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Consent Information - Patient Copy
Epidural Pain Relief for Your Labour

Although having a baby is a natural process, it can cause significant pain and discomfort. Every woman is different and every birth experience is unique, so the need for pain relief varies.

Thinking about and understanding the choices of pain relief are an important part of getting ready for the birth of your baby. During the actual birth, your needs for pain relief may change, so it is very important that you have a flexible attitude so that the birthing experience is more comfortable.

Some women, if possible, want to avoid taking any medications. There are many non-medical choices available to help support you with the pain. Some of these are, breathing exercises, massages, hot baths or showers, yoga, walking around and relaxation techniques.

Sometimes the pain is worse than expected or maybe the labour is not progressing as it should. This is where the medical pain relief options can be used. These include nitrous oxide gas, strong pain relieving injections and epidurals.

Your doctor may recommend an epidural to reduce the pain. Epidurals are the most effective way of making childbirth pain free. It is a safe technique for both you and your baby.

The epidural will be given by an anaesthetist or by a qualified doctor who is training to become an anaesthetist or in rural areas by a GP with a special interest in anaesthetics.

The anaesthetist will:

- assess your health and discuss the risks of having an epidural.
- agree to a plan with you for your pain control.
- be responsible for giving your epidural and managing your pain relief for your delivery.

Not every woman can have an epidural. Problems with blood clotting and infection may mean that you need a different pain relief option.

An epidural is given into what is called 'the epidural space' of your back by means of a very fine plastic tube which is inserted through an epidural needle (The needle is removed after the tubing is in place). Local anaesthetic and other pain relieving drugs are given through the tubing to decrease pain. It works by blocking the pain signals from reaching your brain. The fine plastic tube is taped onto your back and drugs can be given through this fine tube until your baby is born. This anaesthetic takes 15 – 30 minutes to work.

'Top ups' can be managed in several ways:

- your midwife may give you a top up when needed.
- you may have a constant flow infusion.
- you may have a button that you can push to give yourself a dose of the pain relieving local anaesthetic.

Not all epidurals are the same strength. Epidurals used for caesarean section or a forceps delivery are stronger so you don't feel any pain. A normal labour does not require such a strong block so a lower strength anaesthetic is given so you can still move around, feel your contractions and be able to push when the time comes yet feel little or no pain.

Advantages of an epidural

- best form of continuous pain relief especially for backache and contraction pains
- you can be awake and participate in your baby's birth
- with a low-dose or light epidural you can still walk around between contractions
- requires less drugs than other forms of pain relief
- does not make you sleepy
- if needed, a stronger epidural can be used as the anaesthetic for Caesarean sections.

While you will be pain free during the operation, you may feel strange pressure sensations.

This avoids a general anaesthetic, where you are in a very deep sleep.

Disadvantages of an epidural anaesthetic

- It can slow down the second stage of your labour
- You are more likely to need forceps or a vacuum extraction to help the baby out
- Sometimes your legs may feel very heavy and numb, this makes walking around difficult.

'A drip' (IV fluid) is always put into your vein before the epidural is done.

Once the epidural is in place it is very important that that you do **not** lie straight on your back as it can cause a considerable drop in your blood pressure. You may sit up. Lie on your side or walk around.

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What are the risks of an epidural anaesthetic?

Modern anaesthesia is generally very safe. Every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long- term problems.

The risk to you will depend on:

- whether you have any other illness.
- personal factors, such as whether you smoke or are overweight.

Common side effects and complications of epidural and spinal anaesthesia

- Nausea, vomiting, itching and shivering
- Your blood pressure could fall
- Headache
- Pain, backache and/or bruising at injection site
- Sometimes the epidural or spinal anaesthetic only partially works.
- Problems in passing urine. Is usually temporary.
- Haematoma or bleed, If you take blood thining medicines such as Aspirin, Warfarin, Persantin, Clopidogrel (Plavix and Iscover) and Asasantin, you are more likely to get a haematoma as it may affect your blood clotting. Your anaesthetist will discuss this with you.

Less common side effects and complications of epidural and spinal anaesthesia

- Severe headache - If this happens you may need to have bed rest for several days. Sometimes a 'blood patch' is needed to be done to take away this headache.
- A change to a general anaesthetic for Caesarean Section maybe necessary if the epidural/spinal is not adequate
- Intense itching or rash
- Temporary nerve damage.

Uncommon side effects and complications from epidural and spinal anaesthesia

- Infection around the injection spot.
- Nerve damage due to the needle when doing a block.
- Overdose of drugs
- Cardiac arrest
- An existing medical condition getting worse.

Very rare risks

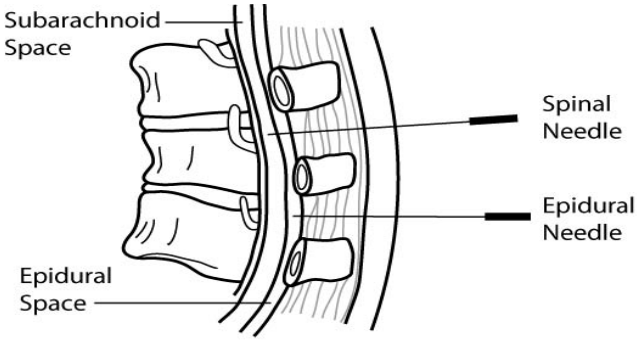
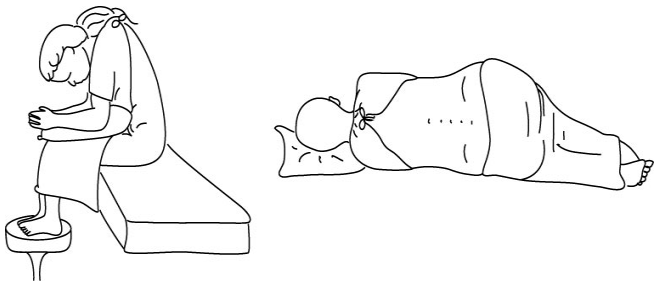
- Permanent nerve damage with possible paralysis.
- Blood clot with spinal cord damage
- The block may go higher than planned and affect breathing by paralysing the breathing muscles.
- Breakage of needles, catheters etc possibly requiring surgery to remove them.
- Epidural abscess
- Meningitis
- Death

Risks to your baby

Some drugs given to you during labour will cross the placenta. Drugs that your anaesthetist uses in an epidural that cross the placenta appear to have little or no affect on the baby.

Your recovery after an epidural

The numbness/weakness may take several hours to wear off. During this time do not attempt to walk without a person to assist you. Within the first 2 weeks after your epidural/spinal if you have any numbness, weakness, headache or severe back pain contact the anaesthetist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