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Frequently Asked Questions About Epidural Analgesia for Childbirth

What is a labor epidural?

A labor epidural is a thin tube (called an epidural catheter) placed in a woman's lower back by an anesthesiologist. It continuously delivers medication designed to significantly reduce the pain of childbirth. It does not make the patient drowsy and is safe for the baby.

How is the procedure performed?

After the anesthesiologist reviews the patient's medical history he or she will clean the patient's back with an antiseptic and then inject numbing medicine into the skin where the epidural will be placed. After this brief pinching sensation, most women are aware of pressure in the back when the epidural needle is used to find the correct spot but do not experience much discomfort. The epidural catheter is all that remains in the back and is covered by a bandage (the needle is removed). The process typically takes 10-15 minutes, but may take longer in overweight patients and in patients with curvature of the spine (scoliosis). Good pain relief is usually achieved within 10-15 minutes after the epidural is placed. Medication is continuously dripped into the tube by a pump until the delivery is complete.

What can I expect to feel after the epidural is in place?

The epidural significantly reduces the pain of contractions. Pressure will still be felt in the rectum and vagina. Total numbness is undesirable because a woman needs to know when and where to push at the end of the labor. The anesthesiologist tailors the medication drip for each patient.

Does the epidural always work?

Occasionally the pain relief from an epidural can be one-sided or patchy. The anesthesiologist will work with the patient to improve the relief, which can usually be done without repeating the epidural. Rarely, technical difficulty due to a patient's unique anatomy may prevent the expected pain relief.

Can I walk with the epidural? What kinds of side effects exist?

Many women will feel tingling and some weakness in the legs while the epidural is in place. Patients need to stay in bed from when the epidural is started until after the delivery. Some women with an epidural will experience an increase in their body temperature. Some women experience temporary soreness around the spot in the back where the epidural is inserted.

How does the epidural affect the labor? Does it increase the risk of a cesarean section?

Epidurals have not been shown to significantly increase the first and longest stage of the labor. Epidurals do not increase the risk of a cesarean section.

What if I need cesarean section?

In most cases the anesthesiologist can give a strong medication through the epidural catheter to make the patient numb enough to have surgery without any further needle sticks.

Are there women who can not have an epidural?

The vast majority of pregnant women are able to have a successful and safe epidural. However, obstetrical providers do occasionally refer patients with certain medical conditions for a consultation with an anesthesiologist during the pregnancy to discuss specific concerns (bleeding disorders, previous spine surgery).

What kind of risks are involved?

Epidural anesthesia is very safe with few risks. A specific kind of headache can occur in about 1% of patients having an epidural. The anesthesiologist will discuss treatment options if this occurs. Epidurals do not cause chronic back pain and serious risks are extremely rare.

What happens after the delivery is completed?

The epidural medication will be stopped after the completion of the delivery and the medication will wear off. Removal of the epidural only involves removal of the tape and the painless removal of the epidural catheter.