INFO SHEET

Epidural during delivery

Centre intégré de santé et de services sociaux de l'Outaouais
Québec

MEDICAL AND PROFESSIONAL SERVICES DIRECTORATE

DEFINITION

Epidural is a common analgesic technique used during delivery. It allows women to go through delivery with as little pain as possible. This technique involves injecting a local anesthetic – with or without an opioid – into the epidural space along the spine. These substances provide relief by interrupting pain signals to the brain.

CONTRAINDICATIONS

- Generalized or widespread infection in the back region
- Active disease or nervous system disorder
- Heart or circulatory disorder
- Blood clotting disorder or blood thinners
- History of spinal surgery with grafting or metal rods

EFFECTS ON DELIVERY AND NEWBORNS

- Recent research does not show a significant increase in the number of C-sections or assisted deliveries using vacuum or forceps.
- After the procedure, your baby will be monitored. If there are side-effects, we can take action to correct the situation, as needed.

ADVERSE REACTIONS

You may experience decreased blood pressure, nausea and/or vomiting, itching, chills, fever or difficulty urinating. Procedures or medications are prescribed to counter these adverse reactions. If you feel discomfort, talk to your nurse.

POSSIBLE COMPLICATIONS

Frequent complications (1-15%):

- You may have back pain for a few days at the epidural site.
- You may need to undergo the procedure again if there is incomplete or single-sided relief.
- Your blood pressure may drop. This is corrected by administering IV fluids and medication.
- Occasionally, the dura mater may be punctured during a difficult procedure, resulting in severe headaches. Pain medications recommended after delivery may help, but effective treatment can be provided if needed.

Less frequent complications (less than 0.1%):

- If the drug enters a blood vessel, you may experience dizziness, buzzing in your ears or a metallic taste in your mouth. These are important signs of toxicity. Make sure to report them in order to be treated.
- Injection into the cerebrospinal fluid may cause a very high level of analgesia in the chest, but this can be corrected by the team and your anesthesiologist.

Very rare complications (less than 1/200,000):

- Very rare cases of paralysis can occur, usually caused by bleeding or infection around the spinal cord. The anesthesiologist will check for risk factors or contraindications before administering the epidural.

If you have any questions or concerns, please feel free to raise them with the health care team.

PROCESS AND MONITORING

As soon as your labour is well under way, you can ask for the epidural. Do not hesitate to let your nurse know.

- At the beginning of the procedure, you will be seated. After disinfecting your skin, the anesthesiologist will administer a local anaesthesia and then introduce a needle into your lower back to insert a small plastic catheter. The needle is then removed. The catheter will stay in place until the birth to give you the medication that will provide relief throughout your labour.
- A support person (such as the other parent or someone else) may assist you during the procedure. Since the procedure is sterile, you must follow the instructions given by the caregivers. If necessary, the support person could be asked to leave and given explanations later.
- Once the procedure is completed, a pump will administer the medication in small doses and/or continuously to provide you with relief for several hours. The drug will go into effect in five to ten minutes, but you may still feel a slight discomfort in your belly, back or vagina.
- The nurse will stay with you for a certain amount of time after the epidural positioned and then come to check on you regularly. The nurse will make sure you are comfortable and check your blood pressure as well as your baby's heart rate.
- It is normal to feel tingling and warmth in your legs, followed by numbness and a feeling of heaviness. After delivery, will be discontinued and these effects will disappear within a few hours.
- With the epidural, you will not be allowed to eat solid foods. You can drink water, ice or clear liquids such as apple juice or drinks with electrolytes (e.g., Gatorade).

PAIN MANAGEMENT ALTERNATIVES

- Movement and change of position, breathing, massage, bath/shower
- Complementary therapies: hypnosis, reflexology and aromatherapy, transcutaneous electrical nerve stimulation (TENS), acupuncture
- Sterile water injections in the lower back
- Bonapace Method

Other medications:

- Nitrous oxide (laughing gas)
- Analgesics (painkillers)

HAVE A SMOOTH DELIVERY!

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2025-08-20