

Labor Side Effects from an Epidural

These side effects are often more common than maternal and baby risks.

| Risks and/or Side Effects | How often this happens | Why is this a problem |
|---|---|--|
| Prolonged 1 st stage of labor | Common The anesthetic in epidurals weakens all the muscles below the epidural site. This can dampen the strength of uterine contractions. | <ul style="list-style-type: none"> Greater use of Pitocin needed to strengthen contractions can be stressful on baby and/or uterus, which may lead to cesarean section. Greater incidence of maternal fever (Which often requires baby to be given antibiotic doses in fear that the fever is a sign of infection) |
| Increase of malpresentation of baby's head | 20%-26% | <ul style="list-style-type: none"> Relaxation of the pelvic diaphragm predisposes malpresentations, as does lack of mobility and switching positions. |
| Increases the need for Pitocin augmentation. | Almost always, especially if epidural is given before 5 cms | <ul style="list-style-type: none"> Some babies simply do not tolerate pitocin-induced contractions, the result being abnormal fetal heart rate after administration of pitocin. Abnormal fetal heart rate may necessitate an emergency c-section. Pitocin has a myriad of side effects. |
| Prolonged 2 nd stage of labor | Especially true for first time mothers | <ul style="list-style-type: none"> May go against some care providers' philosophy (ex: 2nd stage must be finished in 2 hours). |
| Decrease in the ability to push effectively | Common | <ul style="list-style-type: none"> The build up of anesthetic simply weakens muscles to the point of ineffectiveness. Mother may be able to push a little, but may not be able to effectively help the baby to rotate and descend. Leads to increase in operative delivery. |
| Increased likelihood of forceps or vacuum extraction delivery | Five-times greater likelihood | <ul style="list-style-type: none"> Less efficient uterine contractions may keep baby from rotating naturally, and the diminished urge to push may keep baby from coming down. Muscle weakness may not allow mother to push effectively. |
| Increases the likelihood of needing an episiotomy | Depends on care provider philosophy | <ul style="list-style-type: none"> Goes hand-in-hand with increased use of forceps and vacuum extraction. Episiotomies are far more likely to tear beyond the original incision. Take longer to heal, with greater scar tissue, than natural tears. More postpartum pain for the mother. |
| Increase in cesarean section | 50% 2 cm; 33% 3 cm; 26% 4 cm; After 5 cm, no difference in non-epidural group Often depends on care provider philosophy | <ul style="list-style-type: none"> Cesarean section deliveries carry far more risk to both the mother and baby than vaginal births do. Mother may feel cheated out of a vaginal birth experience. Postpartum recovery time is significantly longer than a vaginal birth. |

Maternal Risks

Most women will experience some side effects. Fortunately, the majority of these women will experience the more annoying, rather than the more serious.

| Risks and/or Side Effects | How often this happens | Why is this a problem |
|--|--|---|
| Hypotension (Drop in blood pressure) | The most commonly occurring risk: 30 – 35% | <ul style="list-style-type: none"> • Mother's blood pressure must be of sufficient levels to assure oxygenation of the fetal blood. • Reduces blood supply to the placenta; baby is distressed. • At-risk babies may not have the reserves to handle an even small drop in mother's blood pressure. • Maternal and fetal respiratory distress |
| Urinary Retention; Postpartum bladder dysfunction | Virtually all women will have a urinary catheter to prevent urine retention and bladder distention during labor. 25% - 34% will have bladder dysfunction after childbirth | <ul style="list-style-type: none"> • Increase in urinary tract infection. • Full bladder inhibits dilation of cervix and rotation of the baby's head • Bladder control may be lost for days, weeks, or months because of strain on numbed pelvic floor muscles. |
| Uncontrollable Shivering | Frequent | <ul style="list-style-type: none"> • Uncomfortable for mother. |
| Itching of the face, neck and throat | Common | <ul style="list-style-type: none"> • More common with CSE epidurals because of the narcotics used. • More of a nuisance than a serious medical problem. |
| Nausea/Vomiting | Common | <ul style="list-style-type: none"> • Uncomfortable for mother. Usually lasts for a short time (30 minutes?). • Can waste needed resources and deplete mother of energy. |
| Postpartum Backache | 10% - 22% | <ul style="list-style-type: none"> • May last a few days or continue for years. Possibly due to "stressed" positions in labor exacerbated by muscular relaxation and the absence of feedback pain to tell you to get out of a damaging position. • May (rarely) be caused by nerve damage. |
| Maternal Fever | 15% if epidural is in place longer than 4 hours. Percentage increases the longer epidural is in place | <ul style="list-style-type: none"> • Epidural anesthesia affects your ability to sweat. If you can't sweat, you can't as easily dissipate excess body heat. • Uncomfortable for mother. • Baby's heart rate may become distressed from mother's fever, increasing odds of cesarean section. • Babies are often separated from their mothers immediately after birth to check for infection. May include a spinal tap to check for sepsis. Baby may stay in hospital for several days for antibiotic treatment while mother goes home. |
| Spinal Headache | 1% - 10% | <ul style="list-style-type: none"> • Most likely caused by postdural puncture and leaking cerebrospinal fluid. Can range from mild to debilitating and last from days to weeks. |
| Uneven, incomplete or nonexistent pain relief. | 10% | <ul style="list-style-type: none"> • Some mothers find incomplete, blotchy pain relief to be just as stressful as no pain relief at all. |
| Feelings of emotional detachment | Depends on the mother. | <ul style="list-style-type: none"> • Some mothers report feeling "detached" from the experience of childbirth as a result of the full effects of epidural anesthesia. Some mothers may not feel like participants in their births. |

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|---|---|--|
| | | <ul style="list-style-type: none"> • May affect mother-baby bonding. |
| Postpartum feelings of regret or loss of autonomy | Depends on the mother. | <ul style="list-style-type: none"> • Mother may have felt pressured to have epidural anesthesia or regrets her decision. Mother may not have been well supported or respected during her labor. |
| Inability to move about freely on your own. | 100% | <ul style="list-style-type: none"> • Inhibits labor progress • Boring, annoying, and discouraging for some mothers. • Increases likelihood of cascade of interventions |
| Loss of perineal sensation and sexual function | Unknown | <ul style="list-style-type: none"> • Most likely due to use of forceps and episiotomy, but may also be due to nerve damage. |
| Very serious risks Convulsions Resp.paralysis Cardiac Arrest Allergic shock <ul style="list-style-type: none"> • Nerve Injury • Epid. absces • Maternal death | Extremely rare. Ranging from 1/3,000 to 2/million | |

Baby Side Effects

Epidural anesthesia is "generally regarded as safe" (GRAS) by the FDA. Though studies suggest that epidural agents don't harm the baby very much, there is no research proving that these anesthetic and narcotics don't harm the baby at all. There has never been a drug proven conclusively to be safe for a baby in the womb.

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|--|-------------------------------|---|
| Fetal Distress, abnormal Fetal Heart Rate | Unknown | <ul style="list-style-type: none"> • Probably a secondary side effect of the epidural. • Fetal distress most likely caused by drop in maternal blood pressure or an awkward maternal position. • Increases the likelihood of an operative delivery (forceps, vacuum, or cesarean section). |
| Drowsiness at birth, poor sucking reflex | Unknown | <ul style="list-style-type: none"> • Interferes with mother-baby bond immediately after birth. • Can be extremely frustrating for mothers trying to learn to breastfeed. Mothers may be encouraged to formula feed newborns just to get "something" in the baby. |
| Poor muscle strength and tone in the first hours | Unknown | <ul style="list-style-type: none"> • Greater chance baby and mother will be separated immediately after birth. Baby may go to neonatal nursery for observation and oxygen. • May be caused by lack of adrenaline from mother. |