



York Teaching Hospital
NHS Foundation Trust

Pain Relief in Labour Epidurals and Spinals

Information for woman

Maternity Services

① For more information, please contact:

Anaesthetics Department

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Caring with pride

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This leaflet aims to provide you with information to help you make an informed decision about the options for pain relief in labour. Please read it, in conjunction with other information on pain relief, even if you hope to avoid an epidural. The more information you have before you go into labour the better.

What is an epidural?

A very small tube is inserted into your lower back through which local anaesthetic and other painkillers can be given. These numb the nerves that carry pain messages from your lower body to your brain.

Anaesthetists, who are doctors with special training in pain relief, put in epidurals.

Epidurals are the most effective form of pain relief but are neither needed nor appropriate for everyone. At follow up in York ninety percent of women who choose to have an epidural find it good or excellent and most said that they would have an epidural again.

How is it put in?

- A “drip” will be sited in your arm (a small plastic tube inserted into a blood vessel).
- You will usually be asked to sit on the edge of the bed.
- Local anaesthetic will be injected to numb the skin of your back. This stings.
- An epidural needle is passed between the bones of your back. This shouldn't be painful because of the local anaesthetic.
- A small tube, or catheter, is passed down the needle. The needle is taken out and the catheter left in.
- A plaster will cover the catheter so that you can lie back against your pillows. Once it is in you will not be aware of anything in your back.
- Local anaesthetic and other painkillers will be injected into that catheter.
- It usually takes about 20 minutes to put the epidural in, and a further 20 minutes for it to work.

What are the risks or side effects of epidurals?

In the UK, about one in four women have epidurals in labour, one in three of mothers having their first baby. Some of the side effects and potential problems are listed below. Your anaesthetist will be very happy to talk to you about any of them or answer any further questions that you may have.

- Your legs may feel heavy. With modern epidurals we try and limit this so that you should still be able to move round the bed and push when you need to. Sometimes your midwife will need to tell you when to push.
- Your labour may be slowed down and you may have a reduced urge to push. With time you should still push your baby out. Studies show that modern epidurals should not increase your risk of instrumental delivery (forceps or ventouse) or caesarean section. More women who have epidurals will have instrumental deliveries but we do not believe that the epidurals cause this.
- Your baby's heartbeat will need to be continuously monitored throughout labour.

- Backache is common in women who have a baby. There is good evidence that epidurals do not cause long-term backache, although a little tenderness over the site for a few days is common.
- Your blood pressure may fall. This is not usually a problem with modern epidurals. This is why you need the “drip”.
- You may find it difficult to pass urine and a small tube may need to be temporarily passed into your bladder to empty it.
- Sometimes epidurals are difficult to put in.
- Sometimes they don’t work, although with time we can usually get you comfortable.
- There is a small risk of a headache (less than 1 in 100).
- Serious complications occur in less than 1 in 80 000 women. Your anaesthetist will be happy to discuss these in more detail.

Can everyone have one?

No. In a few women it may be dangerous. You may not be able to have an epidural if:

- You have a bleeding disorder
- You have a bad infection
- You have had some sorts of back surgery, particularly if you have “metalwork” in your back

If you think that this may apply to you, or you have any other concerns about pain relief then you can ask to speak to an anaesthetist in the antenatal period.

Very occasionally, if the anaesthetist is busy or there are too few midwives to safely look after your epidural, you may have to wait. Generally the anaesthetist aims to be with you within 30 minutes of being told you would like an epidural.

My friend had a spinal. Is this the same thing?

No, but it is similar. With a “spinal” local anaesthetic and painkilling drugs are injected into the fluid around the spinal cord. In an epidural they are injected outside that fluid. “Spinals” are more often used for theatre procedures such as caesarean section or forceps delivery. Your anaesthetist will decide which is most appropriate and will be happy to tell you more. The risks and contraindications are similar to those for an epidural.

The vast majority of caesarean sections in the UK are performed under an epidural or spinal with the woman awake. Occasionally you may have to go to sleep. The reasons that anaesthetists try to keep women awake are that it is safer for mother and baby, there is better pain relief afterwards and both parents can be present for the birth. More details of anaesthesia for caesarean section are available in our other leaflet “Caesarean Section; Information for Patients”.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Dr K Robins, Consultant Anaesthetist,
The York Hospital, Wigginton Road, York, YO31 8HE or
telephone 01904 725399.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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