
Epidural or Spinal for Pain Relief during Labour

There are many ways to help you cope with pain during childbirth. One common way is to have an epidural or spinal injection in your back. An epidural or spinal is very safe for you and your baby. It usually relieves much of the pain and stress of labour, although sometimes one side of your belly may feel more frozen than the other side. An epidural or spinal is also used to freeze your belly if you need an operation to deliver your baby.

A doctor who is a specialist trained in Anesthesiology or a Resident, who is a doctor training in Anesthesiology, inserts the epidural or spinal.

Who can have an epidural?

Most women can have an epidural or spinal. Women who have certain problems with pregnancy or bleeding problems may not be able to have an epidural or spinal. If this happens to you, you will be offered other means of pain control to help you.

What does an epidural involve?

You will have a bag of fluid called an intravenous or IV running into a vein in your arm. You will be asked to sit bending forward on the edge of the bed or you will lie curled up on your side with your back rounded toward the doctor. The doctor will tell you what he or she is doing. It is important to stay still at this time. Tell the doctor when you feel a contraction starting or stopping.

First your back is cleaned with a cold antiseptic. The doctor then injects some freezing medication into your skin. A needle is then put into the frozen area. A small tube is put through the needle into your back and the needle is taken out. The tube is taped onto the skin on your back. The doctor then puts pain-relieving medications into the tube.

While waiting for the epidural or spinal to begin to relieve your pain, your nurse or midwife will check your blood pressure often. The doctor will check to make sure the epidural or spinal is helping. It takes about 15 to 20 minutes to work completely.

What are the risks and benefits of an epidural or spinal?

- Most women have good relief without feeling numb or heavy legs.
- Some women feel pressure with contractions. Some women feel pressure more when the baby moves lower in the birth canal.
- You may or may not be allowed to walk. This depends on how the epidural or spinal was put in and if it affects your balance. Your nurse or midwife will tell you if you can or cannot walk.

Turn over →

- The epidural or spinal should not make you drowsy. If you feel drowsy, tell your nurse or midwife.
- The epidural or spinal can lower blood pressure. Your doctor, nurse or midwife will check your blood pressure and treat you if it goes too low.
- You may need a catheter tube in your bladder to drain urine while the epidural or spinal is in.
- You may feel itchy or get sick to your stomach from the medications. If this happens, tell your nurse or midwife right away.
- Your baby's heart rate can slow down. Your nurse and midwife will watch this closely and treat you when needed.
- The epidural or spinal may make the second stage of labour longer when you are pushing.
- The epidural or spinal does not increase your chance of needing an operation called a cesarean section to deliver your baby.
- The epidural or spinal does not affect breastfeeding.
- 1 in 50 women get a severe headache after. If this happens to you, you may have to stay in hospital a little longer than planned.
- Some women have backaches during pregnancy and after having a baby. There is good evidence that an epidural or spinal does not increase the risk of backache. There is a 1 in 2 chance of backache whether you have an epidural or spinal or not.
- 1 in 2,000 women have tingling feelings of pins and needles down one leg after having a baby. This most often comes from having a baby, not the epidural or spinal.
- There is a 1 in 100,000 chance of having a serious problem such as permanent damage to the spine, permanent weakness or leg paralysis.

Who do I talk to if I have questions?

Talk to your doctor, nurse or midwife about ways to cope with pain during childbirth. You can also ask to speak to an Anesthesiologist or Resident.

**I have read this document and I understand the risks of an epidural or spinal.
I have had all of my questions answered.**

Signature: _____ **Date:** _____

Department of Anesthesiology