

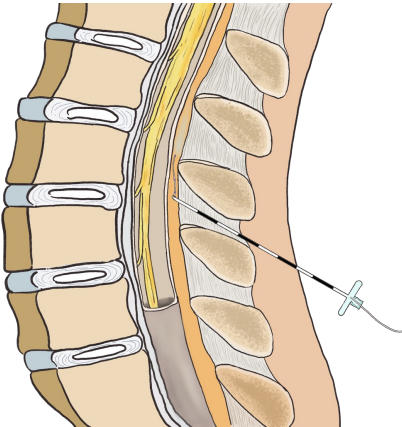
PAIN-RELIEF OPTIONS IN LABOUR

EPIDURAL AND COMBINED SPINAL EPIDURAL (CSE) ANALGESIA

PURPOSE OF EPIDURAL / CSE?

Epidural/ CSE is widely used to provide pain relief for labour contractions.

WHAT IS THE PROCEDURE LIKE?



1. Placement of a plastic tube/epidural catheter into the middle of the lower back near the spinal nerves. In CSE, an initial dose of pain medication is delivered into the spinal space around the nerves.

Both techniques work well, and your anaesthetist will decide on a technique suitable for you.

2. Pain medications are continuously given through the catheter until delivery, via a pump.



EPIDURAL MEDICATIONS USED:

NDC 63323-288-07 278821

Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].


(ropivacaine HCl Injection, USP)

is a trademark of Fresenius Kabi USA, LLC.

1% 200 mg per 20 mL (10 mg per mL)

For Epidural Administration Only. Not for Intravenous Administration.

20 mL Single Dose Vial Rx only



Examples:

- Local anaesthetics
- Opioids
- Other drugs

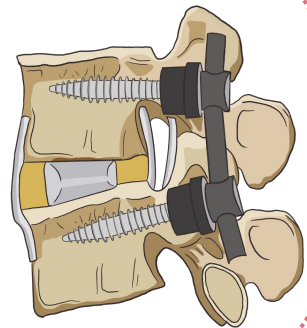
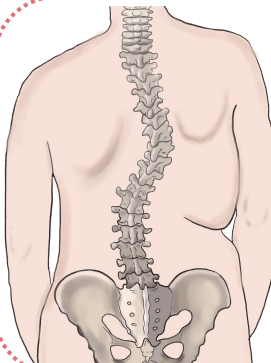
Pain medications take 10-15 minutes to work



ALERT US IF YOU HAVE/TAKE THE FOLLOWING:

- Blood clotting or bleeding disorders
- Blood thinners (e.g. Aspirin/Heparin)
- Traditional Chinese Medicine (TCM) /Jammu
- Supplements

- Neurological Diseases
- Structural spine abnormalities (e.g. scoliosis)
- Previous spine surgeries
- Chronic headaches



You may not be suitable for epidurals/CSE if you have any of the following conditions.

Please inform your friendly anaesthetists/ labour ward nurses/ obstetricians.

EFFECTS AND BENEFITS OF PROCEDURE

Pain relief till after delivery

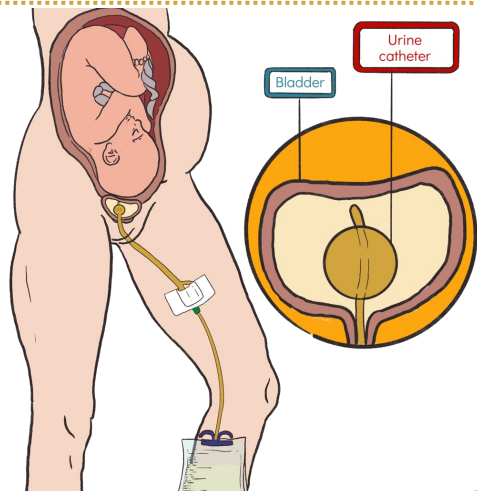
- Contractions feel less intense
- Rest and recovery
- Pain is reduced to a tolerable level



Your legs may feel heavy and numb for the duration of the epidural. For your safety, please remain in bed once the epidural is inserted.

Shivering and having mild skin itch without rashes are common side effects of the epidural.

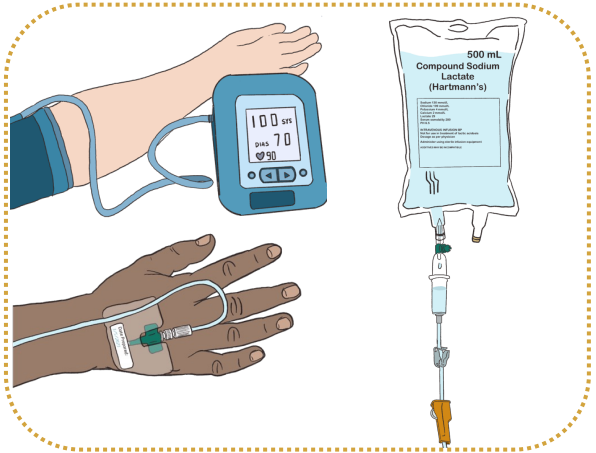
A urine tube is routinely placed to empty your bladder to help with delivery.



EFFECTS AND BENEFITS OF PROCEDURE

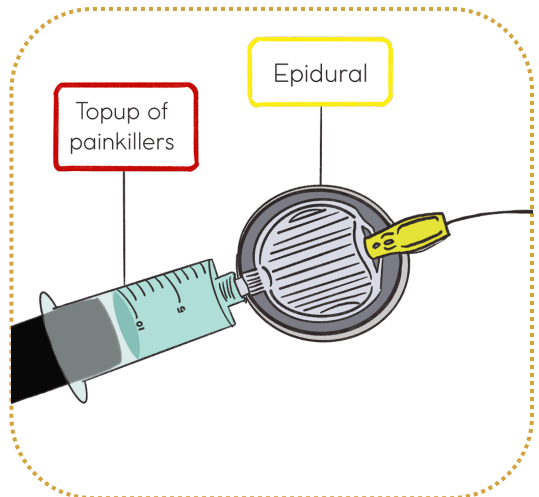
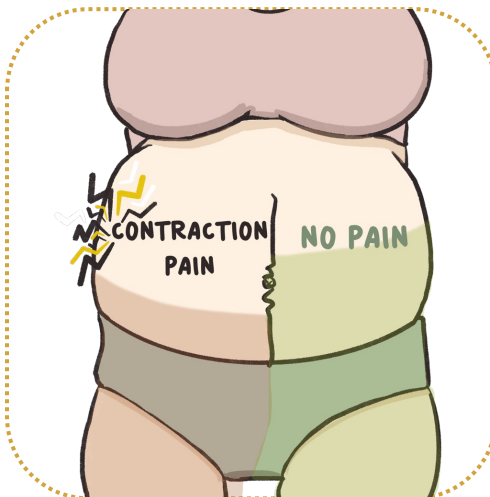
Temporary fall in blood pressure

- Your BP will be measured closely for the first hour
- IV drips will be given



An epidural will reduce pain, but not completely remove it, especially in advanced stages of labour

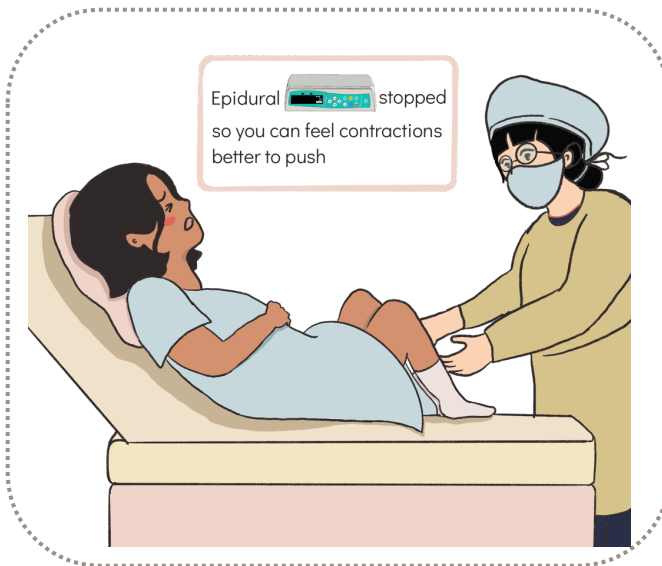
- You may require medication top ups
- Adjustment of epidural catheter



EFFECTS AND BENEFITS OF PROCEDURE

Epidural medications may be reduced when it is time to push.

This is to allow for coordinated pushing with contractions



The epidural catheter will be removed after delivery, and the sensation in your legs will gradually return over hours.

- For your safety, please get assistance from your nurse before walking.

An anaesthetist will review you to ensure the effects of the epidural have worn off completely.



RISKS OF EPIDURAL/CSE?

VERY COMMON RISKS (1 PERSON IN 10 PEOPLE)

- 1) Pain despite having an epidural
- 2) Shivering
- 3) Temporary bruising/soreness at injection site
- 4) Temporary nausea and vomiting
- 5) Temporary low blood pressure
- 6) Skin itch
- 7) Temporary numbness/weakness in legs
- 8) Increase in maternal temperature

COMMON RISKS (1 PERSON IN 100 PEOPLE)

- 1) Failure of Epidural to provide pain relief
May require reinsertion of epidural catheter
- 2) Persistent headache
Post dural puncture headache
Majority can be managed with painkillers, hydration, and rest.
Rarely, an epidural blood patch procedure needs to be done to treat this
- 3) Temporary numbness up to chest area

RARE (1 IN 10,000) / VERY RARE (1 IN 100,000 OR MORE)

- 1) Breakage of needles/catheters/possibly requiring surgery
- 2) Fetal heartbeat changes requiring intervention
- 3) Allergy/toxicity from medications
- 4) Permanent numbness/weakness in legs
- 5) Infection
- 6) Blood clot in spine requiring emergency surgery

ALTERNATIVE PAIN RELIEF OPTIONS

ENTONOX

- Breathing "laughing gas" during contractions
- **Side effects:** nausea/lightheadedness



PETHIDINE INJECTIONS

- Takes 30 minutes to work
- Effectiveness varies between people
- Avoided in later part of labour as may affect baby's breathing
- **Side effects:** nausea/vomiting, itch, sleepiness, urinary retention, slower breathing



PATIENT CONTROLLED ANALGESIA

- Electronic pump with strong opioids delivered via IV
- Takes a few minutes for effect of medications to be felt
- Can be used throughout labour
- **Side effects:** (similar to pethidine injection)



FREQUENTLY ASKED QUESTIONS (FAQ)

WILL I GET LONG TERM BACK PAIN AFTER EPIDURAL?

- Backaches are common during and after pregnancy due to postural and hormonal changes
- **No evidence to show that epidural causes long term back pain**
- Mild back soreness after epidural anaesthesia is to be expected
- Usually fades away within 7-10 days with painkillers and rest

Inform us if

- back pain gets worse
- moves to your legs/other parts of the back
- injection region is warm and painful



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FREQUENTLY ASKED QUESTIONS (FAQ)

CAN AN EPIDURAL AFFECT MY BABY?

- Your blood pressure may temporarily decrease after an epidural is inserted. This may occasionally cause lowering of baby's heart rate.
- This is usually temporary and will resolve with fluids and blood pressure medications most of the time
- Note that the amount of medications reaching baby is very small when administered with the epidural

DOES IT HURT WHEN THE EPIDURAL IS GIVEN?

- We will give a numbing injection before inserting the epidural
- This initial numbing injection with a small needle will be sore and warm - almost like an ant bite!
- This will make the subsequent epidural insertion more comfortable for you



FREQUENTLY ASKED QUESTIONS (FAQ)

WILL THE EPIDURAL EVENTUALLY CAUSE ME TO GET A CAESAREAN SECTION?

- There is no correlation of epidurals with caesarean sections.
- Common Indications for conversion from Normal Vaginal Delivery to Caesarean Section include:
 - size or position of baby
 - poor progress of labour

WHAT IF I'M IN TOO MUCH PAIN AND I CAN'T SIT STILL DURING THE EPIDURAL?

- Your cooperation is most important during the epidural procedure
- Do not move suddenly
- Let your anaesthetist know when the contractions come so that we can stop temporarily
- You may use Entonox (gas) during procedure to tide through the contractions

We may not be able to do the epidural if:

- Mothers are not able to cooperate and remain still for the procedure

As this would be unsafe



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FREQUENTLY ASKED QUESTIONS (FAQ)

WHAT IF I HAVE
A HEADACHE
AFTER AN
EPIDURAL AND
DELIVERY?

- If you have any baseline migraine or tension headaches:
 - pregnancy,
 - lack of sleep,
 - stress
 - and other factors may trigger them during labour
 - There is a 1% risk of developing a Post Dural Puncture Headache (PDPH) after an epidural.
 - Features suggestive of PDPH:
 - Characteristically worse on sitting up or standing and better on lying down
 - May be associated with neck stiffness
 - Worse with bright lights
 - Hearing/visual changes
- Please inform your friendly anaesthetist so we may review you if you have any of such symptoms



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WILL AN EPIDURAL PROLONG MY LABOUR?

- There is no conclusive evidence to show that epidural analgesia slows down the progression of labor.
- You will be regularly assessed by your obstetric doctors to ensure labor is progressing well.

THANK YOU FOR YOUR KIND ATTENTION!



QR CODE: Association of Obstetric
Anesthesia Website

Full Link:

<https://www.labourpains.org/during-labour/pain-relief-and-anaesthesia-choices-during-labour>

Please speak to your friendly obstetricians who can assist in putting you in touch with the anaesthetists if you have any questions.