

Epidural

An epidural is a thin plastic tube (called a catheter) placed into a space outside the lining of your spine called the "epidural space". A drug that relieves pain is given through the tube to numb the nerves going to your uterus, birth canal, and your legs. Pain relief usually begins in 10 minutes and is usually working well by 30 minutes.

While the anesthesiologist places the epidural catheter, you will sit on the side of the bed with your back curved outward. The medication is run through a machine that you can control to allow you to have safe doses.

Epidurals reduce but may not eliminate the pain and pressure of labour. Sometimes epidurals may leave some areas or one side of the body still sore or uncomfortable - you will be monitored by your nurse or midwife while you have the epidural and the anesthesiologist can help address any issues as needed.



Things to know:

- Having an epidural does not increase your chance of having a cesarean section birth or slow your progress of labour.
- Your blood pressure may go down. Your nurse or midwife will check your blood pressure often.
- You may have local back discomfort or tenderness after an epidural due to bruising around the area and soon goes away. About 50% of women have generalized low back pain after delivery – the epidural does not cause this.
- You may not be able to urinate on your own. If this happens the nurse will put a small tube into your bladder to empty it.
- Your baby's heart rate may go down after an epidural. Usually this is because your blood pressure has gone down, and when treated the baby's heart rate returns to normal. Your baby's heart rate is monitored closely after the start of your epidural.

Nitrous Oxide or "Laughing Gas"

Nitrous Oxide is a mixture of gases that you breathe in and out through a mask. Most women use gas only during contractions to make them more tolerable and find that it's best to start breathing before or just as the contraction starts. You can stop breathing the gas in between contractions. Don't let anybody else hold the mask — you need to be in control of it.

Advantages of nitrous during labour:

- Can be used at any stage of labour, even if you come to hospital too late to receive an epidural
- Does not have harmful effects on your baby
- Does not stay in your body for very long
- You can control the amount of gas you use
- Ability to easily move and change position between contractions

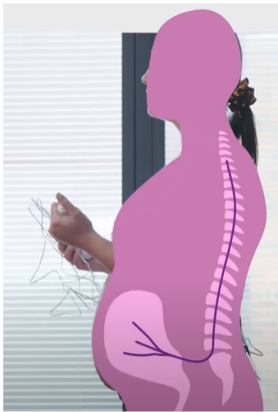


There are some disadvantages to using nitrous:

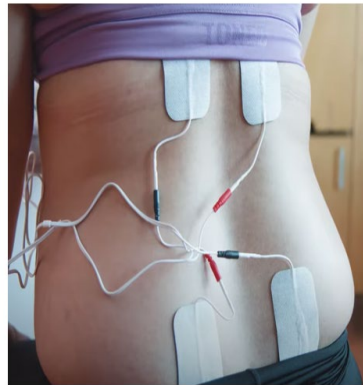
- It's only partly effective for some women — it might only dull the pain without decreasing it enough or may not completely take away your pain
- Can cause dizziness, nausea and vomiting
- Some medical conditions can prevent you from using nitrous. Your doctor or midwife will determine if it is a safe option for you
- Nitrous is a greenhouse gas that contributes to global warming

Using nitrous does not prevent you from requesting an epidural – many women will begin their labour using nitrous and still choose to have an epidural as labour progresses. The team will assess you to see if you can have one. Sometimes when you are near full dilation, there may not be any time to place an epidural catheter.

TENS (Transcutaneous Electrical Nerve Stimulation)

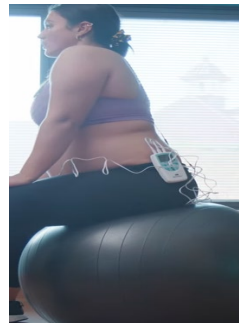
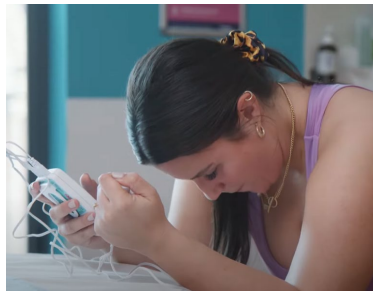


When you are in labour, pain messages are sent from your uterus to the brain. The TENS device sends impulses to the brain along the same pathway that the pain message is travelling. This changes how you perceive pain. This allows you to feel like you have more control over the discomfort.



1. Place two pads beside the spine just below the bra strap area.
2. Place another two lower down where the dimples of your spine are.

Slowly increase intensity until you feel tingling impulses. It should not hurt. Increase as much as you need to during labour as you may get used to the impulses. You may walk around or use other comfort measures.



We also offer **Hydrotherapy, Acupressure Guide and Distraction Techniques**

