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Epidural Analgesia for Painless Labor Education Leaflet



Although having a baby is a natural process, it can cause significant pain and discomfort. Every woman is different and every birth experience is unique, so the need for pain relief varies.

Thinking about and understanding the choices of pain relief are an important part of getting ready for the birth of your baby. During the actual birth, your needs for pain relief may change, so it is very important that you have a flexible attitude so that the birthing experience is more comfortable. Some women, if possible, want to avoid taking any medications. There are many non-medical choices available to help support you with the pain. Some of these are, breathing exercises, massages, hot baths or showers, yoga, walking around and relaxation techniques but none of them give good control over pain.

Sometimes the pain is worse than expected or maybe the labour is not progressing as it should. This is where the medical pain relief options can be used. These include nitrous oxide gas, strong pain relieving injections and epidurals.

Your doctor may recommend an epidural to reduce the pain. **Epidurals are the most effective way of making childbirth pain free.** It is a safe technique for both you and your baby.

The epidural will be given by an anesthetist.

The anesthetist will:

- Assess your health and discuss the risks of having an epidural.
- Agree to a plan with you for your pain control.
- Be responsible for giving your epidural and managing your pain relief for your delivery.

Not every woman can have an epidural e.g., problems with blood clotting or infection may mean that you need a different pain relief option.

An epidural is given into what is called 'the epidural space' of your back by means of a very fine plastic catheter which is inserted through an epidural needle (The needle is removed after the tubing is in place). Local anesthetic and other pain relieving drugs are given through the catheter to decrease pain. It works by blocking the pain signals from reaching your brain. The fine plastic catheter is taped onto your back and drugs can be given through this fine catheter until your baby is born. This anesthetic takes 15 - 30 minutes to work.

'Top ups' can be managed in several ways:

- Your midwife may give you a top up when needed.
- You may have a constant flow infusion.
- You may have a button that you can push to give yourself a dose of the pain relieving local anesthetic.

Note: With the help of your anesthetist and, according to the availability you will select the way of top up.

Not all epidurals are the same strength.

Epidurals used for caesarean section or a forceps delivery are stronger so you don't feel any pain. A normal labour does not require such a strong block so a lower strength anaesthetic is given so you can still move around (but you should be attended), feel your contractions and be able to push when the time comes yet feel little or no pain.

Advantages of an epidural;

- Best form of continuous pain relief especially for backache and contraction pains you can be awake and participate in your baby's birth.
- With a low-dose or light epidural you can still walk around between contractions.
- Requires less drugs than other forms of pain relief
- Does not make you sleepy
- Stronger drugs can be used through the same epidural catheter if caesarean section is decided.

While you will be pain free during the operation, you may feel some pressure sensations.

This avoids a general anesthetic, where you are in a very deep sleep and prone to more complications.

Disadvantages of an epidural anesthetic

- It may slow down the second stage of your labour
- There are many report that you are more likely to need forceps or a vacuum extraction to help the baby out
- Sometimes your legs may feel very heavy and numb; this makes walking around difficult, but improved after procedure.

'A drip' (IV fluid) is always put into your vein before the epidural is done.

Once the epidural is in place it is very important that you do not lie straight on your back as it can cause a considerable drop in your blood pressure. You may sit up. Lie on your side or walk around.

What are the risks of an epidural anesthetic?

Modern anesthesia is generally very safe. Every anesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risk to you will depend on:

- whether you have any other illness.
- personal factors, such as whether you smoke or are overweight.

Common side effects and complications of epidural and spinal anesthesia

- Nausea, vomiting, itching and shivering
- Your blood pressure could fall
- Headache
- Pain, backache and/or bruising at injection site
- Sometimes the epidural or spinal anesthetic only partially works.
- Problems in passing urine. Is usually temporary.
- Haematoma or bleed, If you take blood thinning medicines such as Aspirin, Warfarin, Persantin, Clopidogrel (Plavix and Iscover) and Asasantin, you are more likely to get a haematoma as it may affect your blood clotting. Your anesthetist will discuss this with you.

Less common side effects and complications of epidural and spinal anesthesia

- Severe headache - If this happens you may need to have bed rest for several days. Sometimes a 'blood patch' is needed to be done to take away this headache.
- A change to a general anesthetic for Caesarean Section maybe necessary if the epidural/spinal is not adequate
- Intense itching or rash
- Temporary nerve damage.

Uncommon side effects and complications from epidural and spinal anesthesia

- Infection around the injection spot.
- Nerve damage due to the needle when doing a block.
- Overdose of drugs
- Cardiac arrest
- An existing medical condition getting worse.

Very rare risks

- Permanent nerve damage with possible paralysis.
- Blood clot with spinal cord damage
- The block may go higher than planned and affect breathing by paralyzing the breathing muscles.
- Breakage of needles, catheters etc possibly requiring surgery to remove them.
- Epidural abscess
- Meningitis
- Death

Risks to your baby

Some drugs given to you during labour will cross the placenta. Drugs that your anesthetist uses in an epidural that cross the placenta appear to have very little or no affect on the baby.

Your recovery after an epidural

The numbness/weakness may take several hours to wear off. During this time do not attempt to walk without a person to assist you. Within the first 2 weeks after your epidural/spinal if you have any numbness, weakness, headache or severe back pain contact the anesthetist

