You may choose epidural anesthesia for pain relief during labor and childbirth. These are common questions that are asked when deciding whether or not to have an epidural.

**What is an epidural?**
It is a local anesthetic given through a catheter (a narrow plastic tube) into the epidural space of the spinal column. It numbs the nerves, which relieves pain that is felt during labor.

**Will it make me sleepy?**
No.

**Will it be safe for the baby?**
This is one of the safest types of anesthesia available for relief of pain in labor for both mother and baby.

**How long does it take to do?**
Usually about 10 minutes. Pain relief is felt shortly after this.

**How is it given?**
- You will be asked to sit up or lie on your side while keeping the lower part of your back curved towards your anesthetist/anesthesiologist.
- It is very important that you do not move during the procedure. Your nurse will help you maintain the correct position.
- After first numbing the skin with local anesthetic (numbing medicine), the anesthetist/anesthesiologist will insert a needle into the epidural space between the bones of your spine and pass a catheter through this space.
- He or she will remove the needle and leave the catheter in place throughout labor.
- Local anesthetic will be given through the catheter as needed to relieve pain during labor.

**Will it hurt?**
There is some discomfort. You will feel a needle stick and slight burning when the local anesthetic is given. Some pressure is felt when the catheter is inserted.
How long does the pain relief last?
An epidural pump delivers a continuous dose of medication throughout labor. You may receive an extra dose of local anesthetic just before delivery to give you more relief if it is needed.

Does all of the pain disappear?
No, but the epidural makes the contractions feel less strong and easier to manage. You will feel pressure but should not feel cramping.

Does it always work?
No. Most patients find an epidural of great benefit, but it does not work for everyone.
- Technical problems or a patient’s back structure may cause the epidural to work poorly.
- Pain relief may be one-sided. The anesthetist/anesthesiologist can usually correct this.
- The position of the baby can cause discomfort and pressure in the back or rectum, which the epidural may not relieve.

Are there any patients who cannot have an epidural?
Yes. Patients with the following conditions cannot have an epidural:
- certain previous lower back surgery
- heavy bleeding
- blood clotting problems
- certain neurological disorders

Are there any side effects?
Yes, these side effects may occur:
- Your legs may feel heavy and numb. This is a normal effect of the epidural and will disappear one to two hours after delivery.
- You may shiver and feel cold. This is normal and will pass.
- You may have a drop in your blood pressure. This will be controlled with IV fluids or medication.

During the insertion, the epidural needle may enter the spinal canal. This may cause mild to severe headaches during the first few days after the delivery. Treatment is available to correct this problem.

Do I have to have an epidural?
No, you have a choice. If you are coping well with labor pain, you may decide not to have an epidural. Talk with your doctor, anesthetist/anesthesiologist, or nurse about your options.