Epidural Anaesthesia for Childbirth

One of the most common and effective pain relief options available for childbirth is epidural anaesthesia. An epidural can be started at any stage of labour, is very safe and can be used for both vaginal births and caesarean sections as it allows the mother to stay awake and alert during the baby's birth.

This pamphlet will:

- Provide you with general information about having an epidural to assist with provision of pain relief during childbirth
- Help you understand some of the main benefits and limitations of epidural pain relief
- Encourage you to ask questions of your obstetric team or anaesthetist

If you have any further questions, you should ask your specialist or relevant health professional.

What is an epidural?

An epidural is a procedure that involves the injection of local anaesthetic into the fatty lining that surrounds your spinal cord. Epidurals can be done anywhere along the spine but for childbirth, the injection is into your lower back. The local anaesthetic medication numbs the nerves that carry feelings of pain from the birth canal to the brain, allowing for pain relief during labour. Epidurals usually block pain from labour contractions during birth very effectively.

You are in good hands

Australia is one of the safest places in the world to have an anaesthetic. Specialist anaesthetists in Australia are highly trained medical specialists. They have gone to medical school, completed an internship and spent at least five years undergoing specialist anaesthetic training. Training includes anaesthesia, pain management, resuscitation and the management of medical emergencies.

Before an epidural

Your anaesthetist will speak to you about your decision to have an epidural to ensure you know what to expect and have understood the potential risks. They will also ask about your general health and previous reactions to anaesthetics or other medicines. You may also need to have a blood test performed to check your blood is clotting correctly. Note there is a small number of women who cannot have an epidural due to pre-existing conditions, so it is important to disclose your full medical history.

What to expect

Before the epidural is placed you will usually have a drip placed in your arm so that you can be given fluids whilst having the epidural.

Your anaesthetist and midwife will help you get into position for your epidural. You will be asked to sit down and lean forward or lie on your side with your knees up close to your chest. This will ensure the lower back is pushed backwards in a 'C' shape to open up the spaces between the backbones to make it easier to place the epidural. Your midwife and anaesthetist will work around your contractions to get you into position. It is important you remain still for the insertion of the epidural.

Your lower back will be cleaned with an antiseptic solution to prevent infection. Following this you will be given an injection of local anaesthetic to numb the area of the back where the epidural will be inserted. This will allow your epidural to be placed conformably. Your anaesthetist will then locate the gap between backbones to insert your epidural using a needle. The needle does not remain in your back, once it has been placed correctly it is removed and only a thin, flexible catheter (tube) will remain. You may feel mild discomfort when the epidural needle is positioned and

Australian Society of Anaesthetists®

the catheter is inserted.

Pain relief medications are delivered via the catheter and can take 20 – 30 minutes to take full effect. You may feel numbness in your chest, stomach and legs and your legs may feel weaker than usual. The epidural catheter can be left in position and used to top up pain relief medications for as long as required. It is usually removed once your baby is born.

As every woman is different and gaps between backbones vary, it may take several injections for the anaesthetist to locate the correct place for the epidural. Getting into a good position can really help by opening up the spaces between the backbones.

The epidural does not usually provide complete pain relief instantly and whilst the discomfort will gradually improve it, is very common for a pressure sensation to remain.

Some women may not feel their contractions at all. With an epidural you can usually still push your baby out when you need to.

If you need an unplanned caesarean section to safely birth your baby, it is usually possible to use the same epidural catheter. Your anaesthetist will assess that it has been working correctly and then add stronger medicines to enable the caesarean to go ahead as quickly, safely and comfortably as possible. Your anaesthetist, midwife and obstetrician will work with you to help you understand your options.

You and your baby will be closely monitored for the duration of your labour.

Post epidural

Numbness usually lasts for a few hours after the epidural before its effects begin to wear off and you may feel a slight tingly sensation in your skin. It is important to ask for help before getting out of bed following an epidural as you may still have ongoing leg weakness. This will usually recover fully.

Risks to be aware of

Major complications with epidurals are uncommon when administered by a specialist anaesthetist. Possible side effects include a drop in blood pressure, the need for a urinary catheter, itchiness or shivering, and slowing of the second or pushing stage of labour. The chance that forceps will need to be used is slightly increased if it is your first labour however there is no increase in chance of needing a caesarean section. You may feel numb and unable to walk for up to 3 hours after your epidural and you may also have a bruised feeling in your back for a couple of days after the procedure.

A small number of women can develop a bad headache within 24 – 48 hours after an epidural and there is a small chance of developing skin infection. Whilst extremely rare, serious side effects include nerve damage, blood clots and infections around the spinal cord. You are encouraged to ask your anaesthetist any questions you may have. They will be more than happy to answer them and discuss your options with you.

Risk? How often does this happen? How common is it?

Significant drop in blood pressure *1 in 50 women — common*
Not working well enough to reduce labour pain so you need to use other ways of lessening the pain or require additional anaesthetic *1 in 8 women — common*
Not working well enough for a caesarean section so you need to have a general anaesthetic or spinal *1 in 20 women — sometimes*
Severe headache *1 in 100 women– uncommon*
Nerve damage (numb patch on a leg or foot, or having a weak leg) *Temporary - 1 in 1,000 women – rare*
Nerve damage - lasting for more than 6 months *Permanent - 1 in 13,000 women – rare*
Epidural abscess (infection) / meningitis *1 in 50,000 women – very rare*
Epidural blood clot or unexpected anaesthetic spread *1 in 100,000 women – very rare*
Severe injury, including paralysis *1 in 250,000 women – extremely rare*

This pamphlet provides general information about epidural anaesthesia for childbirth.It is not a substitute for advice provided by your specialist about your personal treatment plan. Every effort is made to ensure that the information is accurate and up to date. However, we do not guarantee or warrant the accuracy or completeness of the information provided. This information may change with time due to advancements in clinical research and knowledge. Use this pamphlet only in consultation with your specialist. We prefer our members to link to our website rather than print or republish our materials on your own website to ensure you have access to the most up-to-date version. For the latest version please visit the ASA Website. Last reviewed 12/03/24.

Australian Society of Anaesthetists®

PO Box 76, St Leonards, NSW 1590, Australia
1800 806 654 | asa@asa.org.au | ABN 16 095 377 370 | asa.org.au