

EPIDURAL INFORMATION

Epidurals in labour – what you need to know

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

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.
- Once the anaesthetist has arrived, it usually takes 20 minutes to set up and 20 minutes to work but can take much longer.
- Some epidurals do not work fully and need to be adjusted or replaced.

Advantages of an epidural

- Usually provides excellent pain relief.
- In general epidurals do not affect your baby.
- Can be used to make you comfortable for a caesarean section or forceps if required.

Possible problems with your epidural

- They may take time to get into the right place and do not always work well.
- 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.
- About 1 in 100 women get a severe headache hours or days after an epidural. Please talk to your midwife or doctor if this happens.

The other side of this gives important risks of epidurals



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Risks of having an epidural or spinal to reduce labour pain

Type of risk	How often does this happen?	How common is it?
Not working well enough to reduce labour pain so you need to use other ways of lessening the pain	One in every 8 women	Common
Not working well enough for a caesarean section so you need to have a general anaesthetic	One in every 20 women	Sometimes
Significant drop in blood pressure	One in every 50 women	Occasional
Severe headache	One in every 100 women (epidural) One in every 500 women (spinal)	Uncommon
Nerve damage (numb patch on a leg or foot, or having a weak leg)	Temporary - one in every 1,000 women	Rare
Effects lasting for more than 6 months	Permanent - one in every 13,000 women	Rare
Epidural abscess (infection)	One in every 50,000 women	Very rare
Meningitis	One in every 100,000 women	Very rare
Epidural haematoma (blood clot)	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.

The other side of this gives information about epidurals for labour pain

