

# Epidural Pain Relief In Labour



and

# Anaesthesia For Caesarean Section



Health

Nepean Blue Mountains  
Local Health District

# Pain Relief in Labour

Most women use a variety of ways to cope with labour pain. Each labour experience is unique and it is a good idea to have an open mind and be flexible.

## Epidurals and spinals

Epidurals and spinals are the most specialised and effective methods of pain relief during labour. They are carried out by an Anaesthetist who is a doctor that is specifically trained to provide pain relief.

### Epidural

- It is a good idea to decide on having an epidural early, while your pain is tolerable and you are able to position yourself for the epidural.
- An epidural should not make you feel drowsy.
- An epidural is the pain relief option that will have the least effects on your baby.
- An epidural can usually be topped up to provide pain relief if you need to have a ventouse (application of suction cap on baby's head), a forceps delivery or a caesarean section.

### Spinal

Painkillers are given directly into the spinal fluid surrounding the nerves in your back. A spinal works much faster than an epidural.

### Combined Spinal Epidural (CSE)

This is a combination of the above two techniques, where an epidural catheter (a thin plastic tube about the size of a fishing line) is inserted at the same time as the spinal.

## Who can and cannot have an epidural?

Most people can have an epidural. People with backache and minor scoliosis of the spine can still have epidurals or CSE during labour or anaesthesia.

Certain medical problems, such as spina bifida, a previous back operation, any infection or eczema of the lower back or problems with blood clotting, may mean that this is not suitable for you. You should discuss the option of having an epidural with your health care professional before you are in labour.

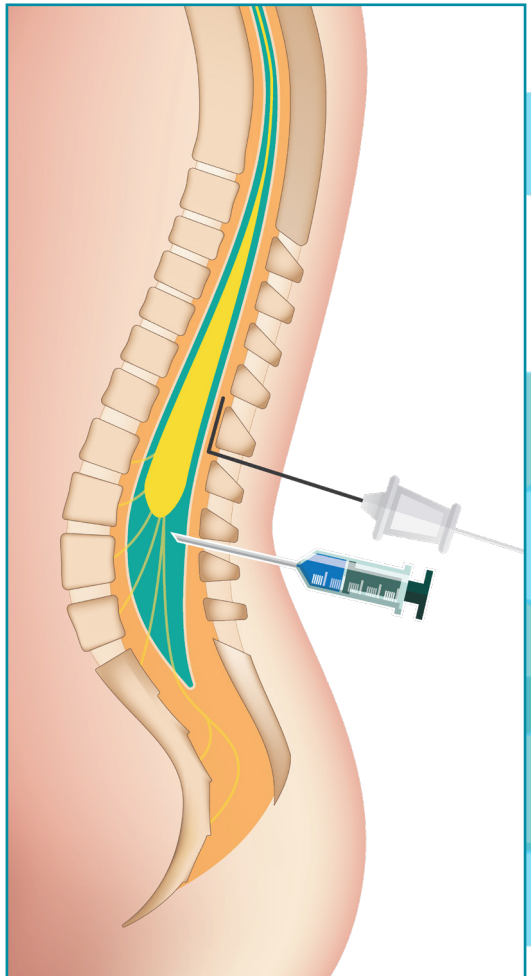
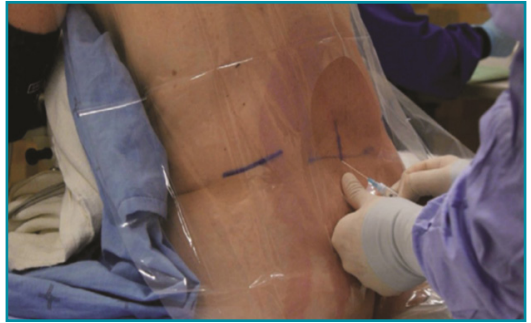
If you have a complicated or long labour, your midwife or obstetrician may suggest that you have an epidural as it may help you and your baby.

If you are overweight, an epidural may be more difficult and take longer to put in place. However, once it is in you will have all the benefits.

## What does an epidural involve?

An anaesthetist will assess you to make sure an epidural is a suitable option for you. You will be asked to either sit or lie on your side, curling your back. The anaesthetist will paint your back with a sterilising solution, which feels cold, and will inject a little local anaesthetic to numb the skin. An epidural catheter is inserted through the needle into your back near the nerves in your spine. It is important to keep still while the anaesthetist is putting in the epidural as movement may result in an accidental puncture of the bag of fluid around the spinal cord or nerve damage. After the epidural catheter is fixed in place with tape you will be free to move around.

Your blood pressure will be checked regularly and the anaesthetist will also check to make sure your painkillers are working well. There are times when an epidural does not work well and your anaesthetist may need to adjust it or remove the epidural catheter and insert it again. During labour, you may have extra doses of painkillers through the epidural catheter either as a quick injection (a topup) or as an infusion of a mixture of an opioid and or local anaesthetic through the epidural catheter. The aim of the epidural is to minimize the pain of contractions. Some discomfort may still be there.



*The spinal or epidural needle does not reach the spinal discs.*

# Benefits and risks of epidurals

## Benefits of having an epidural

- Reduces pain during labour, better than any other treatment.
- Less acid in your newborn baby's blood due to increased blood flow to the placenta compared to labour without epidural.
- Less need to use medications to make your baby start breathing, compared to morphine like medications (opioids) given in other ways (into a muscle or a vein).

## Things that an epidural will not change

- You will not have a higher chance of needing a caesarean section.
- There is no greater chance of long-term backache. Backache is common during pregnancy due to softened ligaments as a result of pregnancy hormones and the weight of the baby, and often continues afterwards. You may notice a tender spot in your back after an epidural, which occasionally may last for a few months.

## Risks while the epidural is being used

- The second stage of labour (when your cervix is fully dilated) may be longer and you may need medication (oxytocin) to make your contractions stronger.
- It is common for blood pressure to drop at the beginning of an epidural. Your anaesthetist will manage this with fluid and medications as required.
- It is common to feel weak in your legs, have pins and needles or feel numb while the epidural is working.
- You will find it difficult to urinate. A tube will be passed into your bladder (a bladder catheter) to drain your urine.
- You may feel itchy.
- Having an epidural does not usually cause a higher risk of a headache, however an epidural needle can accidentally make a small hole in the bag of fluid that surrounds the spinal nerves and this may lead to a headache. This happens to approximately one in every 100 women. Headaches are treatable and your anaesthetist will discuss treatment options with you.
- Rare complications can include: epidural infection with abscess formation or bleeding causing a blood clot. Very rarely, nerve damage can occur after an epidural. Bleeding and infections are common risks for all invasive procedures.
- Nerve damage after child birth can still occur even without an epidural due to the baby's head pressing on the nerves in the pelvis during vaginal delivery.

# Anaesthesia for Caesarean Section

About one in three births is by caesarean section and about half of these are unexpected. There are several types of anaesthesia available for caesarean section. Your caesarean section may be planned or an emergency. An Anaesthetist will assess you before your caesarean section. You may need further tests before going to the theatre to have your baby.

## Types of anaesthesia

There are two main types of anaesthesia:

1. you can be awake (regional anaesthesia) or
2. asleep (general anaesthesia)

Most caesareans are performed under regional anaesthesia, while you are awake. This is usually safer for you and your baby. It also allows both you and your partner to experience the birth together.

## There are three types of regional anaesthesia:

1. **Spinal** – The most commonly used method. It may be used in planned or emergency caesarean sections. The nerves and spinal cord that carry feelings from your lower body are contained in a bag of fluid inside your back. Local anaesthetic is put inside this bag of fluid using a very fine needle. A spinal works very quickly.
2. **Epidural** – If an epidural has already been placed to treat the pain of labour as explained above, it could be topped up if you need a caesarean section by giving a stronger local anaesthetic solution. A larger dose of local anaesthetic is necessary than with a spinal, it also takes longer to be effective.
3. **Combined Spinal-Epidural (CSE)** – This is a combination of the above two techniques, where an epidural catheter (a thin plastic tube about the size of a fishing line) is inserted at the same time as the spinal.

## What does a regional anaesthetic involve?

You will be asked to either sit or lie on your side, curling your back. The anaesthetist will paint your back with a sterilising solution, which feels cold, and will inject a little local anaesthetic to numb the skin.

For a spinal, a fine needle will be put into your back, this is not usually painful. You may feel a tingling, like a small electric shock, going down one leg or both as the needle goes in. If this happens, mention it to your anaesthetist so adjustments can be made. You should keep still while the spinal is being performed.

When the needle is in the right position, local anaesthetic and the opioid medications will be injected and the needle removed. At this point you may feel a warm sensation in your buttocks and a feeling of pins and needles down both legs.

Alternatively, the anaesthetist may decide to perform a CSE as described above. The epidural catheter may or may not be removed at the end of the surgery, depending on whether it will be used for pain relief after the surgery in the ward.

The procedure usually takes just a few minutes. You will then be positioned on your back on the operating table with a small tilt to the left for caesarean section.

The anaesthetist will check how far the block has spread using ice or cold spray, to make sure you are ready for the operation. It is sometimes necessary to change your position to ensure the anaesthetic is working well. Your blood pressure will be taken frequently i.e. every 1 to 2 minutes.

Once the anaesthetic has taken full effect, you will lose sensation from your waist down to your legs.

Whilst the anaesthetic is taking effect, the obstetric team will insert a tube (a urinary catheter) into your bladder to keep it empty during the operation. This should not be uncomfortable.

If you feel sick at any time, you should let your anaesthetist know. A drop in blood pressure is often the cause. Your anaesthetist will administer appropriate treatment to correct your blood pressure.

Your anaesthetist will stay with you during the procedure. Once the operation is underway you may feel pulling and pressure sensations, but you should not feel pain. Some women have described it as “someone doing the washing up inside my tummy”. Your anaesthetist will monitor you continuously and can give you more pain relief if required. While rare, it may be necessary to give you a general anaesthetic if there is undue pain.

## **After the operation is over**

Your anaesthetic will gradually wear off and you may feel a tingling sensation in your legs. Within a few hours you will be able to move them again. The pain relieving drugs given with your spinal or epidural should continue to give you pain relief for a few hours.

More painkillers and anti sickness medications are prescribed for your stay on the ward. The medication that you are prescribed is safe to take together and safe for breastfeeding.

# General Anaesthesia

If you have a general anaesthetic you will be asleep for the caesarean section. General anaesthesia is not commonly used. It is sometimes used for emergencies, if regional anaesthesia is unsuitable or if you prefer to be asleep.

You will be given a drink to neutralize stomach acid and a urinary catheter (bladder tube) will be inserted before your general anaesthetic. Your anaesthetist will give you oxygen to breathe through a facemask for a few minutes. Once the obstetrician and the team are ready, your anaesthetist will start the anaesthetic in your drip to send you off to sleep. The anaesthetic works very quickly.

## Advantages of regional compared with general anaesthetic:

- Spinals and epidurals are safer for you and your baby. Your baby will be more alert at birth.
- They enable you and your partner to share the birth of your child.
- You will not be as sleepy.
- They allow earlier feeding and contact with your baby.
- You will have better pain relief afterwards.

We hope that this information assists you in making an informed decision regarding your choice of pain relief for labour and the anaesthesia for your caesarean section. If you have any questions regarding your treatment or the information contained within this booklet please discuss these with your anaesthetist or your health care professional.

We recommend that you see the following videos on YouTube - iPhone users may scan the QR code below using your camera, and Android phone users search for 'Nepean Obstetric Anaesthetic Videos' on YouTube.

### Anaesthesia for caesarean section



VIDEO: A patient's journey through caesarean section

### Comfort and pain control in labour



VIDEO: Patient's journey through labour pain relief



**We wish you a safe and happy delivery of your newborn baby regardless of the mode of delivery and/or anaesthesia used.**

Reference and excerpts have been taken from the following documents and adapted to suit the Nepean Blue Mountains Local Health District.

1. *The Obstetric Anaesthetists Association – Information for Mothers*  
[www.oaa-anaes.ac.uk](http://www.oaa-anaes.ac.uk)
2. *Norfolk and Norwich University Hospitals – Anaesthesia for Caesarean Section.*
3. *Pain Relief in Labour – Royal College of Anaesthetists UK.*
4. *Australian Society of Anaesthetists (ASA) – Pain Relief during Childbirth.*
5. *Dr Manoj Mallikahewa et al - Nepean OSIG*