



Procedure Information Sheet

Introduction

This leaflet aims to provide you with the basic information about different methods of labour pain relief. If you have any questions not covered in this leaflet, please discuss with your doctor / anaesthesiologist who will be willing to answer your questions.

What are the different methods for pain relief in labour?

- Breathing of Entonox via a face mask
- Intramuscular pethidine injection on a regular basis
- Epidural infusion of local anaesthetic and opioids intermittently or continuously

Who is responsible for your analgesia?

Your obstetrician will suggest to you the best method for your pain relief.

What is Epidural analgesia?

Epidural analgesia requires the insertion of a small plastic catheter into the epidural space over your back. It is performed by your anaesthesiologist. Through the catheter, local anaesthetics (LA) and opioids are injected. These drugs temporarily stop the spinal nerves from working, so that sensation and movement in the area (i.e. the lower part of the body) supplied by the nerves does not occur. The labour pain will thus be diminished. When the effect of the drugs wears off, sensation and movement will return quickly.

What are the benefits of having epidural analgesia as labour pain relief?

Epidural analgesia provides significant reduction of labour pain without affecting the mother's mental state. It is also useful to lower blood pressure in mother with pregnancy-induced hypertension. Where Cesarean delivery is required, epidural can provide adequate anaesthesia and general anaesthesia can be avoided.

Is there any risk in Epidural analgesia?

- The common complications of obstetric epidurals are transient lower limb weakness, fever, shivering, dizziness, nausea and vomiting, hypotension, urinary retention and itchiness if epidural opioids are used.
- Post-dural puncture headache (PDPH) is a common complication in epidurals and is quoted as 0.2% - 1%.
- Epidural use during labour is not associated with the increase in the incidence of low back pain afterwards.
- The incidence of paraplegia is approximately 0.1 in 10,000. Transient neurological complications are more common.
- The incidence of spinal or epidural haematoma has been quoted as 1 in 150,000 for epidurals.
- The incidence of epidural abscess and infection in obstetric population is reported as 0.2-3.7 in 100,000.
- The risk of systemic local anaesthetic toxicity with epidural analgesia is 1 in 10,000.

Is there any condition that makes one not suitable for epidural analgesia?

Under certain circumstance, you are not suggested to have epidural analgesia as your mode of analgesia:

- If you have previous spine surgery
- If you have bleeding disorder
- If you have received anticoagulant or anti-platelet treatment
- If you have infection over your back around the epidural insertion site
- If you have fever or signs of sepsis
- If you have spine deformity or spinal cord problem
- If you have allergy to local anaesthetic drugs
- If you refuse

Patient's Label

Patient Name: _____
Hospital No: _____
Episode No: _____



Is epidural analgesia use associated with increase in chance of Cesarean section?

Epidural analgesia is not associated with increase in chance of Cesarean section subsequently.

Can I have Cesarean delivery with this epidural analgesia technique?

If you require a Cesarean Section, a higher concentration of local anaesthetic drug may be injected via the epidural catheter to allow you to have the operation performed under epidural anaesthesia. However, it takes time for the epidural drugs to work and in case of emergency, general anaesthesia is preferable.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Grant, G J., Hepner, D. L., Berghella, V. & Crowley, M. (2020). Pharmacologic management of pain during labor and delivery. UpToDate. Retrieved on 27-6-2020 from <https://www.uptodate.com/contents/pharmacologic-management-of-pain-during-labor-and-delivery/contributors>

Patient's Signature: _____ Date: _____

<p>Patient's Label Patient Name: _____ Hospital No: _____ Episode No: _____</p>
