**Patient information**

**Epidural analgesia for pain relief in labour**

**What is epidural analgesia?** Epidural analgesia is a mixture of a local anaesthetic and a morphine type drug injected through a small catheter into the lower back, to numb the nerves that cause pain during labour.

**What are the effects of an epidural?** An epidural does not remove the pain, but reduces it significantly. You will still have muscle control and can participate actively in labour. The medication does not sedate you and does not affect your baby.

**Who can have an epidural?** Most women who request an epidural will be able to have one. Epidural analgesia is sometimes recommended due to medical conditions such as breech presentation, twins, pre-eclampsia and long duration of labour.

**Who can not have an epidural?** The anaesthetist has responsibility for epidural analgesia. Some patients with the following conditions can not have an epidural: blood clotting problems, anticoagulation therapy, heavy bleeding, some neurologic disorders, patients who have had certain types of lower back surgery, severe pre-eclampsia and infectious diseases. In some cases it may be difficult to get the needle with the epidural catheter into the epidural space. The presence of a tattoo can be a hindrance, but it is usually possible to find a pigment free area to insert the needle. It is important that you tell the anaesthetist of any drug allergy that you may have.   
**How is the procedure performed?** An intravenous cannula is inserted beforehand, through which fluid can be administered if needed because of a fall in blood pressure. The epidural procedure takes about 10 minutes. You will be asked to sit on the bed, keeping your lower back curved. You will be asked not to move during some parts of the procedure. Usually your partner will be asked to support you physically. Let the anaesthetist know when a contraction starts. The anaesthetist starts by disinfecting your lower back and numbing the skin with a local anaesthetic. A needle is inserted between the vertebrae of your spine and a thin catheter is placed in the epidural space. The needle is removed and the catheter is secured with adhesive tape. The anaesthetic is continuously delivered by a pump. The onset of effect is gradual; it takes 10 to 20 minutes to reach full effect. The epidural-catheter is not uncomfortable and you may move around freely and also lie down on your back.

**What if I still experience strong pain?** The anaesthetist will evaluate your situation in dialogue with your midwife and obstetrician. The progress of labour itself might increase the pain. Usually the dosage of medication can be increased. Sometimes the pain relief is one-sided or patchy; this might be corrected by adjusting the catheter. In some cases the epidural catheter has to be replaced.

**What are the possible side-effects of an epidural?** Epidural analgesia may cause weaker uterine contractions. Some times medication to stimulate contractions is required so that the contractions continue to be effective. With an epidural there is an increase in the use of vacuum and forceps to assist delivery. Women who chose an epidural may have an increased chance of needing a Caesarean section, but this is not caused by the epidural itself. In some cases, an epidural can contribute to a labouring woman being more relaxed, which can result in a shorter time to achieve full cervical dilatation. Your blood pressure might drop slightly, but this can easily be treated. Your legs might feel heavy and numb. Some women experience itching, a rise in temperature, nausea or difficulties passing urine.These side-effects usually disappear without treatment within a few hours after birth. Sometimes tenderness at the injection site occurs, and this may last a few days. Headache occurs after delivery in about 1% of patients, due to unplanned puncture of the lining containing spinal fluid.

After delivery some women may develop minor neurologic problems, for example a small area of numbness on one leg. Such problems are rare, and usually temporary. Problems like this might occur with or without an epidural, as delivery itself may cause pressure to the nerves. Serious side-effects are very rare. Let your midwife know if you experience any side-effects or discomfort.

Please contact the labour Ward if you after discharge experience any of the following symptoms: Increasing radiating backpain, increasing numbness in the legs or increasing problems related to bladder function.

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