

# GETTING AN EPIDURAL FOR LABOR PAIN

## Things Your Team May Ask

An epidural can help you cope with pain during labor and delivery.

### Your health history

Your anesthesia team needs to know about your overall health and health history. They may ask about:

- Medical problems you may have (like diabetes or a bleeding disorder)
- Back problems (any back injuries or conditions like scoliosis)
- Conditions you may have developed during pregnancy (like high blood pressure)
- Sleep apnea (or if you snore or ever have trouble breathing at night)
- Lung or breathing problems (like asthma)
- Allergies (to medicines, like penicillin, or to any materials, like latex)
- Operations you've had in the past (like a C-section, when a baby is delivered during a surgery, or if you've ever had surgery on your lower back, especially if they put in any rods, plates, or screws)

### A list of everything you take

Let your anesthesia team know about everything you take, including how much, and how often you take it. This includes:

- All prescription drugs
- Over-the-counter drugs (like aspirin)
- Blood-thinners (like Lovenox<sup>®</sup>)
- Pain relievers (like Tylenol<sup>®</sup>)
- Herbal remedies
- Vitamins

### Dental work

Your anesthesia team will also want to know if you have any loose teeth, dental work (like caps or a bridge), or especially a tongue piercing. It's a safety thing.

### When to stop eating

Once your doctor thinks you're in active labor, most likely you'll be asked NOT to eat. Clear liquids (like water) are usually fine. Ask about this.

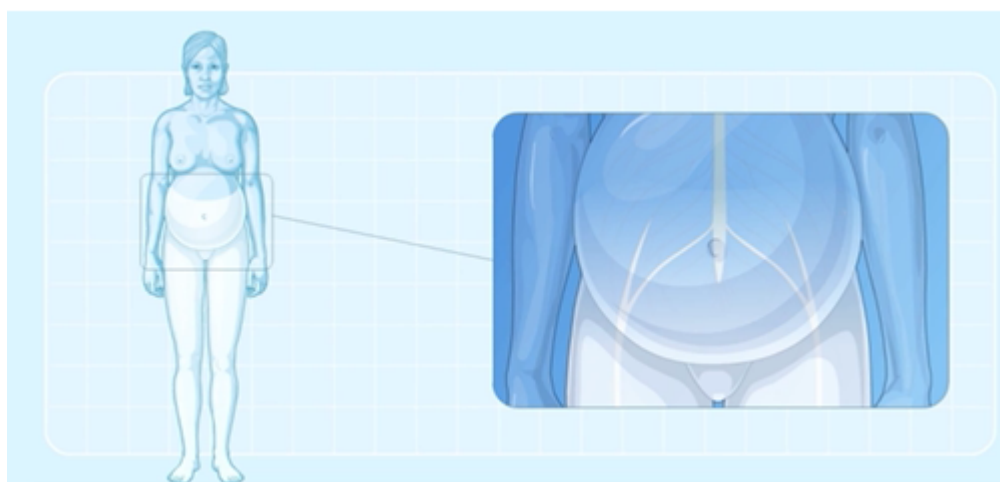
## Getting an Epidural

An epidural is not the name of a medication. It's a way to give you pain medication.

### Epidural

An **epidural** (also called an **epidural block**) sends numbing medicine around the nerves in

your lower back. This actually dulls pain from about your belly button down to your feet.



Side by side images of pregnant female anatomy. Left image of pregnant female with highlight from belly button to feet. Right image close up of nerves in torso with highlight from belly button down.

You won't feel most of the pain of labor contractions or delivery. You may still have a little pain and know when you're having a contraction. Sometimes epidurals are used for C-sections. This will just focus on epidurals for labor and delivery.

### Common questions

- **How soon can you get an epidural?**

Most of the time, the answer is once you're in labor and you ask for one. People USED to think that if you got an epidural too early, you were more likely to have a C-section. This is NOT true. A C-section is NOT more likely if an epidural is used. An epidural may make it more likely your doctor might need to use special tools, like a **vacuum** or **forceps**, to help with delivery. If you have any questions about this, your doctor can give you more information.

- **Is it ever too late to get an epidural?**

Yes. If the top of the baby's head is showing and he's already coming out, there's just not time for one.

### **Sometimes an epidural is placed before labor begins.**

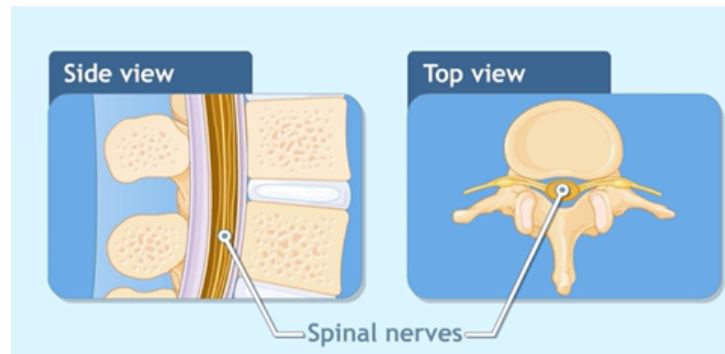
For example, this is done if labor doesn't start on its own and medication is used to get it going. Or it may be placed early if a woman has **preeclampsia**, which causes high blood pressure and other problems during pregnancy.

### **How an epidural is placed**

First, an IV line is placed in your arm for fluids and any other medications you may need. Your visitors may be asked to leave the room for a little while. When you get the epidural:

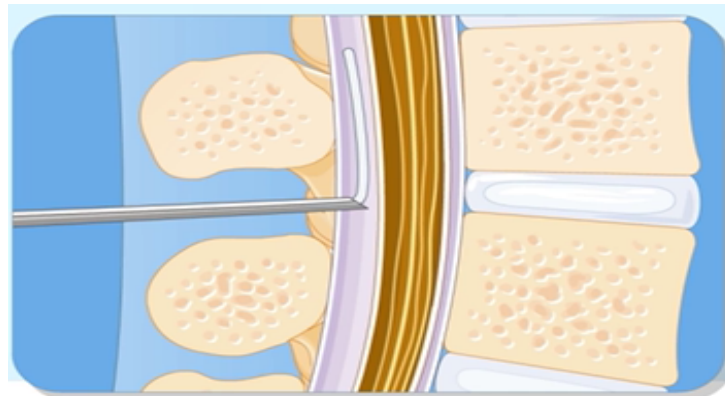
1. You roll on your side or sit on the side of the bed.

2. You'll be asked to hold still.
3. A spot on your lower back is numbed. This may burn or sting a little.
4. A needle is carefully placed into the **epidural space**, which is the area right outside the sac of fluid around the **spinal cord** and **spinal nerves**. These are what help us sense pain. The idea is to dull feeling in the area around them.



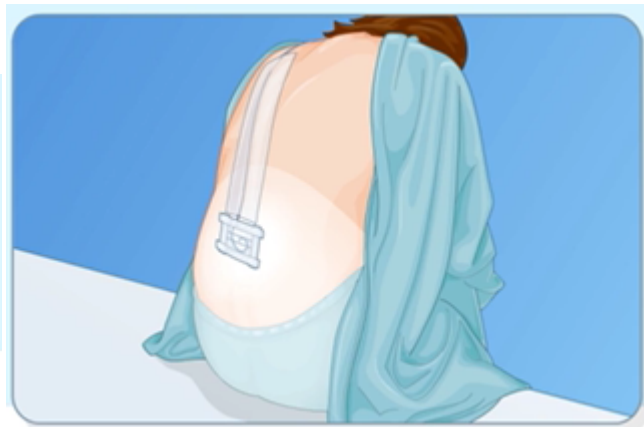
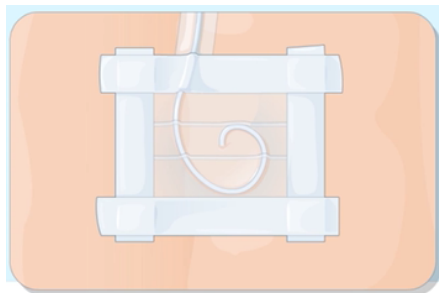
Spinal cord anatomy with needle in epidural space. Arrows point to epidural space and spinal nerves.

5. The needle is used to put a small tube into this space. As it goes in, you may get a feeling like a little electric shock down one of your legs (kind of like when you hit your funny bone). Don't worry, the feeling goes away quickly.



Spinal cord anatomy with small tube in epidural space. Arrows point to epidural space and spinal nerves.

6. Once everything's in place, the needle is removed and the tube is taped down. You won't be able to feel the tube, but you may feel the tape.



Lower back with tube taped in place.

7. At first you may only get a little medication through the tube to test it and make sure it's not in the wrong spot.
8. Then you'll get enough medication to bathe the nerves that lead to the spinal cord.
9. In about 15 minutes, the lower part of your body will feel warm, heavy, and may be numb. Everyone is different. Some women may be completely numb and not feel the contractions at all. Most aren't totally numb, so they may feel a little bit of pressure or pain during contractions.

### **Nerve injuries are VERY rare**

The needle and tube are placed very carefully. Any kind of injury to the nerves is very rare. Sometimes it takes more than one try to get the needle exactly where it needs to be.

### **Blood pressure**

The epidural may lower your blood pressure a little. It's usually not a problem and can be treated with medication and fluids if needed.

### **Pain medication during labor and delivery**

Since that tube on your back stays in place, you can keep getting medication during and after labor and delivery.

### **Moving around in bed**

Even though the epidural dulls feeling you should be able to move your legs. It's all right to move side to side in bed. This is safe. You'll have to move around a bit during labor and delivery. Just be careful with the tape holding the tube on your back.

### **You may not be allowed to walk**

Even if you feel like you could walk, the hospital may not allow it for safety reasons. You probably won't be able to get up and use the bathroom.

### **Go to the bathroom before you get the epidural.**

If you can't use the bathroom once the epidural is in, a soft tube may be placed in your bladder to drain urine. If you haven't had one before, this may sound strange, but you won't be able to feel it.

### **Possible patchy pain relief**

Every now and again, a woman gets patchy pain relief — where some parts of her belly feel numb and other parts still feel pain. If this happens, let your team know. Sometimes patchy pain just happens because of the way a woman's body is or how the baby is positioned. However, it's good to know that often the epidural can be adjusted to help with this. Sometimes the epidural may need to be replaced.

### **Monitors**

You'll have some monitors on. These will help them keep track of how you and the baby are doing.

### **Will an epidural make the baby sleepy?**

No, an epidural will NOT make you or your baby sleepy.

### **You should still be able to push.**

Sometimes it's a little harder to push because it's harder to feel. If you have any trouble, let your team know. They may be able to let the medication wear off a little to help with this.

### **Possible oxytocin (Pitocin®)**

With an epidural, you may be more likely to get a medication called oxytocin (Pitocin). This is given through the IV to help make contractions stronger and to help move labor along.

### **C-section**

If a C-section needs to be done, many times, they can just use your epidural to give you stronger pain medication. That may be all you need.

Sometimes, general anesthesia may be needed. If you have any questions about this, your team can give you more information.

### **Epidural side effects**

There can be problems with epidurals, but they're usually not serious. For example, a woman may:

- Feel sick to her stomach
- Feel lightheaded or dizzy
- Have some mild itching

## **Risks and Benefits**

### **Benefits**

The main benefit is that it can help you cope with pain during labor and delivery.

### **Risks**

With any kind of procedure, there are some risks. This will go over some of the risks, but this isn't meant to scare you. Understanding what's involved is an important part of any procedure.

This is only about the risks of an epidural and will not cover the risks of childbirth or a C-section (if you need one).

If you have any questions about how these risks relate to you, please ask your doctors. This will go over 3 risks here, but there are some very unusual risks that will not be covered. Please do not consider this list complete.

**There's a risk of a spinal headache after the procedure. Sometimes another procedure is needed to treat this.**

A woman may develop a **spinal headache** after an epidural is placed. This can happen when the small needle makes a tiny hole in the sac around the spinal cord and nerves.

This little hole may seal itself off right away. If it doesn't, some of the fluid inside the sac can slowly leak out. This leak is what leads to a spinal headache. This can be painful. Women usually have relief when they lie down, and feel worse when they stand up.

Most spinal headaches go away by themselves in a few days or a couple of weeks. It's very rare, but sometimes they could last for many months.

If it's needed, a small amount of your own blood can be used to seal the leak. This is known as a **blood patch**. For many women, this brings relief right away. If it doesn't, something else may be causing the headache.

**Any nerve problems are usually caused by the baby pressing on nerves in the birth canal or by the way a woman is positioned during labor and delivery, NOT the epidural. There is a very small risk of nerve injury. This may cause temporary or permanent problems like pain or numbness.**

If there's any pressure on the nerves, or if they're pinched or injured, this can cause problems like numbness, weakness, or pain.

Most of these problems are NOT caused by the placement of an epidural. These problems are usually caused by:

- The baby pressing on nerves as he goes through the birth canal
- The way a woman is positioned during labor and delivery

Other times a woman already has a nerve injury that she may or may not know about. Any kind of delivery can make a problem worse.

Problems like pain or numbness can last a few days, for months or years, or sometimes they're permanent and don't go away. If you notice any loss of feeling or weakness after delivery, let your doctor know so you can get the proper care.

**There's a very small risk the whole body could become completely numb and weak. This can be life threatening.**

It's very rare, but sometimes the epidural medication can get into the area right around the spinal cord itself. This can make the whole body completely numb and weak. If this happens, it

can be hard to breathe. This can be life threatening.

You may need a breathing tube for an hour or so, until the medication wears off. To help prevent this, you may only get a very small amount of medication at first. If there are any signs of a problem, the epidural is adjusted and tested again.

## Alternatives

### No medications

Some women choose to go without pain medication and work through the pain by changing their position, breathing, and using other methods (like birthing balls).

### Pudendal block

If you don't have an epidural, the vagina and the area around it may be numbed before the baby comes out. This is called a **pudendal block**. It's done by giving a couple shots of medicine in the area. This helps relieve pain as the baby moves through the vagina. You would still feel the pain of contractions.

### Opioids

There are also other medications, called **opioids** or **narcotics** (like morphine) that can help relieve pain. These can be given during labor as a shot or through your IV.

They do NOT block pain the same way epidurals do. They reduce pain by changing the way you experience it. You may feel a little out of it, and like the pain just doesn't bother you. They may make you feel sick to your stomach or throw up.

Some of this medication will get into the baby's system. If you have any questions about opioids, your team can tell you more.

### Laughing gas (nitrous oxide)

Another option may be laughing gas (**nitrous oxide**), which dentists sometimes use. With this, you breathe the gas through a mask, so you're in control of when you need it. Like opioids, laughing gas doesn't block pain, but it makes you feel less bothered by it. It may also make you feel less anxious. Laughing gas can be used at any time during labor and delivery.

### Combined spinal-epidural

For some women, a **combined spinal-epidural (CSE)** may also be an option for labor and delivery.

A **spinal** is a lot like an epidural, but one shot of medication is given right into the sac of fluid around the spinal cord and nerves. Since it can take a little while for an epidural to start working, a small spinal block can be given first.

This gives quick pain relief for about 90 minutes. It will not be strong enough to make you completely numb or make your legs weak. It may be easier to move around.

While you're sitting there, the epidural tube is also placed. Once you need it, you can get more medication through the epidural.

**Your team is there for you**

If you have any questions about getting an epidural, please let your team know. They're happy to help.

## **Health Information Forms**

After you print this summary, you can fill out the following forms. Keep a copy at home and take a copy to your next doctor's appointment.



Blank Health Information Form - My Medications

Blank Health Information Form - My Health Conditions

Blank Health Information Form - My Allergies

## Blank Health Information Form - Past Surgeries or Procedures/Anesthesia Reactions

**DISCLAIMER**

This Emmi<sup>®</sup> program is for your information and education only. Using this program does not take the place of conversations between you and your healthcare provider. This program gives general information about how some health problems may be treated. This information is extra education in addition to your appointments with your healthcare provider. This Emmi program is meant to educate you about medical conditions and/or surgical procedures, but it does not cover everything. This program may go over the most common possible risks and complications of medical treatments or surgical procedures. But there may be other problems, known and unknown, that can happen after treatment or surgery. No guarantees or warranties are made about the treatment or surgery itself.

This Emmi program is not meant to give exact medical or surgical advice to anyone. And it does not replace the informed consent process you will go through with your healthcare provider. Please talk with your healthcare provider about any questions or concerns you have about the information in this program. Also talk with your healthcare provider in person about what kinds of problems you may have if you do not have this treatment.

©2016, Emmi Solutions, LLC. All rights reserved.