and the placenta (after-birth) has come out. Your nurse or doctor must take out your epidural before you go home. Never leave the hospital if your epidural is still in.

How much pain relief will I get?

An epidural is one of the best ways to ease pain during labour. However, sometimes you may not get total relief from the pain (about 1 out of every 10 women), or the pain relief may be "patchy" (relief in some areas but not others).

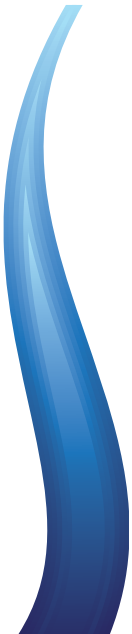
If this happens, tell your nurse or doctor. They can try adjust your epidural, or put a new epidural in.

Is there any risk for my baby?

Epidurals are safe for your baby. Your doctor and nurse will watch your blood pressure and your baby's heartbeat carefully. Sometimes if your blood pressure falls this can affect your baby's heartbeat. If this happens you will be given fluid and medicine to fix this.

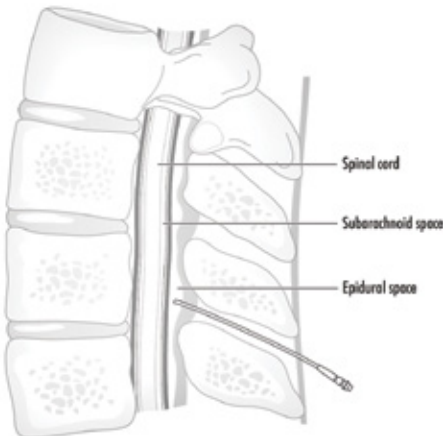
Is there any risk for me?

Epidurals are considered to be very safe and are thought to be the best and safest way to ease labour pain. Your doctor will take a lot of care when putting in your epidural, but as with all medical procedures sometimes problems can happen. These problems are called complications.



The following complications/ problems are possible:

Problem	How often it happens	What can be done if it happens
More Common Problems		
Your blood pressure can drop and you can feel a bit light-headed or dizzy.	1 in 50 ladies has a big drop in blood pressure.	This is quick and easy to treat with fluids in your drip and special medicines that are safe for you and baby.
Feeling like you want to vomit.	It is quite common to feel like this in labour even if you don't have an epidural.	It can be treated with fluids in your drip and special medicines that are safe for you and baby.
Shivering or feeling shaky.	It is quite common to feel like this in labour even if you don't have an epidural. Sometimes ladies feel quite shaky after the baby is born.	This can be treated so speak to your nurse or doctor.
Itching.	The medicine in the epidural can make you feel itchy, especially your nose.	This can be treated so speak to your nurse or doctor.
Still have some pain or the epidural is patchy.	1 in 10 ladies sometimes still has some pain.	Your doctor can adjust or change the epidural and the medicine that is put in the epidural. A new epidural can be put in. Other medicines or ways to make pain less can be used.
Fever	A mild fever can occur in 4 out of every 10 women. This fever is not caused by an infection.	This can be treated by your nurse and doctor.



Problem	How often it happens	What can be done if it happens
Rare Problems		
The epidural doesn't work at all.	It is very rare that the epidural doesn't work at all.	Your doctor can change or put in another epidural or you will be offered other ways to make your pain better.
Very bad headache.	1 in 100 ladies (usually within the first 3 days after delivery) get a bad headache. This might be due to the epidural.	If the headache is from the epidural injection, it is usually treated first with bed rest and fluids and simple pain meds and caffeine. There are also other highly effective treatments available (80-90% success rate).
Backache.	Backache after you have had a baby is usually due to the pregnancy and not the epidural. You may have a little bruising and a small amount of pain where the injection was put in. This usually goes away after a few days. Studies comparing women with and without epidural have shown that patients in both groups have a similar incidence of back pain. Up to 50% of patients will have back pain after delivery regardless of whether an epidural is placed or not.	If you have bad backache you need to speak to your doctor.
Nerve bruising/damage (numb patch on leg or foot or having a weak leg).	This can happen in 1 in 1000 ladies.	Usually goes away or gets better between 6 weeks and 6 months. Very rarely is it permanent.

Problem	How often it happens	What can be done if it happens
Very Rare Problems		
Infection where the injection was made (epidural abscess).	1 in 100 000 ladies.	Antibiotics and other treatments and procedures to get rid of the infection. This must be treated as an emergency.
Infection that spreads beyond the site of the injection (e.g. meningitis).	1 in 100 000 ladies.	Antibiotics and other medicines to get rid of the infection.
A large blood clot at the site of injection (haematoma).	1 in 170 000 ladies.	Patients with blood clotting problems or who are taking medicines or herbal treatments that can affect blood clotting are at more risk. If this happens it needs to be treated as an emergency. Always tell your doctor if you are taking any medicines or herbal treatments, bruise easily and badly or have a bleeding problem/ family bleeding problem.
A loss of sensation that spreads up your body and can cause loss of consciousness (a high block).	1 in 100 000 ladies.	This is usually temporary until the medicine wears off, but you might have to go to ICU so they can monitor you closely. This usually happens when the medicine is injected into the wrong place. Your doctor will take very special care to make sure that the epidural is in the right place before he/she injects the medicine.
Permanent nerve damage/being paralysed.	1 in 250 000 ladies. Very very rare.	
Piece of catheter/needle being broken off in your back.	Extremely rare.	This is extremely rare. Please sit very still when the epidural is put in. The nurse or doctor will check to make sure that when the epidural is taken out no pieces are left behind. If a piece is left behind you will have to have it taken out by a surgeon.

The numbers and rates above are general estimates and may be different for different hospitals.

Epidural Myths Busted!

Myth: Epidurals increase the chance that I will have to have a caesarean section.

Truth: Having an epidural does not increase the chance of needing a caesarean section. In fact, if you do need a caesarean section during your delivery and have an epidural in, the doctors might be able to use your epidural for the caesar and may not have to give you another injection in your back or put you to sleep for the caesar.

Myth: Epidurals increase the risk that I will need an assisted delivery of my baby (vacuum or forceps delivery).

Truth: With modern ways of putting in epidurals and with the low doses of medicines that are used most doctors feel that there is no increased risk of needing an assisted delivery.

Myth: Epidurals make your labour much longer.

Truth: Epidurals may slow your labour a bit, but not significantly.

Are epidurals available at my hospital?

Epidurals are not easy to learn so only a few specially trained doctors (Anaesthetists) know how to put them in. Epidurals are now available 24/7 at Rahima Moosa Mother and Child hospital, but there are only a few doctors available to put them in. If you think you can have an epidural and you want one please tell your nurse or doctor early in your labour. There is no guarantee that a doctor will be available when you want one.

Please remember: If you are thinking of having an epidural or want an epidural speak to your nurse or doctor to find out if you are a good candidate and ask for one early in your labour as at the moment performing epidurals is on a "first come, first serve" basis, and it cannot be guaranteed that a doctor will be available when you want one, they may be busy.

This booklet provides a summarised overview of labour epidurals. Please discuss anything that is not clear with your nurse, doctor or Anaesthetist.



**Thank you, good luck and
enjoy your new baby.**

This booklet has been developed for the University of the Witwatersrand Department of Anaesthesiology by Dr J.L Wagner, Dr S. Chetty, Prof F. Paruk, and Prof P. Kamerman for the: Rahima Moosa Mother and Child Hospital Labour Epidural Education Programme 2016.

Special thanks to the South African Society of Anaesthesiologists (SASA) and the Obstetric Anaesthetists Association (OAA).

For further information go to LabourPains.com.