

Patient information

Maternity

Epidurals in labour

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

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 epidural usually takes 20 minutes to set up and 20 minutes to work. This may take longer if you have suspected or actual coronavirus infection as we may need more protective clothing.
- Some epidurals do not work fully and need to be adjusted or replaced.

Advantages of an epidural

- An epidural usually provides excellent pain relief.
- You control your own pain relief with a button to give your own doses.
- You should be able to move around the bed with the type of epidural we offer. This is a low-dose (or mobile) epidural.
- In general, epidurals do not affect your baby.
- Epidurals can be topped up for caesarean section if required.

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.



LabourPains.com

Reliable information from doctors, midwives & mothers on
pain relief & anaesthesia choices for your baby's birth

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Risks of having an epidural to reduce labour pain

These details are taken from the <https://www.LabourPains.com> web site. The information available from the published documents does not give accurate figures for all of these risks. The figures shown below are estimates and may be different in different hospitals.

Possible problem	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)	Effects lasting less than six months: Rare – about 1 in 1,000
	Effects lasting more than six 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 haematoma (blood clot)	Very rare – about 1 in 170,000
Accidental unconsciousness	Very rare – about 1 in 100,000
Severe injury, including being paralysed	Extremely rare – about 1 in 250,000

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5871 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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To give feedbacks on this leaflet please email feedback@uhcw.nhs.uk.