



**St George Hospital**

## Epidural pain relief in labour



*Information for women*

### Possible problems with your epidural

Not working well to reduce labour pain	Common—around 1 in 10 women
Itching	Common
Significant drop in blood pressure	Occasional
Severe headache	Uncommon
Temporary nerve damage	Quite rare
Permanent nerve damage	Extremely rare

If your epidural is not working well to reduce labour pain, the epidural may need to be taken out and inserted again.

You may also feel shivery or feverish if you have an epidural. Some other more serious complications including certain infections are very rare. These risks will be discussed in more detail with you by an anaesthetist prior to receiving an epidural and you can ask questions that you may have at any time.

### Does an epidural affect my labour?

Having an epidural does not affect the time it takes to get to 10 centimetres dilated in labour. It may increase the chance that you will need assistance with a vacuum (suction cup) or forceps to deliver your baby. It also increases the chance you will need medication (oxytocin) to make your contractions stronger.

### After the epidural insertion

Your midwife will continue to observe you and your baby closely when you have an epidural. Inform your midwife if you have any concerns. An anaesthetist will be available if there are problems with your epidural.

A staff member from the pain team will usually come to see you the day after the birth of your baby to check there are no problems and to answer any questions you may have.

### References

ANZCA *Pain relief and having a baby*. [www.anzca.edu.au](http://www.anzca.edu.au)  
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SSGHS Women's and Children's Health Services:  
Protocols Committee. June 2017



**Health**  
South Eastern Sydney  
Local Health District

# Epidural pain relief in labour

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Pain is normal when women are in labour. At St George Hospital, we are able to offer a range of pain relief options to support you during labour including an epidural. Around one third of labouring women have epidural pain relief in Australia.

Many healthy women are able to give birth without epidural pain relief.

## What is an epidural?

An epidural is a method of delivering local anaesthetic to numb the nerves as they leave the spinal column. This provides pain relief for the duration of your labour and birth.

At St George Hospital, we use one called Patient Controlled Epidural Analgesia (PCEA). PCEA allows mothers to be in complete control of the pain relief they experience during labour and at birth.

An anaesthetist will carefully place the epidural in your back, and commence the PCEA set up. You will have a button to press yourself to give doses of pain relief as needed. The medication is set up in a way that is safe. Ideally the PCEA takes the pain of the contractions away, but most mothers will be aware of a tightening in their belly with contractions. As your labour progresses this can change to an intense pressure sensation which is beneficial as this may help with the pushing part of labour.

## The process of getting an epidural

Once you request an epidural, an anaesthetic doctor will see you and check that it is safe to have one, and also discuss the risks and benefits of having an epidural.

You will be asked to be in a certain position (either sitting upright or lying on your side). Being able to stay in this position helps smooth insertion of the epidural.

Antiseptic solution will be applied to your lower back to clean the skin. Local anaesthetic will be injected into the skin of your back. This will sting for a few seconds. You should then only feel a pushing sensation as the epidural is being given. The anaesthetist will thread a fine plastic tube into the space around the nerves of the spinal cord and this remains in the space for the duration of your labour and birth. The plastic tube is kept in place by tape on your back. A needle does not remain in your back.

We are used to helping women have an epidural inserted while they are in labour. It is important to keep still while the anaesthetist is putting in the epidural. We will work around your contractions so please tell us if you are about to have a contraction.

To keep you and your baby safe, you will also require an intravenous cannula or 'drip', the baby's heart rate will be continually monitored by a CTG machine, and you will have a catheter put into your bladder as you are not able to get up to go to the toilet with an epidural.

Generally you will be able to move into different positions on a bed, however you will not be able to move off the bed or stand up until the epidural has fully worn off after the birth.

## When can you ask for an epidural?

You can ask for an epidural when you are in labour and have labour pains, and you would like one. Midwives are trained to help you cope with the pain of labour using many different methods including water, heat, position changes, and other forms of pain relief as well as helping you to have an epidural.

Rarely you may have a medical problem that would make it unsafe to have an epidural. Sometimes if the baby is close to being born then it would also be unsafe to try to insert the epidural.

## How long does it take to work?

It takes around 20 minutes to insert the epidural and around another 20 minutes for the pain relief to be fully effective.

## Advantages of an epidural

- It usually provides excellent pain relief.
  - You are able to control the amount of pain relief you receive. Some women like to have smaller amounts so they are better able to feel the sensation to push.
  - It does not directly affect your baby.
  - It is very safe.
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