

Continuous Epidural in Labor

1. What is an “epidural”?

An epidural is an anesthetic technique for reducing the pain associated with labor and delivery.

2. How is an “epidural” done?

After labor has progressed sufficiently, the procedure involves inserting a needle through the patient’s lower back into the epidural space, just outside of the lining of the spinal cord.

A plastic tube (catheter) is threaded through the needle into this space. The needle is removed leaving the plastic tube in place. Medicines which reduce pain (like Novocain) can then be injected through this tube into the epidural space.

3. Who does this?

Epidurals are done by anesthesia personnel with years of training in the area of pain control.

4. What happens with an epidural?

The medication reduces labor pain, but a sense of pressure and muscular activity usually remains so that labor can progress and you can still assist in the birthing process.

5. Is an epidural always successful?

No. Occasionally an epidural is technically not possible or may produce only a partial decrease of labor pain.

6. If epidural help reduce labor discomfort, why don’t more mothers have them?

For most mothers, labor and delivery, though uncomfortable, is a natural process that results in a healthy mother and baby without major anesthetic involvement.

The placement of an epidural catheter and the use of medications during labor, as with all medical procedures, involve certain risks. Having an epidural adds significant extra expense because an additional physician is involved in your care.

7. What is risk?

Risk is defined as the possibility of suffering harm or loss or injury. (For example: When you drive in your car, even as a careful driver, you know that an accident can occur. No one can provide a guarantee that no accident will occur, though in most cases it does not.) An epidural is similar. In most cases significant problems seldom occurs, and even when they do, we are prepared to take certain measures to minimize or eliminate the problem.

8. What are the risks?

The risks of epidural anesthesia for labor and delivery include, but are not limited to the following:

- Lowering of the blood pressure which could cause adverse effects on the baby and the mother.
- Puncture of the covering separating the “spinal canal” from the “epidural space”. This may result

in a so-called “spinal headache” which may be severe or prolonged.

- Prolongation of labor.
- Increased need to use medicines to stimulate labor.
- Increased need to perform a forceps delivery.
- Direct adverse effects of the local anesthetic on the baby or the mother.
- Allergic reaction to any of the drugs – rare.
- Injection of local anesthetic through the catheter has on rare occasions resulted in intravenous injection of the drug. This has the potential for causing convulsions or cardiac arrest – rare.
- Injection of local anesthetic through the catheter has on rare occasions resulted in injection of the drug into the spinal canal. This can result in a “high spinal” anesthetic, producing temporary paralysis and requiring respiratory assistance.
- Nausea and vomiting, 10-20%.
- Difficulty with urination which may require a catheter placed into the bladder.
- Infection of the spinal cord or its covering – rare. (Meningitis)
- Loss of consciousness – rare.
- Backache is often associated with pregnancy. It is not necessarily aggravated by an epidural.
- Possibility of prolonged effect – rarely up to 60 hours.
- Persistent neurologic deficit ranging from minor numbness lasting a few weeks to (rarely) a permanent loss of sensation in the legs to (very rare) paralysis of the legs.
- Bleeding around the spinal cord requiring emergency surgery- very rare.
- The catheter tip breaking off or being left inside requiring surgery to remove – rare.
- Possibility of death – very rare.

9. Can anyone request an epidural?

You should discuss the epidural with the anesthesia personnel. Your medical or physical condition, or the condition of your unborn baby, may make an epidural unwise or inappropriate. So even though you request an epidural, your obstetrician or the anesthesiologist may decide that it is not a good option in your case.

10. What does an epidural cost?

A normal labor epidural, which may not be fully covered by insurance, costs as much as \$800+ (the anesthesiologist’s fee), plus supply and equipment charges billed by the hospital.

These charges are **not** included in the hospital’s obstetric package plans or the obstetrician’s fee.