

Patient Education

Maternal and Infant Care Clinic



What Is an Epidural?

About pain relief during labor and delivery

This handout answers questions about what an epidural is, when and how it is used, and what risks are involved.

It includes a glossary of medical terms used in the handout in the sidebar on page 2.

Please talk with your health care provider if you have any questions.

An *epidural* is a way of delivering pain medicine (*analgesia*) into a space in the lower part of your back. The medicine goes in through a *catheter* (flexible tube). It is used to reduce or take away pain during labor and delivery. An *anesthesiologist* (a doctor with special training in providing pain relief and anesthesia) will put your epidural in place.

Another kind of epidural is the *combined spinal-epidural* (CSE). It provides faster pain relief than an epidural alone. A CSE works by injecting the first dose of pain medicine directly into the cerebral spinal fluid (CSF) before the epidural catheter is placed.

More than 80% of women (80 out of 100) who deliver their babies at University of Washington Medical Center (UWMC) choose to have an epidural; more than half of those women receive a CSE. The anesthesiologist will decide whether to give you an epidural or a CSE.

How do I manage my pain relief?

You will be able to manage your pain relief and control the amount of pain medicine you receive by pressing a button that is connected to a *patient-controlled epidural analgesia* (PCEA). The PCEA delivers a constant small amount of pain medicine. Pressing the button releases more medicine when you feel you need it. This allows you to control the amount of pain medicine you are receiving.



Using the PCEA to manage pain.

Medical Terms

Analgesia: absence of pain, or pain relief

Anesthesia: absence of all sensations and muscle strength (*sensory and motor block*)

Anesthesiologist: a doctor with special training in providing pain medicine

Catheter: a thin, long, flexible synthetic tube

Epidural: an injection of pain medicine into the epidural space (a space between the layers of tissue that are around the spinal fluid)

Combined spinal-epidural: a combination of an injection of pain medicine into the spinal fluid and an epidural

PCEA (patient-controlled epidural analgesia): a method of pain relief that allows the patient to control how much and when pain medicine is given by pressing a button

When should the epidural be placed?

You can ask for an epidural to be started early, whenever you want relief for pain. It can be started as soon as you are in active labor. Your nurse will confirm that you are in active labor.

How is the epidural placed?

First, we will help you get into a comfortable position for the epidural (preferably sitting, or laying on your side).

The anesthesiologist will clean your back with a special antiseptic solution and then numb the area with a small injection of local anesthetic.

The epidural catheter will be placed in the lower part of your back between contractions. It will be taped onto your back so that it will stay in place when you move around. The catheter will be connected to the PCEA.

Your nurse will remove your catheter after your baby is born.



An epidural catheter taped in place.

What are the risks of having an epidural?

More Common Risks of Epidurals

- Your blood pressure may drop too low. We will monitor your blood pressure regularly and give you medicine that will raise it if it gets too low.
- You might feel some itching, mostly in the upper part of your body, caused by the pain medicine. This is not an allergy. Many women have itching from the medicine in the epidural. It is harmless and easy to treat if it bothers you.
- Not all epidurals work perfectly every time. Sometimes we replace the epidural catheter if the woman feels an area of “patchy” (incomplete) pain relief.
- Sometimes women have trouble passing urine after they have had an epidural. If this happens, urine can be drained through a *catheter* (flexible tube) that can be put in place only as needed, or it can be left in place until it is no longer needed.

Rare Risks

These occur less than 1% of the time (1 time out of 100):

- In very rare cases, women get a migraine-like headache 12 to 24 hours after the epidural. These headaches are harmless, and we can easily treat them if they are severe.
- In very rare cases, epidurals can cause the level of pain relief in your body to go too high (above the level of your breasts). We will monitor the extent of your epidural and adjust the dose of the pain medicine if needed.
- It is extremely rare for epidurals to cause infections or any *neurological* (nervous system) problem.

Common Questions about Epidurals

Will the epidural affect the course of my labor and delivery?

No. With today's standards for anesthesia, your epidural will not affect how your labor and delivery progress, even if it is placed very early in labor.

Will the epidural affect my baby?

No. The very small amount of medicine you receive through your epidural does not go to the baby and will not affect your baby's health. However, if your blood pressure drops after the epidural is placed, your baby's heart rate may slow down. Raising your blood pressure will also raise your baby's heart rate.

Will I be able to breastfeed my baby?

Yes. Your epidural will not affect *lactation* (milk production) or your ability to breastfeed.

Will I be able to walk during my epidural?

Yes. Because the dose of medicine you receive through your epidural is low, you should be able to walk with your nurse's help. You should also be able to sit in a chair, if you like. But, we do not promote walking during labor, since we know now that it does not help labor, as it was once believed.

Are epidurals painful?

The numbing medicine (local anesthesia) used before the epidural is placed will reduce the pain you might feel. Most women say the pain from placing the epidural is less than the pain felt when the *intravenous* (IV) line is placed, and much less than the pain of the contractions.

Questions?

Call 206-598-4070

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Maternity and Infant
Care Clinic:
206-598-4070

How long does the effect of the epidural last?

Pain relief from the epidural will last as long as the PCEA is being used. Once the PCEA is stopped, the effect of the medicine will wear off in 2 to 3 hours. It should be gone completely in 4 hours.

What are some reasons for NOT having an epidural?

There are very few women who should NOT have an epidural. Women who have a severe infection or a blood-clotting disorder should not have an epidural.

Will I need to see the anesthesiologist before my epidural?

Yes. When you arrive at the hospital you will see the anesthesiologist. You will be able to ask questions, and the anesthesiologist will ask you some questions as well.

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