An tOspidéal Náisiúnta Máithreachais
The National Maternity Hospital

EPIDURAL ANALGESIA FOR LABOUR PAIN INFORMATION CARD

Risks of having an epidural to reduce labour pain

Type of risk	How often does it happen?	How common is it?
Persistent discomfort during labour despite use of epidural so might need to use other ways of lessening the pain	One in every 8 women	Common
Significant drop in blood pressure causing nausea and vomiting	One in every 50 women	Common
Severe headache	One in every 100 women (epidural)	Uncommon
Nerve damage (numb patch on a leg or foot, or having a weak leg) Effects lasting for more than 6 months	Temporary - one in every 1,000 women One in every 13,000 women	Rare Very rare
Block working at a higher level than is necessary to give analgesia. This may cause dizziness, nausea/vomiting or shortness of breath	Rare	Rare
Epidural abscess (infection) Meningitis	One in every 50,000 women One in every 100,000 women	Very rare Very rare
Accidental unconsciousness	One in every 100,000 women	Very rare
Epidural Haematoma (blood clot)	One in every 170,000 women	Extremely rare
Severe injury, including being paralysed	One in every 250,000 women	Extremely rare

The other side of this card gives further information about epidural for labour pain.

EPIDURAL ANALGESIA FOR LABOUR PAIN INFORMATION CARD

What you need to know about Epidurals in labour

This card is a summary. Further information is available from **www.labourpains.org**
Please discuss anything that is not clear with your anaesthetist.

Setting up your epidural

- You will need to have an intravenous cannula and maybe a drip.
- While the epidural is being put in, it is important that you keep still and let the anaesthetist know if you are having a contraction.
- Usually takes 20 minutes to set up and 20 minutes to work.

Advantages of an epidural

- Usually provides excellent pain relief.
- You will retain movement/power in your legs, but you must remain in bed unless advised otherwise.
- In general, epidurals do not affect your baby.
- Can be topped up for caesarean section if required.

Possible problems with your epidural

- Repeated top-ups with stronger anaesthetic may cause temporary leg weakness and increase the risk of forceps or ventouse delivery.
- The epidural may slow down the second stage of labour slightly.
- The epidural site may be tender but usually only for a few days. Backache is NOT usually caused by epidurals but is common after any pregnancy.
- Some epidurals do not work fully and need to be adjusted or replaced.

The information available from the published documents does not give accurate figures for all of the risks in the table. The figures in the table are estimates and may be different in different hospitals.

Source: Obstetric Anaesthetists' Association January 2008 and NMH data 2022-2025

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