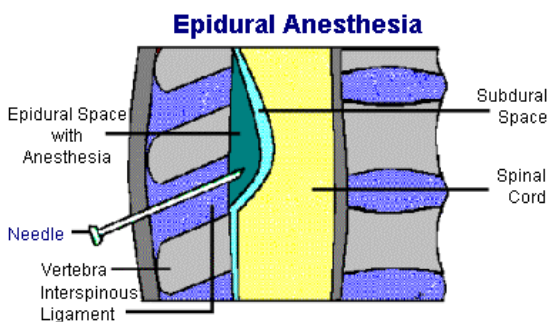


EPIDURAL PAIN CONTROL FOR THE LABOR PATIENT

There are several ways to help manage pain during and after your labor and delivery. The degree of labor pain depends on many factors including your level of pain tolerance, size and position of the baby, strength of uterine contractions and prior birth experiences. Your doctors will explain the pain control method they think is best for you. This information sheet will tell you about one way that your doctors may suggest: **Epidural Pain Control**

What is epidural pain control?

An epidural block decreases sensation in the lower areas of your body while you remain awake. A pain medicine will be injected into the epidural space near your spine. From this space, the medicine can block pain without making you or your baby too sleepy. Although it will make you more comfortable, you may still be aware of your contractions.



What is an epidural catheter?

A tiny plastic tube called an epidural catheter can be inserted through a needle.

Occasionally this catheter will rub a nerve and cause a brief twitch or tingling sensation down one leg. Once the catheter is in proper position, the needle will be removed. You can then receive additional medications as needed without any other needles. Pain relief will occur ten to twenty minutes after the drug has been injected.

What are the uses and benefits of an epidural?

- An epidural may be used for pain relief during labor
- You will be more awake and alert than with other methods of pain control
- Your epidural catheter can also be used for a Cesarean Birth if necessary

How could having an epidural affect my labor and delivery?

Epidural analgesia is safe but not without risk. Rare complications include infection, bleeding, and nerve injury. The most common complication is spinal headache which happens in about 2% or 1 in 50 epidurals.

- An epidural may cause your blood pressure to drop temporarily. Low blood pressure may slow the baby's heartbeat. Measures will be taken to return your blood pressure to normal.
- Analgesia given by epidural could slow down your contractions. Pitocin may be added to your IV to speed up labor.
- You may not be able to get out of bed because of the effects of the epidural on the strength of your legs.
- The pushing stage of labor may take longer because of the effect on feeling the urge to push.
- You may not be able to empty your bladder and may need a catheter put in place during the epidural.
- The mother may develop a fever after an epidural. Maternal fever may lead to a work-up to rule out infection in both the mother and the baby, leading to precautionary IV antibiotics and longer hospital stays.

If you choose an epidural, you will need:

- An IV
- Continuous Fetal Monitoring
- Frequent Blood Pressure Checks
- Nothing by mouth except Ice Chips

How is the epidural catheter inserted?

Once you, your care provider and the anesthesiologist have agreed to the plan for an epidural:

1. Your nurse will increase the amount of fluid you are receiving through your IV while the anesthesiologist prepares the equipment for the epidural.
2. You will be asked to sit up or lie on your side and curl up around your baby. This position is important for proper placement of the epidural catheter.
3. Once in position, an area of your back will be sprayed with a cold soap and covered with a sterile towel.
4. The anesthesiologist will use a small needle to inject a medication that will numb an area on your back.
5. After the area is numb, the epidural catheter will be put in the proper space. You may feel pressure, but you should not feel much pain. Occasionally this catheter will rub a nerve and cause a brief twitch or tingling sensation down one leg. If you have pain, let your doctor know. This will help the doctor to position the catheter correctly.
6. After it is in place, the doctor will tape the catheter to your back.
7. Your epidural catheter may be connected to a bag containing a medication that will control pain. The medication you receive will be controlled by a computerized pump.
8. Throughout your labor, your comfort and progress will be checked frequently by a nurse. She will be asking you to rate your pain on a scale of 0-10. Pain relief measures will be adjusted accordingly.
9. After a delivery, the epidural catheter will be removed and within a few hours complete feeling will return.

What care will be given to the epidural catheter?

Your nurse will check your epidural catheter to make sure it is working properly. The nurse will also make sure you are comfortable. The doctor (anesthesiologist) will also check on you and your catheter and is always available to address problems or questions.

What should I do if I have questions or concerns about my epidural catheter?

Tell your nurse when you have any questions or concerns. If the nurse cannot give you the help or information you need, the doctor (anesthesiologist) will be called.

Will I still have to ask my nurse for pain medication?

The medication should relieve most of your pain but, if you are uncomfortable let the nurse know. The nurse will help you use alternative pain relief techniques or call the doctor (anesthesiologist). The doctor may adjust your medication according to your needs.

When should I talk to the nurse?

Tell the nurse about the following:

- Pain
- Numbness or tingling in your legs
- Any itchiness
- The alarm on your medication pump is ringing
- Anytime you have questions

How can I describe how I feel?

Please use the following numbers to describe how you are feeling:

