

## **INFORMATION FOR PREGNANT WOMEN ABOUT EPIDURAL ANESTHESIA IN LABOR AND DELIVERY**

PAIN DURING LABOR is localised in the lumbar and abdominal zone, intermittently, and it is associated with contractions. In the 2<sup>o</sup> stage of labor the pain is localised and continuous and appears also in the vagina, vulva and lower part of the back. Generally pain increases as labor progresses, being most intense in the final stage.

EPIDURAL ANALGESIA is the most efficacious technique for alleviation of pain during labor, if there is no contraindication for its use. Analgesia affects the lower part of the body. The epidural catheter is placed by a puncture on the back and painkillers can be administrated during labour.

In case that delivery requires the use of forceps or caesarean section this epidural analgesia can be made sufficient since an additional doses quantity of anaesthetic can be administered through the catheter.

An epidural is always performed by an doctor Anaesthesiologist.

### **ADVERSE EFFECTS AND COMPLICATIONS**

Epidural analgesia may produce tremors, leg heaviness, nausea and dizziness. These symptoms are uncomfortable but can be occasionally corrected without risk for the mother or the foetus. In some occasions analgesia may be incomplete, and may required additionally measures.

Complications associated with epidural analgesia are: back pain, headache, and very occasionally spinal haematoma and spinal infection.

If after labour you experience muscle weakness or loss of sensitivity in the legs, please warn the nurse or your doctor immediately.
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