

Pain is a normal part of labour and birth. There are many ways you can soothe your pain. You may want extra help from medications that relieve pain as your labour pains get stronger. Your care provider may suggest an epidural or combined spinal epidural (CSE) to assist you with managing pain through labour.

What is an epidural?

An epidural is a small tube placed in the lower part of your back that gives you pain relieving medicines to treat the pain of labor. An anesthesia doctor will insert the tube with a small needle. Pain relief begins in 5-10 minutes and is complete by 20-40 minutes. Epidurals are usually a safe and useful way to manage pain during labour and delivery.

An epidural does not completely block all pain or pressure, particularly if you are late in labour. Epidurals continue working throughout your labour and do not run out. Once admitted to a labour room you can get an epidural. It is never too late to ask for an epidural, but once you are fully dilated or your labour progresses quickly, you may have your baby before the epidural starts to work.

Epidurals may not be appropriate for people with certain medical problems (i.e. spina bifida, previous back operations, and problems with blood clotting). Talk to your healthcare provider earlier in your pregnancy to discuss the best pain relief options for you.

If you are overweight or it is hard to feel the bones in your back, an epidural may be more difficult and take longer to put in place.

What are the benefits of epidurals?

Epidurals are the most effective form of pain control in labour. There are many benefits of using an epidural for pain relief:

- Fast pain relief: Usually works within 10-40 mins
- You can receive an epidural almost any time during labour
- You may be able to walk around with support
- May allow you to rest and relax during parts of your labour
- Can provide anesthesia for surgery such as a cesarean delivery, or for a forceps-assisted delivery

What are the side effects and risks of epidurals for you?

An epidural usually has few side effects for you or your baby. For most people, the benefits of pain relief outweigh the risks of having the epidural. Epidurals do NOT make you more likely to need a cesarean (c-section) delivery. Side effects and risks are different for you and your baby.

<p>Common Side Effects</p>	<ul style="list-style-type: none"> • Low blood pressure • Shivering • Itching • Fever • Small bruise at site of epidural • 5-10% of epidurals leave areas of your belly ‘unfrozen’, which may be corrected by additional or different medications • It may be hard to urinate (pee), and a catheter may be inserted to help empty the bladder • You may require medication – oxytocin – to make your contractions stronger after an epidural
<p>Common Risks ~1/20 to 1/100</p>	<ul style="list-style-type: none"> • A severe headache, lasting for several days, that may need specific treatment • 3-5% of patients may need an epidural replaced during their labour • An epidural may not work for a cesarean delivery and you may need a general anesthetic
<p>Uncommon risks ~1//1000 to 1/10,000</p>	<ul style="list-style-type: none"> • Medication or allergic reaction • High levels of freezing causing difficulty breathing or thinking • Temporary nerve injury: numb patch or muscle weakness
<p>Rare risks ~1/10,000 to 1/100,000</p>	<ul style="list-style-type: none"> • Infection around the brain or spinal cord (meningitis or abscess): more common with CSE • Permanent minor nerve injury
<p>Extremely rare risks ~1/100,000 to 1/200,000</p>	<ul style="list-style-type: none"> • Bleeding/hematoma around spinal cord • Permanent severe nerve injury including paralysis • Cardiac arrest: this can be from a high block, irregular heart rate, or severe medication reaction

What are the side effects and risks of labour epidural for your baby?

- An epidural may cause a fever in labor that goes away on its own after the epidural is removed. We give acetaminophen (Tylenol) to try and decrease the effects of the fever for you and your baby.

- Your baby's heart rate may decrease in the first 30 minutes after an epidural; your nurse will monitor your baby's heart rate closely after your epidural is placed. This is more common with CSE.
- An epidural may make it more difficult to push effectively. Your baby may need to be delivered with the help of a vacuum or forceps.

What is a combined spinal epidural (CSE)?

A Combined Spinal Epidural (CSE) technique combines the rapid onset of spinal anesthesia with the continuous infusion of medicine given through an epidural tube. An anesthesiologist inserts a smaller needle through the epidural needle and puts a tiny amount of medication directly into your spinal fluid. A CSE may be useful if you are in a later stage of labour or in significant pain. An epidural tube is left in place so more medication can be given when you need it. Having a CSE will not increase your chance of having a cesarean delivery. The choice to place a CSE may depend on your anesthesiologist.

Benefits of Combined Spinal Epidural (CSE)

- Faster acting than an epidural, pain relief in about 5 minutes.
- You may still be mobile with a CSE, though you may not necessarily be able to walk in the first 60 minutes

Risks of Combined Spinal Epidural (CSE)

- Risks and side effects are the same as for an epidural (see above) except for an increased risk of meningitis (infection around your brain)
- An increased chance your baby's heart rate will decrease short-term

How are epidurals/CSE's done?

- You will sit on the side of the bed, or sometimes lay on your side
- The anesthesiologist may scan your back with an ultrasound machine to check spaces between your bones
- Your back will be cleaned with a disinfectant liquid
- Local anesthetic ('freezing') medicine is injected into the skin area where the epidural will be placed, this causes a few seconds of discomfort
- A hollow epidural needle is inserted between the bones in your lower back to find the 'epidural space'; you may feel an ache or pressure as this is done but it does not usually hurt
- A thin plastic epidural tube is put through the hollow needle into the epidural space
- For a CSE- A small amount of medicine is placed in the spinal fluid before the thin plastic epidural tube is put in place
- The epidural needle is removed and the epidural tube is taped to your back
- Pain medicine is injected through the epidural tube
- The epidural tube is connected to a "patient-controlled epidural pump" which allows you to give yourself extra medication when you feel you need it.

What does it feel like when the epidural/CSE is working?

- The area between your groin and belly button become numb
- Your legs may feel warm, tingly and sometimes a bit heavy
- Your contractions feel less intense and less painful, but you may still feel pressure

Can I walk if I have an epidural/CSE?

The medications used in an epidural/CSE allows you to move even though your legs may feel numb. You need to remain in bed for the first 30 minutes after the epidural/CSE starts. Your healthcare provider will measure your blood pressure, leg strength and test the feeling in your feet to make sure it is safe to get out of bed. Once your healthcare provider deems it is safe, you should be able to move them easily. You must have a support person with you **at all times** when you are walking. Your healthcare provider will help you:

- Labour in different [positions](#)
- Use the bathroom
- Sit in a chair
- Walk in your labour room
- If safe, walk around the hospital unit

You may not be allowed to walk if:

- You have too much pain and need more medication
- You do not pass the safety checks
- Your healthcare provider advises against it because of safety concerns for you or your baby

For more information

Ask your healthcare provider if you can speak with an anesthesiologist.