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Fact Sheet: Epidurals for pain relief in labour

What can I do to help reduce pain in labour?

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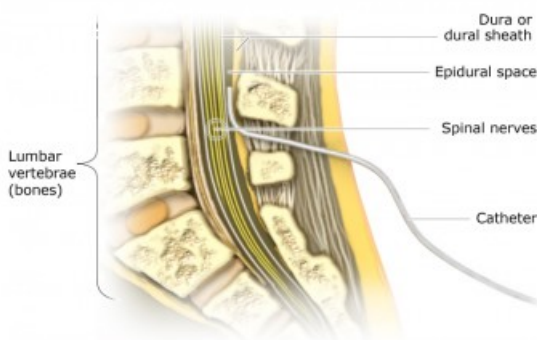
What can I do to help reduce pain in labour?

For many women, thinking about pain relief is an important part of their preparation for birth. A woman will usually have a choice of options to help her cope with pain during labour. Some women want to avoid medications. Personal support and encouragement can help women cope, as can moving around. Massage and getting into a bath or spa could ease the pain. In addition most hospitals will offer a variety of drug alternatives that can reduce pain while still allowing the woman to be awake for the birth. Out of these, the most effective is the epidural.

What is an epidural?

An epidural mostly uses a mixture of drugs to stop the sensation of pain in the lower half of the body. An anaesthetist is a doctor that specialises in pain relief and anaesthetics. He or she will talk with the woman to see if there is any reason that an epidural is not an option. This could happen in the case of allergies to particular medicines, for example, or if the woman has a blood clotting disorder.

With an epidural, one or more drugs are injected into an epidural space in the back. The epidural space is in between the vertebrae (bones of the back) and the spinal cord and the spinal nerves below the spinal cord. The drugs are not injected into the spinal cord. For a birth, the injection is made into the lumbar area, which is the lower part of the spine.



When it works properly, an epidural makes the lower part of your body numb. With the lowest type of dose, sometimes called a light or mobile epidural, you might still be able to move your legs around, or even get up walk with help and support. If needed, an epidural can be used for

anaesthetic for a caesarean section.

The first injection may not be enough for the whole of labour and birth. A catheter or very thin tube will also be inserted, so that the drugs can be topped up if needed. The tube will be taped in place so that it can be used to add more pain-relieving drugs if needed. This can be done in several ways. The doctor could give several top-ups by hand, or a pump could be used to drip in drugs continuously. This is called a continuous infusion. Sometimes there is a patient-controlled pump. This means that you can give yourself more drugs when you need extra help.

Women who have epidurals will also have an intravenous (IV) drip into the back of the hand or arm. This allows other drugs to be given quickly if they are needed for safety reasons. For example, one of the side effects of epidurals is a drop in blood pressure. If that happens, drugs can help correct this.

How good is the pain relief from an epidural?

For most women, the pain relief will be complete. Altogether, 96 women out of every 100 who have epidurals are satisfied with the pain relief they get (96%). Only 1 woman out of every 100 women (just under 1%) having epidurals will need more pain relief than they get from the epidural. In comparison, more than 20 out of 100 women (23%) who use other drugs for pain relief need extra help with pain.

The anaesthetist has to get the needle in exactly the right place or it will not work. To make sure that too much medicine is not given, the dose is usually stepped up slowly. You will usually get relief within 10 or 20 minutes of the epidural going in.

What about side effects?

Side effects vary, depending on which drug or drugs are used for the epidural. Some drugs might cause itching in some women. If that happens, changing the drug could solve the problem. The anaesthetist will explain what options there are beforehand.

A drop in blood pressure and mild fever are some of the more common side effects of epidurals. On average, almost 17 out of 100 women will have a drop in blood pressure (17%). This can make women feel sick or dizzy. About 20 out of every 100 may get a fever (21%).

A low-dose epidural can cause numbness or tingling in the legs. Being numb in the lower half of your body can make it hard to pass urine. You might need another catheter inserted to help you release urine from the bladder.

If the injection goes too deep, it can go through into the area around the spine. This can cause a leak of spinal fluid, which leads to a painful type of headache called a dural tap headache. That type of headache can last for several days. However, there is no strong evidence that epidurals cause longterm back problems.

How does the epidural affect the baby and birth?

Any medicine taken during labour can cross the cord, get into the baby's bloodstream and then affect the baby's condition at birth. This includes the use of pain-relieving drugs in epidurals. However in general, babies born after epidurals are in the same condition as babies born after their mothers used other drugs for pain relief in labour. These medicines are not known to cause babies any longterm harm.

One difference, though, is that births with epidurals may take a bit longer. There is a greater chance that the baby will need help to be born, possibly because the baby is not in the best position for birth. This is called assisted or instrumental birth. That means the use of either forceps (a type of tongs) or ventouse (a type of suction device, which pulls the baby out in a process called vacuum extraction). An instrumental birth means the woman is more likely to need stitches after the birth.

Some women still feel an urge to push when they have an epidural. If the medication has stopped the sensations though, the midwife or doctor may need to advise when to start pushing.

Sometimes epidurals are stopped late in the labour in the hopes that the woman will be more able to help push the baby out without help. However, this has not been proven to work. Stopping the epidural will mean the woman will have more pain, but there might not be any particular benefits for her or the baby.

Women with light or mobile epidurals are also sometimes advised to get up and walk around in the early stages of labour, to make the later stages of the birth easier. But this did not make any difference in trials. What might make a difference, though, is staying upright during the second or pushing stage. This could mean sitting up or being propped

up, but even tilting up the top end of the hospital bed could be enough to help.

What about epidurals and caesarean section?

Epidurals do not cause a big increase in the chances of needing a caesarean section. However, if a woman does need a caesarean section, an epidural is an option so that she can be awake for the birth, despite the operation. A small curtain over her belly will mean that she and a partner or support person can participate in the birth without having to see the actual operation. The woman might be awake enough to be able to hold her baby in her arms right after the birth.

Glossary

evidence

Evidence is what we call scientific proof from well-conducted, good-quality scientific trials that have been carefully designed to answer specific questions. Depending on the types of questions, different scientific research methods (types of study) are most appropriate to find reliable answers to these questions. Randomized controlled trials (RCTs), for example, are the best way to get reliable evidence on the effectiveness of medical treatments (interventions). This type of study, however, is not the best form of evidence for all possible questions, and does not provide the best answers to all kinds of questions, either. Epidemiological studies, for example, are very suitable for establishing well-founded proof for the spreading of a disease in the population.

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