

PAIN-RELIEF OPTIONS DURING LABOUR

EPIDURAL AND COMBINED SPINAL EPIDURAL (CSE) ANALGESIA

WHY DO I NEED AN EPIDURAL/CSE?

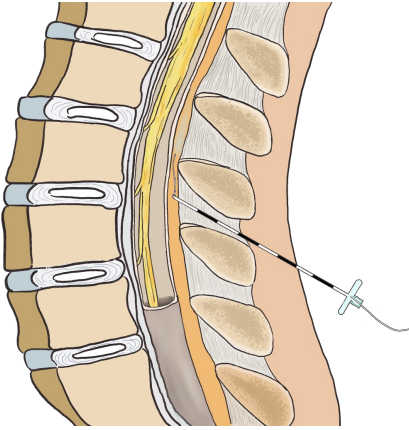
Epidural/CSE is widely used to provide pain relief for labour contractions.

WHAT ARE THE BENEFITS OF AN EPIDURAL/CSE?

- Pain relief till after delivery
- Pain is reduced to a tolerable level, allowing you to rest before delivery
- Contractions feel less intense



WHAT SHOULD I KNOW ABOUT THE PROCEDURE?



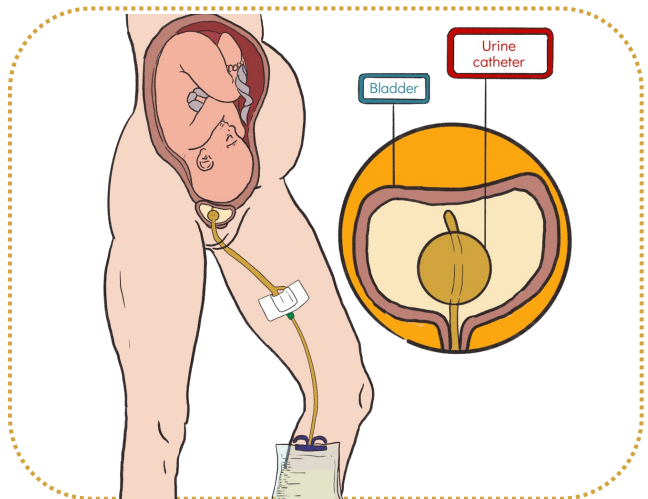
1. A plastic tube/epidural catheter is placed into the lower back near the spinal nerves. In CSE, an initial dose of pain medication is delivered into the spinal space around the nerves.

Both techniques work well, and your anaesthetist will decide on a technique suitable for you.

2. Pain medications are continuously given through the catheter until delivery, via a pump.



A urine tube is routinely placed to empty your bladder to help with delivery.

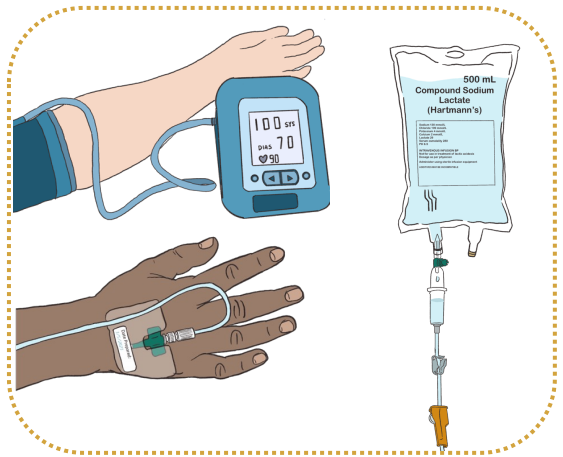


Your legs may feel heavy and numb for the duration of the epidural. For your safety, please remain in bed once the epidural is inserted.

Shivering and having mild skin itch without rashes are common side effects of the epidural.

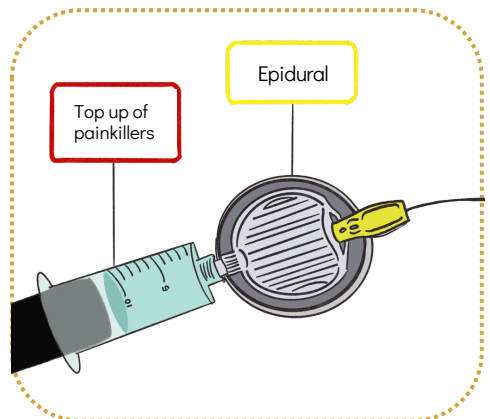
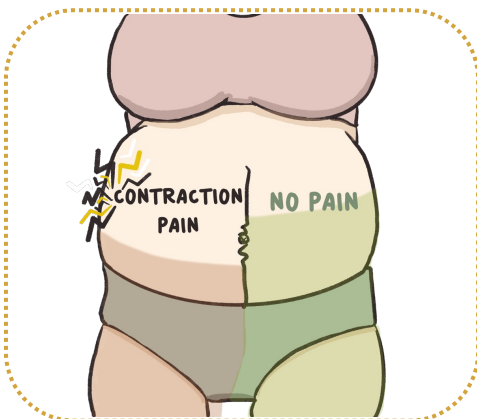
Your blood pressure (BP) may temporarily drop following the epidural

- Your BP will be closely monitored
- An IV drip will be given to keep you hydrated



An epidural will reduce pain to a tolerable level but not completely eliminate it, especially in advanced stages of labour

If pain persists, the epidural catheter may need to be adjusted and medication topped up to help alleviate the pain.



Epidural medications may be reduced when it is time to deliver.

This enables coordinated pushing with contractions.

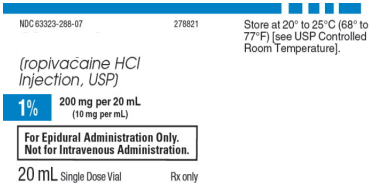


The epidural catheter will be removed after delivery, and sensation in your legs will gradually return

- For your safety, please seek assistance from your nurse if you wish to walk

An anaesthetist will examine you to ensure that the epidural effects have worn off completely.

EXAMPLES OF EPIDURAL MEDICATIONS USED:



- Local anaesthetics
- Opioids
- Other drugs

Pain medications take
10-15 minutes to work.

YOU MAY NOT BE SUITABLE FOR EPIDURAL/CSE IF YOU HAVE THE FOLLOWING CONDITIONS OR TAKEN ANY OF THE MEDICATIONS LISTED BELOW.

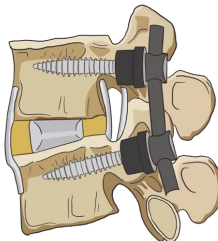
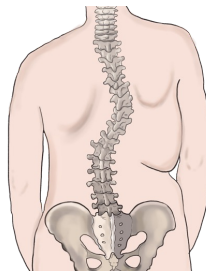
Please inform your anaesthetist, labour ward nurse or obstetrician.



DRUGS

- Blood thinners (e.g. Aspirin/ Heparin)
- Traditional Chinese Medicine (TCM) /Jamu
- Supplements

MEDICAL CONDITIONS



- Neurological Disease
- Structural spine abnormalities (e.g. scoliosis)
- Previous spine surgeries
- Chronic headaches
- Blood clotting or bleeding disorders

WHAT ARE THE RISKS OF EPIDURAL/CSE?

VERY COMMON RISKS (1 IN 10 PEOPLE)

- Some pain despite having an epidural
- Shivering
- Temporary bruising/soreness at injection site
- Temporary nausea and vomiting
- Temporary low blood pressure
- Skin itch
- Temporary numbness/weakness in legs
- Increase in maternal temperature




COMMON RISKS (1 IN 100 PEOPLE)

- Failure to provide pain relief
 - May require reinsertion of epidural catheter
- Postdural puncture headache
 - Can typically be managed with painkillers, hydration, and rest
 - In rare occasions, an epidural blood patch procedure needs to be done to treat this
- Temporary numbness up to chest area

RARE (1 IN 10,000) / VERY RARE (1 IN 100,000 OR MORE)

- Breakage of needles/catheters, possibly requiring surgery
- Fetal heartbeat changes requiring intervention
- Allergy/toxicity from medications
- Permanent numbness/weakness in legs
- Infection
- Blood clot in spine requiring emergency surgery

WHAT ARE THE ALTERNATIVE PAIN RELIEF OPTIONS AVAILABLE?

	WHAT IS IT?	PROS	CONS
<p>PETHIDINE INJECTION</p> 	<p>A pain relief injection into the muscle, which lasts for 2-3 hours</p>	<ul style="list-style-type: none"> • Does not require continuous breathing through a tight mask • Can be repeated in earlier stages of labour to relieve pain 	<ul style="list-style-type: none"> • Not given in the later stages of labour as it may cause drowsiness and breathing problems in the baby • You may experience drowsiness and nausea
<p>ENTONOX "LAUGHING GAS"</p> 	<p>A gas mixture that you breathe through a mask as soon as you feel contractions</p>	<ul style="list-style-type: none"> • Simple to use • Can be continuously used until delivery • Suitable for mothers who are afraid of needles 	<ul style="list-style-type: none"> • Lightheadedness and nausea • Requires continuous breathing through a tight mask which might be uncomfortable
<p>PATIENT-CONTROLLED ANALGESIA (PCA)</p> 	<p>Electronic pump with strong opioids delivered via IV.</p>	<ul style="list-style-type: none"> • Can be used throughout labour 	<ul style="list-style-type: none"> • Takes a few minutes for medications to take effect • Cons: similar to pethidine injection

FREQUENTLY ASKED QUESTIONS (FAQ)

WILL I GET LONG-TERM BACK PAIN AFTER AN EPIDURAL?

- Backaches are common during and after pregnancy due to postural and hormonal changes
- No evidence that epidural causes long-term back pain
- Mild back soreness after epidural anaesthesia is to be expected
- Usually fades away within 7-10 days with painkillers and rest

Inform us if:

- back pain worsens
- pain spreads to your legs/other parts of the back
- injection area is warm and painful



CAN AN
EPIDURAL
AFFECT MY
BABY?

- Your blood pressure may temporarily decrease after an epidural is inserted. This may occasionally cause lowering of baby's heart rate.
- This is usually temporary and can be treated with fluids and blood pressure medications
- When administered via the epidural, the amount of medications reaching baby is very small

DOES IT HURT
WHEN THE
EPIDURAL IS
GIVEN?

- You will be given a **numbing injection** to make the epidural insertion more comfortable.
- The numbing injection will be administered with a small needle. It will hurt as much as an ant bite!

WILL THE EPIDURAL EVENTUALLY LEAD TO A CAESAREAN SECTION?

- There is no correlation between epidurals and caesarean sections.
- Common reasons for converting from normal vaginal delivery to caesarean section:
 - size or position of baby
 - poor progress of labour

WHAT IF I'M IN TOO MUCH PAIN TO SIT STILL DURING THE EPIDURAL?

- Your cooperation is important during the epidural procedure
- Avoid sudden movement and notify your anaesthetist if you experience contractions so that they can pause the procedure.
- During the procedure, you may request to use Entonox (gas) to help you get through the contractions.

The anaesthetist may not administer the epidural if you are unable to remain still as it will be unsafe for you.



WHAT IF I HAVE A HEADACHE AFTER AN EPIDURAL AND DELIVERY?

- Pregnancy, lack of sleep, stress, and dehydration are some factors that may trigger headaches.
- There is a 1% risk of developing a Post Dural Puncture Headache (PDPH) after an epidural.
- Symptoms of PDPH:
 - Typically worse when sitting up or standing and better when lying down
 - May be associated with neck stiffness
 - Worse with bright lights
 - Hearing/visual changes

Please inform your obstetrician or anaesthetist if any of these symptoms develop



WILL AN EPIDURAL PROLONG MY LABOUR?

- There is no conclusive evidence to show that epidural analgesia slows down the progression of labor.
- You will be regularly assessed by your obstetrician to ensure labour is progressing well.



Scan the QR code or visit <https://for.sg/oaaresource> for more information.

If you have any further queries, please speak to your obstetrician who can connect you with an anaesthetist.

The information in this brochure is meant for educational purposes and should not be used as a substitute for medical diagnosis or treatment. Please seek your doctor's advice before starting any treatment, or if you have any questions related to your health, physical fitness, or medical condition.

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