



## **Why is an epidural used?**

This medication helps decrease the pain of contractions and lessens the feeling of pain in your lower abdomen (belly), legs, and birth canal. It is not meant to numb you or make you unaware of contractions. The goal is to maintain a sensation of pressure with contractions, which will help during the pushing stage. Most people can still move into many different positions, including hands and knees and modified squatting in bed. However, you may not get out of bed once an epidural has been placed.

## **How is an epidural placed?**

A needle is gently placed in the lower back to find the epidural space in your spinal column. A catheter is then inserted into your back to deliver medication from an infusion pump (similar to an IV pump).

An IV and continuous fetal monitoring are required with epidural use, as well as a clear liquid diet.

## **What are the risks and side effects?**

1. Bleeding, infection, or bruising at the site of placement (rare).
2. Low blood pressure: Your blood pressure might drop a little with placement, and with it, sometimes baby's heart rate. We monitor you and the baby closely during placement because of this. Any brief drops can usually be managed with IV fluids, or sometimes medication.
3. Dural puncture or dural puncture headache (also known as spinal headache). This occurs if the needle used during placement goes a little too far into a different space. This is rare, occurring in about 1 out of 100 patients, but if it occurs, it can cause a headache that can linger after giving birth. If the

puncture happens, the anesthesia team will follow you closely for about 3 days to see if a headache develops. If it does, we will work with you to alleviate it.

4. Sometimes the epidural doesn't work or works more on one side than the other. The anesthesia team can usually adjust medications to achieve adequate relief, but sometimes the epidural needs to be replaced. Anesthesia residents and nurses (COBAN) will monitor you continuously after placement to make sure you have adequate relief.
5. If you have pre-existing back pain, an epidural placement can exacerbate that pain postpartum.

Anesthesia residents and nurses (COBAN) will be checking on you throughout the time your epidural is in use and will follow up with you via phone call after you've had your baby.

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