

Labour Epidural

Patient Information

Department of Anaesthetics



The Patient Information Leaflets page on the Trust website is available on the link:
<https://www.wwl.nhs.uk/patient-information-leaflets> or scan the QR code.

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Introduction

This is a summary. Please discuss anything that is not clear with your anaesthetist. There is more information available at <https://www.labourpains.org/>

Setting up your epidural

- You will need to have an intravenous cannula and maybe a drip.
- While the epidural is being put in, it is important that you keep still and let the anaesthetist know if you are having a contraction.
- The ideal position during the placement of the epidural is shown overleaf.
- The epidural takes 20 minutes to set up and 20 minutes to work.
- Some epidurals do not work fully and need to be adjusted or replaced.

Advantages of epidural

- An epidural usually provides excellent pain relief.
- The dose or type of local anaesthetic can sometimes be altered, to allow you to move around the bed. This is low-dose or mobile epidural.
- In general, epidurals do not affect your baby.
- Epidurals can be topped up for caesarean section if required.
- Sometimes a spinal anaesthetic can be given for quicker effect.

Possible problems with your epidural

- Repeated top-ups with stronger local anaesthetic may cause temporary leg weakness and might increase the risk of forceps or ventouse delivery.
- The epidural may slow down the second stage of labour slightly.
- You may develop low blood pressure, itching or a mild fever.
- The epidural site may be tender for a few days. Backache is NOT caused by epidurals but is common after any pregnancy.

Ideal position during epidural



Risks of having an epidural to reduce labour pain

These details have been taken from <https://www.labourpains.org/> website. The figures shown on this page are estimates and may be different in different hospitals.

Possible problems	How common the problem is
Significant drop in Blood Pressure	Occasional- about 1 in 50
Not working well enough to reduce labour pain, so you need to use other ways of lessening the pain	Common- about 1 in 8
Not working well enough for a caesarean section, so you need to have a general anaesthetic	Sometimes- about 1 in 20
Severe headache	Uncommon- about 1 in 100
Nerve damage (for example- numb patch on a leg or foot, weakness of a leg)	Effect lasting less than 6 months: Rare- about 1 in 1,000 Effect lasting more than 6 months: Rare- about 1 in 13,000
Epidural abscess (infection)	Very rare- about 1 in 50,000
Meningitis	Very rare- about 1 in 100,000
Epidural hematoma (blood clot)	Very rare- about 1 in 170,000
Accidental unconsciousness	Very rare- about 1 in 100,000

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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