Epidural Pain Relief (Maternity)

September 2026

Even if an epidural is not part of your birth plan, it is worthwhile learning some facts about this method of pain relief.

What is an epidural?

An epidural is an injection of local anaesthetic or pain-relieving drugs (or both) into the lower back to block the nerves that go to the uterus and the surrounding muscles. These are the sources of the pain felt during contractions in labour. Other methods of pain relief include spinal or combined spinal with an epidural which are more often used for caesarean section.

Who inserts an epidural?

An anaesthetist will insert your epidural. This may be a specialist anaesthetist (consultant) or an anaesthetic registrar (a qualified doctor specialising in anaesthesia). Anaesthetic registrars are available onsite 24 hours a day, with consultant support available whenever needed.

How is an epidural inserted?

1. You will be asked to sit up or lie on your side. An intravenous “drip” will be inserted into your arm which is necessary for hydration. The anaesthetist will explain the procedure to you.

2. A small amount of local anaesthetic is injected under the skin on your lower back, then the epidural catheter is inserted into the lower back via a needle.

3. The needle is then removed, and the epidural catheter (fine piece of tubing) is left in the lower back and is taped to you. It is important to keep still during the insertion.

4. Once the epidural catheter is in place and local anaesthetic solution is injected, pain relief usually is felt within 15 minutes, sometimes longer.

5. The epidural catheter remains in place and provides pain relief throughout the labour. The insertion success rate is over 90%. If the epidural is not working, and you continue to feel uncomfortable, the first epidural catheter may need to be removed, and a second epidural catheter will be inserted.

6. A bladder catheter is required, as you will find it difficult to pass urine.

What are some potential complications?

Minor

- A decrease in blood pressure which can be treated with intravenous fluids.
- Your legs may feel heavy, weak, and numb. This means you will have to remain in bed following insertion of the epidural and until you have gained full feeling in your legs.
- Shivering- This is frequent and expected minor complication which resolves with time.
- Itch- sometimes the medication may make you itchy.
- Localised soreness or some minor bruising on your back for a day or two afterwards. There is no association with long-term back pain and epidurals.

Date of Review: September 2026 Date of Next Review: September 2030
Consumer Participation National Standards endorsed
South Eastern Sydney Local Health District
Royal Hospital for Women. Barker Street, Randwick, NSW 2031. Telephone: 02 9382 6111

Serious

- Headache – this may be seen in about 1 in 100 women with an epidural following an accidental dural puncture (puncture of sac of fluid around the spinal cord). Around 80% of these women will have a headache within 1 day to 1 week after.
- "Spinal block" - resulting in a drop in blood pressure, a decreased level of consciousness and difficulty breathing. To avoid this the anaesthetist will give a test dose to ensure the epidural catheter is in the right position.
- Nerve damage – 1 in 3,000 women (with or without an epidural) may be affected with temporary nerve damage after childbirth resulting in some leg weakness and/or a patch of numbness. Virtually all these cases heal spontaneously within 4-5 weeks. Permanent nerve damage is rare.
- Abscess/haematoma – is a collection of pus or blood in the epidural space that can cause nerve damage. This is very rare affecting about 1 in 100,000 women.
- Paraplegia – the incidence of paraplegia in modern practice is now very rare and is less than 1 in a million.

What are the impacts of an epidural on labour and birth?

Many studies have looked at this question.

- Epidurals do not increase the need for caesarean section.
- Epidurals may be associated with a lengthening of both the first &/or second (pushing) stage of labour (by minutes).
- Epidurals may be associated with an increase in the need for an assisted birth with either vacuum cup or forceps.
- Epidurals early in labour do not appear to prolong labour any more than one placed later.

What are the impacts of an epidural on your baby?

A complication free epidural should have no effect on the baby. The midwives in attendance will monitor your blood pressure and your baby's heart rate closely.

Have further questions?

Talk to your doctor or midwife to ask any further questions.

I _____ have read this information and I understand the risks and benefits of an epidural.

Please note: Signing this form does not make an epidural compulsory nor will one be performed on you in labour without your agreement.

SIGNATURE _____