

Moving around

The epidural should numb the sensory (pain) nerves but not the motor (movement) nerves so you should be able to move around a little.

Moving around allows you to find comfortable positions and have easy access to the toilet.

Being able to move your legs will depend on the drugs used and on your response to the drugs.

If you have a long labour with an epidural, the ability to move can decrease.



How to find out more

If you would like to find out more information about epidurals, talk to your lead maternity carer (LMC) or childbirth educator. If you have any specific health problems that you think may affect an epidural ask your LMC to make an appointment for you to see an anaesthetist.

References and resources

New Zealand College of Midwives (2005) "Labour Pains - Making choices", NZ

NZ Society of Anaesthetists (incorporated) (2016) "Epidurals for managing your pain during childbirth", NZ

Obstetric Anaesthetists Association (2012) Pain relief in labour, Barnes, UK

MIDIRS Informed choice leaflets (2008) Epidural pain relief in labour, Bristol, UK

NICE (National Institute of Clinical Excellence) (2017) Intrapartum care guidelines, UK



Epidural pain relief for labour

What you need to know

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 come from the uterus (womb) and surrounding muscles.

Epidurals are an effective and commonly used form of pain relief, with about half of all first-time mothers choosing to have one.

Some women choose to have an epidural as part of their plan for labour. Other women prefer to use other options for coping with pain or wait and see how they manage the pain at the time.

You can change your mind in labour so it is important to be well-informed beforehand.

Benefits of having an epidural

- Most women who have chosen this option have said that it gives good pain relief.
- Eight out of ten women say they would have one for their next birth.
- It is a predominantly safe procedure and lasting complications are extremely rare.
- It can often be used to completely numb you if you need a caesarean section so that you don't need a general anaesthetic.

Risks of having an epidural

- Your labour may slow down and you may need a drip to keep your contractions going.
- Your blood pressure may drop, making you feel sick or dizzy. Low blood pressure may affect the blood supply to your baby causing the heartbeat to change, however, this can be corrected.
- Epidural drugs can sometimes make your skin itch; this is temporary and can be treated.
- You may find it difficult to pass urine and need a urinary catheter.
- The pain relief may be patchy for about two women in every 10 with an epidural. The anaesthetist can change the position of the epidural catheter or the drug dosages to help with this.
- You may need a forceps or ventouse birth. This is because your baby may not move into an ideal position or you may not get a strong urge to push.
- About one in a 100 women get a headache, and occasionally it is severe enough to need treatment and a longer hospital stay.
- Occasionally, numb patches remain lasting up to around 3 months. Permanent injury such as paralysis is extremely rare (1:100,000-1:250,000).
- Very rarely a woman experiences a life-threatening event because of an epidural. Doctors and midwives are trained to deal with these.

Epidural procedure

You can choose to have an epidural once you are in active labour. Your midwife will check that the obstetrician is happy for you to have one and then an anaesthetist will be called.

Before the procedure, the midwife will monitor your baby's heartbeat, and a drip will be placed into a vein to give you extra fluids if you need them.

You will be asked to sit or lie in a curled up position, and the skin where the epidural will be introduced will be cleaned and numbed.

A small hollow needle is passed through the skin and into the epidural space near your spine. A very fine soft plastic tube (catheter) is threaded through the hollow needle, and then the needle is removed leaving the catheter in place so that the pain relief can be topped up when you need more. The epidural takes about 10-20 minutes to become fully effective.

