What is an epidural and how does it work?
An epidural is a common type of anesthetic used during childbirth to relieve discomfort. It provides a band of numbness around the belly and upper legs, while allowing you to be awake throughout labor, to feel pressure and to push when it is time to give birth.

How is an epidural administered?
If you choose to have an epidural, an anesthesia provider will insert a needle and a catheter into your lower back. The provider will numb the epidural site, which may cause momentary stinging. Some patients will feel mild pressure as the needle is inserted. The needle is then removed and the catheter left in place for delivery of medications, similar to an IV.

How long does the relief last?
You will have pain relief for as long as you need it.

Can an epidural slow labor or lead to a C-section?
There is no credible evidence that an epidural interferes with delivery. With an epidural, you often feel nonpainful contractions, and you will be able to push. The decision to perform a C-section is based on many factors.

Are there risks and side effects associated with an epidural?
Epidurals are very safe. Serious complications are extremely rare. As with all medications and procedures, there are potential side effects, which can include:

- **Short-term back pain** – Some patients experience short-term back pain at the needle insertion site. This discomfort can last a few hours to a few days. There is no evidence that an epidural causes long-term back pain.

- **Headache** – On rare occasions, the needle is inserted into a deeper layer of the spine, which can cause a headache that may last for a few days if not treated. If you develop a headache, discuss treatment options with your anesthesia provider or obstetrician.

Can my designated support person (DSP) stay with me during the placement of my epidural?
Yes, if your DSP is comfortable, he or she may stay in the room during the procedure.

Can I still get an epidural if I had back surgery?
Previous back surgery does not necessarily mean that you cannot have an epidural. However, some types of back surgery may make it difficult to place the catheter or for the medication to work properly. Other options to control your discomfort are available.

It is not necessary to see an anesthesiologist before your delivery to discuss your back procedure. We urge you to bring a copy of your most recent back X-rays, CT scans, MRI scans or other information about your previous surgery. You will have an opportunity to discuss your history and concerns with an anesthesia provider when you arrive in the labor suite.