

Frequently Asked Questions about Labor Epidurals

What is an epidural?

An epidural is a regional anesthetic block that helps diminish the pain associated with labor and delivery. You will be sitting or lying on your side. An anesthesia provider will numb a small area of skin between two backbones of the lower back. The block is administered below the level of the spinal cord. A needle will be placed until the epidural space is identified. The epidural space is the area located around the envelope, which surrounds the spinal cord, called the "dura". A small flexible tube called an epidural catheter is inserted through the needle into this epidural space, then the needle is removed and the catheter is taped in place. Local anesthetic is given through the catheter continuously by a computerized pump. Fetal monitoring is routine before, during, and after the procedure. After the epidural is in place, you will notice a brief increase in the frequency of your blood pressure measurements.

How long does it take for the epidural to take effect and how long will it work?

The onset is gradual. Pain will begin to diminish within 15 to 20 minutes after dosing. The pain relief can be extended as long as necessary by continuing the medication given through the epidural catheter.

What does it feel like when it is working?

You will likely be aware that a contraction is occurring, but ideally, the epidural will significantly decrease the pain sensations of labor. You can usually move your legs very well, although they may feel weak or slightly numb. Depending on your circumstances and the baby's condition, the anesthesia provider can adjust the epidural for your comfort and to assist labor and delivery.

What are the risks of an epidural block?

The most common complications of an epidural are minor and easily treated.

These are:

- A drop in blood pressure, which may also cause nausea and vomiting, is usually treated by intravenous fluids (fluid given into a vein).
- A headache can occur about a day after the epidural is placed. This is a rare occurrence which happens in only 0.5% to 2% of cases. It is treated by lying flat, taking oral fluids, and very rarely will require extra treatment by an anesthesia provider.

- Rarely, some of the local anesthetic can enter the spinal space or a vein. This can lead to temporary side effects such as headache, ringing in the ears, tingling around the mouth and very rarely seizures. Infection and spinal cord compression are even more rare complications. These have never occurred at our institutions, however, be aware that we are extremely qualified to treat any of these untoward effects.
- Back pain can occur where the epidural was placed.
- Shivering may occur, and in fact, is very common.
- Although extremely rare, transient or permanent nerve damage can occur.

Will the epidural block affect my baby?

Considerable research has shown that epidural analgesia and anesthesia can be safe for both mother and baby. However, each patient is unique and medical judgment, special skills and precautions are required. That is why a qualified anesthesia provider should perform this procedure.

Will it slow down my labor?

Again, each patient is unique and will respond differently to the various epidural medications. Occasionally there will be a short period of decreased uterine contractions. However, often times the epidural relaxes the patient and their labor may actually progress faster.

Can any patient in labor have an epidural?

No, we avoid placing epidurals in patients with bleeding abnormalities or severe blood pressure problems. Patients with back or nerve problems can talk to the anesthesia provider and an epidural may be considered. Some patients have anatomical considerations that may make placing the epidural very challenging.

What If I need to have a C-section?

If an epidural was already placed earlier for labor, it can be used as the anesthetic for the delivery by adding stronger local anesthetic. Time permitting, one can also be placed in the C-section room for the patient who does not already have an epidural. A spinal block can also be used for a Cesarean delivery. This is placed very similarly to an epidural but a smaller amount of anesthetic is injected into the dura (the envelope surrounding the spinal cord) instead of outside the dura. The onset of numbness is more rapid. General anesthesia is also a possibility for C-section. It is used when an epidural or spinal is not possible or safe.