

Epidurals and backache

Pain in and around the injection site in the back may persist for several days. However, this is nothing to be concerned about.

Backaches that persist for a longer period after childbirth are not linked to the epidural. Studies have shown that 40% of women who have given birth experience lower back pain, regardless of whether or not they had an epidural. These pains are in most cases secondary to the pregnancy itself, or to the position adopted during labour and childbirth.

Epidurals and your baby

Many scientific studies have shown that epidural anaesthesia does not pose any risk to the baby. The anaesthetics injected into the epidural space act locally and only enter the bloodstream in very small quantities.

As a result, a tiny amount crosses the placenta into foetal circulation, without having any consequences for the baby. Therefore, childbirth under epidural poses no more risk to your baby than childbirth without epidural.

The anaesthesia department remains at your disposal to answer any questions and provide you with any additional information you may deem necessary.

Virtual reality

During labour, there are several techniques that can be used to help mothers-to-be better manage their contractions. One such technique is the use of virtual reality, a new technology that enables women to switch their focus away from these contractions.

Mothers-to-be put on a virtual reality headset and become immersed in a virtual world, temporarily transporting them from the real world. They can focus on something else, feel good, feel good, and are therefore able to relax. They can enjoy a relaxing experience, with sounds and images to help them achieve a sense of overall well-being. If you want to try this technique out for yourself, don't hesitate to ask the midwives for more information.

Consent

I, the undersigned, Ms

do declare that I have read the information contained within this

document and give my consent to the administration of an epidural.

Brussels,/...../20.....

Signature,

**HEALTH
INSURANCE LABEL**



Kliniek SINT-JAN
Clinique SAINT-JEAN

IMPORTANT PHONE NUMBERS

In case of emergency up to 4 weeks after childbirth:

- Mother : 02/221.94.30 (delivery room)
- Baby : 02/221.99.73 (paediatric consultation)

For problems breastfeeding:

02/221.94.00 (maternity)
02/221.92.21 (breastfeeding consultation)

For emotional difficulties or emotions proving hard to manage:

02/891.09.20 (psychologist liaison administrative office)

Epidural & childbirth



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Introduction

This document is aimed at providing you with information about the pain relieving technique known as 'epidural analgesia' used during childbirth, along with its advantages and associated risks. Please read carefully, sign and bring this with you to the delivery room.

This document is proof that you have been given this information and that you provide consent to the use of an epidural if needed. Without this signed document, the anaesthetist will not be able to proceed with the epidural procedure.

What is an epidural?

An epidural is an analgesia technique used to reduce or eliminate the pain associated with uterine contractions during labour.

It works by blocking the nerves responsible for transmitting pain coming from the uterus. This is administered in the epidural space, close to the spinal cord, via the injection of a local anaesthetic, combined with a morphine derivative, through a very thin tube (catheter), introduced into the lower back using a special needle.

It is currently the most effective method of relieving pain during childbirth. In the event that an epidural cannot be administered, you will be offered alternative pain relief. An epidural can still be used in the event of a Caesarean section or other required procedure. In any event, only the anaesthetist can decide whether to administer an epidural or other anaesthetic technique, depending on the circumstances and clinical situation.

Administering the epidural

Prior to the epidural, an intravenous infusion will be placed in your hand or forearm. After checking your records and ensuring that you have signed this document, the anaesthetist, assisted by the midwife, will position you at the edge of the bed, either lying on your side or in a seated position.

The epidural must be administered under sterile conditions. This means that the anaesthetist will be wearing a sterile cap, mask and gloves. They will start by disinfecting the lower back, before administering a local anaesthetic to the skin. Finally, they will introduce the needle and catheter into the epidural space. It is important not to move during this procedure, making sure to inform the physician if you are having a contraction.

The introduction of the catheter into the back may sometimes be accompanied by the feeling of an electric shock passing through the back or legs. Once the catheter is in place, the needle is withdrawn, and a dressing is placed on your back. Blood pressure, pulse and oxygen levels will be monitored, and the anaesthetist will inject the first dose of the pain relief through the epidural catheter.

The effect provided by this first dose will not be felt for approximately 10 to 20 minutes. While this effect can then be maintained with repeat injections upon request, in most cases, this is achieved using a pump (PEA) that you can operate yourself (by pressing a pushbutton every time the pain returns). Throughout labour, the midwife will perform regular tests to assess the quality of analgesia. Once your child has been delivered, the midwife will remove the catheter in the delivery room.

Technical difficulties

When the epidural doesn't function

If the catheter penetrates one of the many blood vessels contained within the epidural space, it will be withdrawn and the procedure will be restarted. This will not affect you in any way.

Even in expert hands, the administration of an epidural can sometimes turn out to be difficult or even impossible. This can happen, for example, in patients suffering from obesity, spinal deformities (e.g. scoliosis), a history of spinal surgical procedures, or if the mother-to-be is not sufficiently cooperative (constant movements).

If, after several attempts, the epidural cannot be administered, the procedure will be abandoned. We will then resort to other treatment options to attempt to relieve any pain as much as possible.

Sometimes, a catheter that has been fitted without any particular complications may work incorrectly or asymmetrically (one side 'sleeps' better than the other). This is due to the catheter's position, not strictly in the midline, rather more to the right or left. If the anaesthetist is unable to resolve the problem by simple methods, they may need to restart the epidural.

If an epidural turns out to be ineffective or insufficiently effective, despite repeated catheter injections, it may be necessary to replace it.

It is worth noting that if an epidural is administered at the end of labour or in a patient whose labour is progressing very quickly, it may not work or may only be partially effective.

Contraindications

The contraindications to the use of epidurals are:

- Refusal by the mother-to-be
- Blood clotting disorders
- Skin infections on the back
- Systemic infections with a temperature
- Emergency Caesarean (haemorrhaging, acute foetal distress, etc.)
- Certain neurological conditions

Side effects

A drop in blood pressure. This is why your blood pressure will be checked very regularly.

- Itchiness and/or nausea from using the morphine derivative
- A heavy feeling in one or both legs, sometimes accompanied by difficulty moving your legs. The midwife will regularly test the mobility of your legs.
- Difficulty passing urine, as the bladder will also be anaesthetised. The midwife will sometimes need to insert a bladder catheter.

Complications of an epidural

Headache: the epidural needle may perforate a membrane located in the epidural space (dura mater). This breach of the dura mater causes cerebrospinal fluid (the fluid surrounding the brain) to leak out, leading to the onset of headaches. These headaches may persist regardless of painkillers and rest. If this occurs, a specific treatment may be carried out, to be explained to you if needed.

Paralysis: two complications may lead to paralysis due to compression of the spinal cord or nerve roots:

- **Epidural haematoma:** bleeding in the epidural space
- **Epidural abscess** sometimes with meningitis, in case of maternal infection or sterility issues. These complications require urgent surgical spinal cord decompression.
- **Partial paralysis or sensitivity disorder:** in a leg or foot.

Convulsions

Cardiac Arrest / Death

These last four complications are fortunately extremely rare. Only a few cases have ever been reported, despite hundreds of thousands of epidurals being performed each year throughout the world.