

Epidural analgesia in labour

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■ Cite as: *CMAJ* 2020 May 11;192:E509. doi: 10.1503/cmaj.191372

1 Most patients who choose epidural analgesia in labour are just as likely to have a vaginal delivery as those who do not

Current epidural analgesia in labour uses a combination of low-concentration local anesthetics and opioid to optimize pain control while minimizing motor block. This type of analgesia does not increase the risk of cesarean delivery.¹ In trials conducted since 2005, there was no difference in the proportion of women with an assisted vaginal delivery.¹ Most trials were conducted in women with a single fetus and uncomplicated pregnancies.

2 Epidural analgesia in labour is safe and effective, including in patients who are dependent on opioids

In a national audit in the United Kingdom, the incidence of any permanent harm, including death, after an epidural in the obstetric population was 0.6 per 100 000.² Compared with opioid analgesia, epidural analgesia in labour is superior for both pain intensity and satisfaction with pain relief.¹ Women who are dependent on opioids, including those taking methadone and buprenorphine, have been found to have similar needs and analgesic responses during labour.³

3 Epidural analgesia in labour is rarely the cause of a neurologic complication

Most neurologic complications postpartum are obstetric palsies from nerve compression by the fetal head, or positional related stretching of nerves.⁴ A thorough evaluation of any neurologic complications is always required to determine the cause.

4 It is not necessary to wait until a specific measurement of dilation before beginning epidural analgesia in labour

The risk of cesarean delivery does not increase if epidural analgesia in labour is started in early labour, before 4 cm dilation. Epidurals can safely be placed at any stage of labour, including the second stage.⁵

5 There is no increased risk of long-term backache with epidural analgesia in labour

Epidural analgesia in labour is not associated with long-term back pain compared with non-epidural analgesia.¹ Insertion of an epidural needle can cause short-term, localized pain at the insertion site, which may last several days.¹ Other potential adverse effects include hypotension, pruritis, nausea and vomiting, urinary retention, fever and shivering.¹

References

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Competing interests: None declared.

This article has been peer reviewed.

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