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Society for Obstetric
Anesthesia and Perinatology

Information About Labor Epidurals: Your Questions Answered

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We believe *every pregnant woman should have the tools* to make informed, empowering decisions.

It is important to *discuss decisions about pain relief in labor with your healthcare providers* and to have your specific questions answered.

The decision to get an epidural is ultimately your choice and you should be *free to change your mind at any point* during labor.

Every institution will have its own policies and protocols. This information should *serve as a guide and does not replace your institution's practices*.

Every woman's labor is *unique*.



WHAT IS A LABOR EPIDURAL?

A labor epidural involves placing a very thin plastic tube (a few hairs in thickness), known as an “epidural catheter” in a woman’s lower back. The catheter sits near the nerves that carry pain signals to the spinal cord, but it is placed below the spinal cord itself.

Over 60% of women in the United States receive an epidural for childbirth. It is the most effective form of pain relief available for labor and can be used for emergencies like cesarean delivery if they occur.

How long does it take to get pain relief?

Once placed, it can take from 5-20 minutes to get good pain relief. It can take about 10 minutes to get the equipment set up to place the epidural. Once your epidural is in place it is possible to adjust the dose as needed throughout your labor.

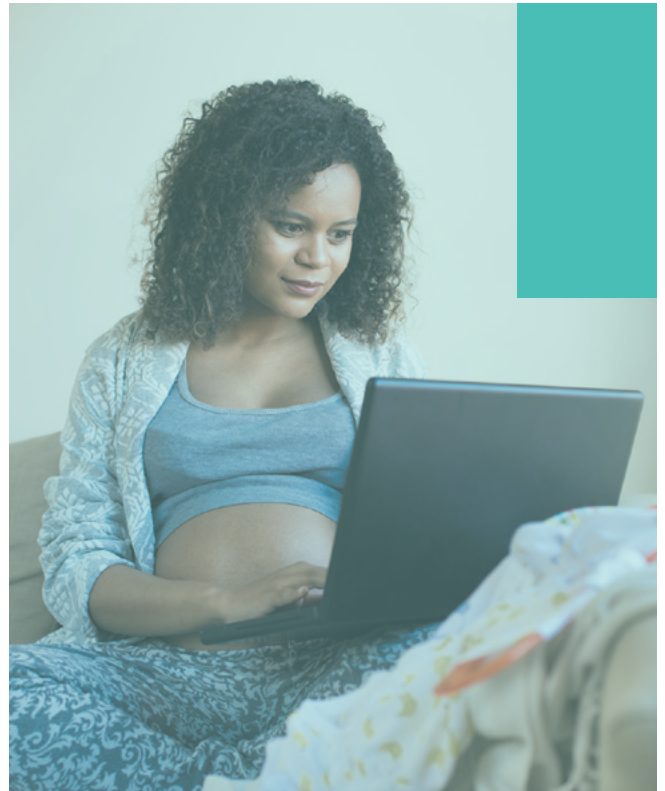
What is the difference between an epidural vs. a spinal or combined spinal epidural procedure?

During an epidural procedure, the anesthesia care provider may choose to give a dose of pain medication into the spinal fluid located in the back, right before placing the catheter (the plastic tube). This is called a “combined spinal epidural” or “CSE” for short. Medication is injected into the spinal fluid that bathes the nerves and spinal cord, so, it starts working faster – about 5 minutes to get good pain relief. Sometimes one dose of medicine is given, without leaving a catheter. That is what is known as a spinal.

How long does the pain relief last?

When the catheter is placed and taped to your back, pain medication can continue to be given, usually with a special pump, for as long as you need it—until shortly after delivery. If a single dose of medication is given with a spinal, that single dose can last for about 90 minutes.

When the catheter is attached to a medication pump, you usually will get a button that you can press to give yourself extra doses of pain medicine a few times every hour as you decide you need. It is not unusual for the anesthesia care provider to have to come back during the course of your labor to give additional doses (10-40% of patients), especially when you are close to delivery.





WHAT ARE THE BENEFITS?

Epidural pain relief is the most effective type of pain relief available for labor – it prevents suffering from pain and helps the mother have a positive birth experience.

It also allows a woman to be fully awake and aware of the birth experience.

Very weak concentrations of numbing medications and opioid pain medications are usually used for labor, so only a tiny amount gets into the mother’s blood stream. This means that unlike many other types of pain relief like IV medications and inhaled drugs, it does not cause drowsiness, and is safe for the baby.

Once the epidural has been placed, some women may feel sleepy because their pain has finally been relieved, but not because the medications themselves cause drowsiness. This provides a chance to rest (even sleep) during labor for both the woman and her birth partner

Because of labor pain, stress hormones levels are increased. Epidural pain relief helps lower stress hormone levels, which can help lower blood pressure and heart rate, which sometimes get high because of labor pain.

It allows easier, and potentially safer anesthesia for a cesarean delivery. If your obstetricians decide that a cesarean delivery is necessary, additional stronger numbing medications can be given through the catheter in the back. This avoids the need for a new spinal injection or general anesthesia (going fully to sleep and needing a breathing tube).



WHAT ARE THE RISKS?

Like any procedure, the risk is never zero, but in this case, the benefits are much greater than the risks. Sometimes complications can happen but if they do happen, most are easily managed without bad outcomes to the woman or baby.

Serious risks are very rare

Serious risk

very rare
1:170,000 – 1: million

Blood clot (*hematoma*) inside the spine

very rare
1:50,000 – 100,000

Infection in the spine (*abscess*) or around the brain (*meningitis*)

very rare
1:250,000

Severe nerve damage

Less serious risk

rare

Complications from catheter in wrong location, causing accidental injection of medications into the spinal fluid or bloodstream

uncommon
1:100 -500

Bad headache

common
1:10 - 50

Failed pain relief or one-sided pain relief needing replacement of the epidural



WHAT ARE THE (POSSIBLE) SIDE EFFECTS?

A drop in blood pressure

Your blood pressure is checked every few minutes right after the epidural is placed. If there is a drop in your blood pressure, your anesthesia providers will give IV fluid and possibly medications to raise your blood pressure. It is usually brief and responds quickly to treatment

Itching



Fever



Heaviness in the legs



Soreness in the back for a few days

Long lasting back pain is NOT caused by epidurals but is common after any pregnancy, because of the normal effects of pregnancy on the muscles and ligaments of the back.



WILL IT LIMIT THE ABILITY TO EAT, MOVE, WALK AROUND OR THE ABILITY TO PUSH WHEN THE TIME COMES?



You usually have to stay in bed after getting an epidural and you are usually only allowed to drink clear fluids. It is not safe to walk afterward because of possible weakness, decreased sensation in the legs, loss of balance, and higher risk of falling. You should balance your desire to continue to get up and walk around with your desire to get pain relief when making the decision to get an epidural.

Having the epidural can also take away the feeling to urinate so a tube is usually placed (painlessly) to drain your bladder.



IS THERE ANY REASON I CAN'T GET ONE? DOES THE TIMING MATTER - CAN IT BE TOO EARLY OR TOO LATE TO GET ONE?

There are some medical conditions that can mean it is unsafe or very difficult to place an epidural. Some examples are problems with blood clotting or taking blood thinners, or bad infection. This is why taking your medical history and sometimes blood tests may be needed before an epidural can be placed.



A woman can get an epidural almost at any time in labor. If the baby is close to being delivered, then it could be too late.



WILL IT SLOW DOWN MY LABOR?

Getting an epidural could possibly make the pushing stage of labor longer by about 30 minutes in most people, and potentially up to 50 minutes, but most of the time it is not noticeable to you, because of how long labor can last anyway.



HOW IS THE PROCEDURE DONE? DOES IT HURT? IS IT DANGEROUS TO MOVE DURING THE PROCEDURE?

- Epidurals are usually performed in the labor room where you plan to deliver.
- You can expect to have an IV, monitoring of blood pressure, heart rate, and possibly your blood oxygen levels with a probe on your finger, in addition to monitoring your baby's heart rate and contractions of the uterus.
- The position for the epidural can be either sitting up or lying on the side with your back curved like the letter "C." The anesthesia providers will explain what the best position is, depending on the situation or their preference.



- It is a sterile procedure, so the person performing the epidural will wear a mask and sterile gloves and clean your back with antiseptic liquid.
- Numbing medication is given with a very small needle. It is similar to numbing medicine given at the dentist and is a similar feeling to starting an IV.
- After the area is numb it is normal to feel pressure in the back when the epidural needle is used to locate the correct space.
- It can take several minutes to place - everyone is a little different and every time it is done, it can feel a little different. Once it is in the right place, the tube or catheter is passed into the space through the needle and the needle is removed. Nothing sharp stays in your back.
- It is important to stay still and not make any sudden movements during the procedure. It helps to let the anesthesia provider know when a contraction is coming.





WILL IT INCREASE MY RISK OF HAVING A CESAREAN DELIVERY?

Getting an epidural will not increase the risk of having a cesarean delivery. It could slightly increase the risk of the obstetrician needing to deliver the baby with special tools like a vacuum or forceps.

WILL THERE BE ANY HARM TO MY BABY?

Epidurals are safe for your baby. Less medication gets into your bloodstream than if you get other types of medication for pain, like through an IV or inhaled medication.

WILL MY PARTNER BE ABLE TO STAY WITH ME DURING THE PROCEDURE?

This depends on individual institutions' policies.

WILL IT AFFECT MY ABILITY TO BREASTFEED?

Getting an epidural will not prevent you from breastfeeding your baby.



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