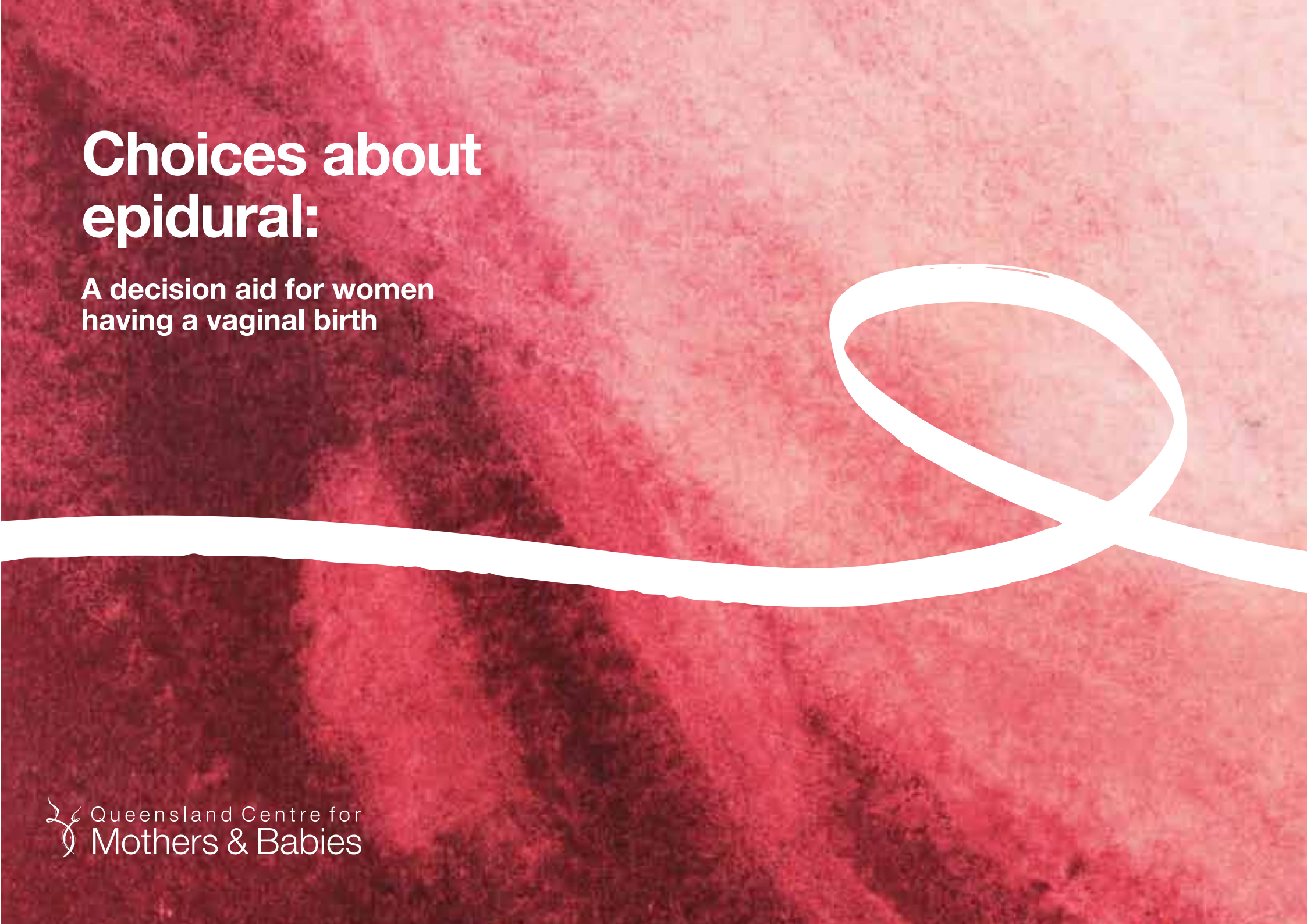
Choices about epidural:

A decision aid for women having a vaginal birth



Queensland Centre for Mothers & Babies

If you have any concerns about yourself or your baby/babies and want to talk to someone, please call:

- your family doctor
- 13 HEALTH telephone line (13 432 584)
- Lifeline counselling service (131 114)
- Stillbirth and Neonatal Death Support (SANDS) helpline (1800 228 655)
- Pregnancy, Birth & Baby Helpline (1800 882 436)

The research and development of this decision aid was conducted by Natasha Hayes, a health researcher at the Queensland Centre for Mothers & Babies, and updated by Aimée Dane, a health psychology researcher at the Queensland Centre for Mothers & Babies. The Centre is an independent research centre based at The University of Queensland and funded by Queensland Health. The Centre does not stand to gain or lose anything by the choices you make after reading this decision aid. This decision aid has been developed to be consistent with International Patient Decision Aid Standards criteria for quality decision aids wherever possible.

This decision aid is not meant to give you medical advice or recommend a course of treatment and you should not rely on it to provide you with a recommended course of treatment. It is not intended and should not be used to replace the advice or care provided by your midwife, your doctor and/or your obstetrician. You should consult and discuss your treatment options with your midwife, your doctor and/or your obstetrician before making any treatment decisions.

Last updated: May 2012

What do the symbols mean?

The information in this decision aid has come from the best scientific studies available to us. Numbers in brackets [1] indicate a reference to a study that is listed at the back of the decision aid.

We use this symbol when there is something you might like to ask your care provider about.

What is this decision aid about?

This decision aid has been written to support women who are planning a vaginal birth to know what to expect and to have a say in making decisions about an epidural.

This decision aid provides information about two options:

1. Choose not to have an epidural
2. Choose to have an epidural

This decision aid will also answer the following questions:

- What is an epidural?
- What are my options for having an epidural?
  - What happens if I choose not to have an epidural?
  - What happens if I choose to have an epidural?
- Will I always be able to choose?
- How might I choose between not having an epidural and having an epidural?
- What are the differences between not having an epidural and having an epidural?
- How can I make the decision that's best for me?
- How can I ask questions to get more information?

What is labour and what might it feel like?

Women describe and rate the intensity of their labour pain very differently. Some women describe the process of birthing as the most intense physical feeling they have ever experienced, while others describe their pain as mild or moderate [1-2]. Having information about labour (the process your body goes through when your baby is born) might help you make decisions about managing and working with your pain.

Some women say that labour pain can feel like period pain, while others disagree [3]. Women generally experience more intense pain as labour progresses, however the pain can increase and decrease throughout labour [7].

Words such as 'cramping, aching, tiring, troublesome, pressing, excruciating, throbbing, fearful and happy' have been used to describe how women feel during different stages of labour [4-6]. Each woman's labour is different and unique. Each woman also has a different threshold for handling different sensations and pain.

Labour usually happens in three stages: first stage labour, second stage labour and third stage labour.

What is first stage labour?

The progress of first stage labour is measured by how dilated (open) your cervix is in centimetres. First stage labour is from when your cervix starts to dilate to when it has fully dilated to 10cm. The dilation (opening) of the cervix allows your baby to move from the uterus into the birth canal (the passage from the uterus to outside the vagina).

First stage labour includes three phases: early, active and late.

» Early phase of labour is from when the cervix starts to dilate to 4cm dilation

» Active phase of labour is from 4cm dilation to about 8cm or 9cm dilation. Women say that the pain of contractions normally becomes more painful from the active phase of labour onwards.

» Late (or transitional) phase of labour is from about 8cm or 9cm to 10cm dilation

During the early part of first stage labour, your uterus contracts (tightens) to slowly open up your cervix, preparing for the birth of your baby. Some women say that contractions feel like a tightening of the stomach. These contractions may be irregular and quite far apart. Women usually say that these contractions are not as painful as the contractions during later stages of labour. As you get closer to second stage labour your contractions will usually become more regular, longer lasting, stronger and closer together [7]. You may feel stronger pain through the contractions however this will usually lessen between contractions. Women usually say that as they get closer to second stage labour, their contractions become more painful. The length of first stage labour is different for every woman. For some women, this stage can last less than an hour, for others it may last up to a few days.

Some women also experience lower back pain through first stage labour. It is thought that lower back pain may be associated with a posterior fetal position (when the baby's back is lying against the woman's spine). However, it is still unclear as to what causes lower back pain during labour [7].

What is second stage labour?

Second stage labour is from the complete dilation of the cervix (10cm) to the birth of your baby. Your contractions during second stage labour will push your baby from your uterus into your birth canal. When your baby is in the birth canal you will usually feel the urge to push your baby out. You may also feel the pressure of your baby's head between your legs.

During second stage labour, your baby usually moves head first down through the birth canal and shows his or her head through the opening of your vagina. When your baby's head reaches the opening of your vagina you may feel a hot, stinging sensation as the opening of your vagina stretches. After your baby's head has come out of your vagina, his or her shoulders and body will usually follow within the next couple of contractions. The length of second stage labour is different for every woman. For some women this stage can last for a few minutes, for others it may last over an hour.

Photo courtesy of Rachel Ford

What is labour and what might it feel like? Continued...

What is third stage labour?

Third stage labour is from the birth of your baby to the birth of your placenta. The placenta is an organ that connects to the wall of a pregnant woman's uterus. The baby is connected to the placenta by the umbilical cord. The umbilical cord allows nutrients (eg vitamins and minerals) and oxygen from the woman to be carried to her baby.

The contractions that you experience through first and second stage labour will continue however are not usually as intense as in third stage labour. Contractions during third stage labour allow your placenta to separate from the inside wall of your uterus and also control any excessive bleeding.

The length of third stage labour is different for every woman. For some this stage can last for less than 30 minutes, for others it can last over an hour [8]. More information about third stage labour is provided in 'Choosing how to birth your placenta: A decision aid for women having a vaginal birth'.

Many women experience afterpains (pains from the uterus contracting after birth). Afterpains can be quite painful and often become more painful with breastfeeding. You might like to ask your care provider about pain management options if you experience this.

What are Braxton Hicks contractions?

Before you go into labour you may experience Braxton Hicks contractions. Braxton Hicks contractions are a tightening of the uterus (womb) which occurs throughout pregnancy. These contractions are not labour contractions. Not all women feel Braxton Hicks contractions in early pregnancy as they can be very subtle. As you get closer to giving birth you may experience more noticeable, intense and painful Braxton Hicks contractions. Sometimes it can be hard to tell if the contractions experienced during late pregnancy are Braxton Hicks contractions or whether they are the early stages of labour. This is because Braxton Hicks contractions and early labour contractions can feel very similar. If you experience contractions that you are worried or confused about, your care provider can help you to work out which type of contractions you are experiencing.

Photo courtesy of Little Posers Photography

What are my choices for managing and working with pain?

There are many different options for managing and working with pain. Often you can use different methods of pain management together. Some options however may only be used at certain points in labour and some can't be used together.

You might like to consider all your options for managing and working with pain before you go into labour so that you can be prepared. It is okay to change your mind along the way. All women have different beliefs, values and preferences, so the method of pain management for one woman may not be the best for you. Therefore, when choosing which method of pain management is best for you, you might like to think about the following:

- Your beliefs about whether pain should be managed or treated or if pain is a natural process
- The level of control you want over your body during labour and birth eg whether you want to feel everything or whether you don't want to feel pain
- Some people classify pain differently:
  - Physiological pain can be seen as pain from the natural effects of birth as a result of the muscles in the body moving and working to deliver the baby
  - Abnormal pain can be seen as pain from complications of birth such as tearing

Not all birth places can offer every method of pain management. You might like to talk to your care provider about what pain management options will be available to you at your planned place of birth and what methods of pain management can and can't be used together.

Unfortunately, these decision aids do not cover all methods of managing and working with your pain. When deciding which methods to address, we talked with women about what was important to them, considered which methods women often use in Queensland and included some drug methods and some non-drug methods.

Decision aids on the following methods of pain management have not been developed:

- Touch and massage
- Support person
- Aromatherapy
- Acupuncture and acupressure
- Hypnosis
- TENS (Transcutaneous Electrical Nerve Stimulation)
- Psychological and breathing methods
- Heat packs
- Sterile water injections
- Pethidine
- Morphine
- Gas (Entonox® or nitrous oxide)

Analgesia: Pain management however you will still be conscious and have sensation

Anaesthesia: Total or partial loss of sensation. Anaesthesia can be given to a certain area of the body (local anaesthetic) or to the whole body for total loss of consciousness (general anaesthetic)

What is an epidural?

An epidural is a procedure where an anaesthetic (a drug that gives total or partial loss of sensation of the body) is injected into the small space near your spinal cord by an anaesthetist (a doctor who specialises in giving anaesthetic). As well as being used to relieve labour pain, epidurals can be used as anaesthetic for caesarean sections.

What are my options?

There are two options you can choose:

Option 1

Choose not to have an epidural

Option 2

Choose to have an epidural

Option 1

What happens if I choose not to have an epidural?

If you choose not to have an epidural your care during labour and birth will continue as usual.

Option 2

What happens if I choose to have an epidural?

If you choose to have an epidural you may be asked to sit down, bend over or lie on your side while an anaesthetist puts a needle in your back with local anaesthetic to firstly numb the skin. The anaesthetist then inserts a needle into your lower back. A catheter (thin tube) will then replace the needle so that more of the drug can be given easily without another injection.

Epidurals usually take between 10 to 30 minutes before they begin to work.

If you have an epidural, you will usually be numb from the waist down. Different doses of anaesthetic can be given to numb more or less of your legs. The degree of numbing will affect how you can move during labour and birth. In Queensland some hospitals are able to adjust the dose of the epidural so that you can still walk around or move around a bit in bed or in a chair with assistance. Some hospitals have Patient Controlled Epidural Analgesia (PCEA) where you are able to control the dose yourself with a programmed pump. You may like to speak with your care provider about what your planned place of birth can provide and how much mobility you would like in your labour.

Epidurals can cause a fall in blood pressure, so you will usually have an intravenous drip (a bag of liquid that enters your body through a tube) put into your arm or the back of your hand in case your blood pressure drops.

You may also lose the ability to sense when you need to pass urine, so you may also be given a catheter which is inserted into your bladder via your urethra (leads urine from the bladder to outside the body).

Usually when a woman chooses to have an epidural, continuous monitoring is suggested. More information about continuous monitoring is provided in ‘Monitoring your baby during labour: A decision aid for women having a vaginal birth’.

In some hospitals, if you have an epidural you may be restricted in how much you can move around and change positions. This may be because of an intravenous drip, continuous monitoring or a catheter.

You may be able to stand up or sit down, but you may be unable to move from room to room, or have a shower or bath. You might like to ask your care provider for more information about your restriction of movement if you choose to have an epidural at your planned place of birth.

The effects of an epidural may take a few hours to wear off after birth. You may like to ask your care provider for more information about the effects of an epidural after birth.

An epidural may also limit your ability to use other pain management methods. You might like to discuss this with your care provider.

As with all medical procedures, if you choose to have an epidural, you will be asked to sign a consent form. If you would like to look at this form before you go into labour, you might like to ask your care provider if he or she can provide you with a copy.

Will I always be able to choose?

For medical reasons, sometimes epidurals aren't always suitable for all women. You may like to talk to your care provider for more about why epidurals aren't always suitable for all women.

Epidurals are not always available at all places of birth. Availability depends on your place of birth and the availability of trained individuals who give epidurals, at the time of your labour. You might like to ask your care provider about the availability of an epidural at your planned place of birth.

In some situations, your care provider might suggest one option instead of the other. If this happens, you can ask your care provider about the reasons for their suggestion and make decisions as a team. If one option is suggested by your care provider instead of another, you can choose to follow their suggestion or choose to say no. Some care providers choose not to offer, or are not comfortable offering, all options to women. If you are not able to be offered all options, or the option you prefer, you can ask to have another care provider.

How might I choose between not having, and having an epidural?

A number of studies have looked at what happens when women do not have an epidural compared to when women have an epidural. We have included some of the results of these studies in the next few pages.

Will the results of these studies apply to me?

The studies we've included are studies of different women, some who were described as low risk (no complications) and some who were described as high risk. However, every woman's pregnancy is different, so the possible outcomes of each option might be different for you. You might like to talk to your care provider who can give you extra information that is suited to your unique pregnancy.

Some of the studies we talk about are better quality than others. Whenever we talk about the results of a study, we give you some idea of the quality, using the following rating:

A **A** is given to studies that are high quality. **A** level studies tell us we can be very confident that choosing to do something causes something else to happen. **A**+studies are the very highest quality of studies.

B **B** is given to studies that are medium quality. **B** level studies can tell us we can be moderately confident that choosing to do something causes something else to happen.

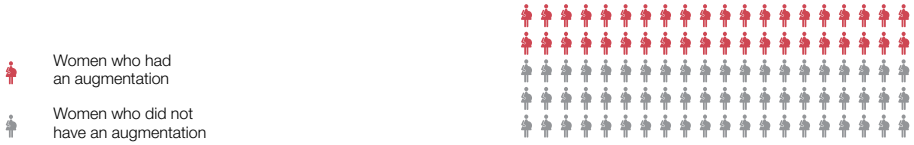
C **C** is given to studies that are low quality. **C** level studies can tell us when things tend to happen at the same time. But **C** level studies can't tell us that choosing to do something causes something else to happen.

In the next few pages we talk a lot about the chance of different things happening. If you would like help understanding what this means, please visit www.havingababy.org.au/chance

What are the differences between not having an epidural and having an epidural?

Studies have found there is a difference between not having an epidural and having an epidural in:

	Women who did not have an epidural...	Women who had an epidural...
The chance of having an augmentation (where a drug is given to you to speed up your labour) [9] A+	**40** out of every **100** women had an augmentation	**46** out of every **100** women had an augmentation
The chance of having low blood pressure during first and second stage labour [9] A+	**1** out of every **1000** women had low blood pressure	**170** out of every **1000** women had low blood pressure



Women who had an augmentation

Women who did not have an augmentation

What are the differences between having an epidural and not having an epidural? Continued...

Studies have found there is a difference between not having an epidural and having an epidural in:

	Women who did not have an epidural...	Women who had an epidural...
The length of second stage labour [9] A+	On average, women's labour lasted **51** minutes	On average, women's labour lasted **1** hour and **5** minutes
The chance of losing the feeling of needing to pass urine during labour [9] A+	**6** out of every **1000** women lost the feeling of needing to pass urine	**210** out of every **1000** women lost the feeling of needing to pass urine
The chance of having an instrumental birth (where forceps (tongs) and/or a vacuum (suction) cap is used to help pull the baby out of the vagina) [9] A+	**12** out of every **100** women had an instrumental birth	**17** out of every **100** women had an instrumental birth

Women who had an instrumental birth

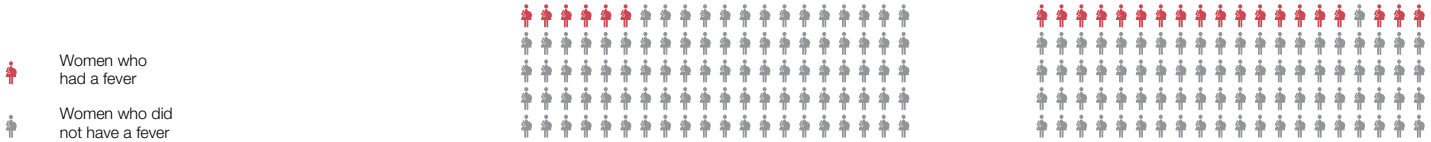
Women who did not have an instrumental birth

What are the differences between having an epidural and not having an epidural? Continued...

Studies have found there is a difference between not having an epidural and having an epidural in:

Continued...

	Women who did not have an epidural...	Women who had an epidural...
The chance of a woman having a fever (a temperature greater than 38 degrees) [9] A+	**6** out of every **100** women had a fever	**19** out of every **100** women had a fever
Women's rating of pain [9] A+	Women rated their amount of pain as **6.6** out of **10**	Women rated their amount of pain as **3.2** out of **10**



Studies have found there is no difference between not having an epidural and having an epidural in:

Women's satisfaction with their birth experience [9] A

The chance of women having nausea and vomiting [9] A+

The chance of women feeling drowsy [9] A+

The length of first stage labour [9] A+

What are the differences between not having an epidural and having an epidural? Continued...

Studies have found there is no difference between not having an epidural and having an epidural in:

Continued...

The chance of the baby being in a position other than head first [9] A+

The chance of having a headache during labour, birth and shortly after birth [9] A+

The chance of having a caesarean section [9] A+

The chance of having long-term (after birth) backache [9] A+

The chance of having postnatal depression [9] A

The chance of the baby going into the Neonatal Intensive Care Unit (a unit in the hospital for babies who need a high level of special medical care) [9] A+

The chance of the baby having a low APGAR score (a score to assess a baby's well-being after birth, a score lower than 7 means that a baby might need help breathing) **five minutes after birth** [9] A+

The chance of feeling poor control in labour [9] A+

Studies are not clear about whether there is any difference between not having an epidural and having an epidural in:

The chance of breastfeeding [10,11] B

Women's satisfaction with pain management [9] A+

How can I make the decision that's best for me?

At the Queensland Centre for Mothers & Babies, we understand that the right decision for you may not be the right decision for others.

When making decisions about their maternity care, some women prefer to get the information and make decisions by themselves or with their families. Other women like to make decisions as a team with their care providers and some women like their care providers to make decisions for them. This decision is yours to make. You might change your mind about previous decisions if you get more information, if your circumstances change or your preferences change. For all decisions before, during and after your birth, you are entitled to know your different options, know what happens if you choose different options and choose the option that is best for you.

Following these steps might help you to make the decisions that are best for you:

Think about the reasons for choosing each option

When making a decision about which option is best for you, it can be helpful to think about the reasons that you personally might choose each option. We have included a table in this decision aid where you can write down both the reasons you might and might not choose each option. You might have come up with your own ideas or have found information somewhere else.

Think about which reasons matter to you the most

Some reasons might matter more to you than others and you might want to give these reasons extra thought when making a decision. There is room in this decision aid for you to mark how much each reason matters to you in a box. Doing this can also help you talk to other people about what matters to you. You might like to use a simple star rating like this to mark how important each reason is:

★ Matters to me a little ★★ Matters to me quite a bit ★★★ Matters to me a lot

Think about whether you're leaning towards one option or the other

Once you've thought about the reasons for choosing each option and how much each reason matters to you, you might feel that one option is better for you. Or, you might still be unsure and want to think about it some more or ask questions. There is a place to mark what you feel about your options within this decision aid. You can also show this table to your care provider to help you make decisions as a team.

How can I make the decision that's best for me?

Reasons I might not want to have an epidural...

Reasons I might want to have an epidural...

At the moment, I am leaning towards...

Not having an epidural

I'm unsure

Having an epidural

How can I ask questions to get more information?

Asking your care provider questions can help you get the information you want and need. Below are some questions you might want to ask your care provider to get more information during your pregnancy:

- [ ] Are there guidelines at my planned place of birth about having an epidural?
- [ ] How would you feel if I refused to have an epidural if it was offered to me?
- [ ] How would you feel if I asked for an epidural?
- [ ] Would you give me an epidural if I asked you to?
- [ ] What are the possible outcomes in my unique pregnancy of not having an epidural?
- [ ] What are the possible outcomes in my unique pregnancy of having an epidural?
- [ ] What are the side effects of having an epidural?
- [ ] Is there a time limit for when I can have an epidural in labour?
- [ ] Are epidurals available at all times at my planned birth place?
- [ ] Will I be able to have a shower or bath if I have an epidural?
- [ ] How will having an epidural affect my ability to move around in labour?
- [ ] How long do I have to think about choosing whether or not to have an epidural?

My Notes

Where did this information come from?

The information in this decision aid has come from the best scientific studies available to us. A list of these studies is included below:

[1] Jones, L., Othman, M., Dowswell, T., Alfirevic, Z., Gates, S., Newburn, M, Jordan, S., Lavender, T., Neilson, J.P. Pain management for women in labour: an overview of systematic. reviews. Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.: CD009234. doi: 10.1002/14651858.CD009234.pub2.

[2] Melzack, R. The Myth of Painless Childbirth. Operative Obstetrics and Anesthesia, 1984. 19(321): p. 297-298.

[3] McCrea, B. H. and Wright, M. E. Satisfaction in childbirth and perceptions of personal control in pain relief during labour. Journal of Advanced Nursing, 1999. 29(4): p. 877–884. doi: 10.1046/j.1365-2648.1999.00961.x

[4] Chang, M.Y., C.-H. Chen, and K.-F. Huang, A Comparison of Massage Effects on Labor Pain Using the McGill Pain Questionnaire. Journal of Nursing Research, 2006. 14(3): p. 190-197.

[5] Brown, S.T., D. Campbell, and A. Kurtz, Characteristics of labor pain at two stages of cervical dilation. Pain, 1989. 39(3): p. 289-295.

[6] Gaston-Johansson, f., G. Fridh, and K. Turner-Norvell, Progression of labor pain in primiparas and multiparas. Nursing Research, 1988. 37(2): p. 86-90.

[7] Lowe, N.K., The nature of labor pain. American Journal of Obstetrics and Gynecology, 2002. 186(5, Supplement 1): p. S16-S24.

[8] National Collaborating Centre for Women's and Children's Health, Intrapartum care: Care of healthy women and their babies during childbirth. September 2007.

[9] Anim-Somuah, M., R.M.D. Smyth, and L. Jones, Epidural versus non-epidural or no analgesia in labour. Cochrane Database of Systematic Reviews, 2011. Art. No.: CD000331. DOI: 10.1002/14651858.CD000331.pub3.

[10] Chang, Z.M. and M.I. Hearman, Epidural analgesia during labour and delivery: Effects on the initiation and continuation of effective breastfeeding. Journal of Human Lactation, 2005. 21: p. 305-314.

[11] Lieberman, E. and C. O'Donoghue, Unintended effects of epidural analgesia during labour: A systematic review. American Journal of Obstetrics and Gynecology, 2002. 186: p. S31-68.

My questions and notes

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Organisations

Australian College of Midwives (ACM)

Caboolture Hospital

Central Maternity & Neonatal Clinical Network

Ethnic Communities Council of Queensland

Friends of the Birth Centre Queensland Association Inc

General Practice Queensland

Griffith University

Herston Multimedia Unit

Mater Mothers' Hospital

Maternity Coalition

Maternity Unit, Primary, Community and Extended Care Branch, Queensland Health

Midwives Information & Resource Service (MIDIRS), UK

Midwifery Advisory Committee, Office of the Chief Nursing Officer, Queensland Health

Midwifery Advisor, Queensland Health

Northern Queensland Maternity & Neonatal Clinical Network

Preventative Health, Queensland Health

Queensland Maternal and Perinatal Quality Council

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Redland Hospital

Sexual Health and HIV Service

Southern Queensland Maternity & Neonatal Clinical Network

Statewide Maternity & Neonatal Clinical Network

Stillbirth and Neonatal Death Support (SANDS) Network

The University of Queensland

Individuals

Lana Bell
Dr Wendy Brodribb
Deirdrie Cullen
Rachel Ford
Dr Glenn Gardener
Professor Geoffrey Mitchell
Rosalie Potter
Dr Camille Raynes-Greenow
Assoc. Professor Allison Shorten
Hayley Thompson
Assoc. Professor Lyndal Trevena

Other decision aids

- Choosing your model of care
- Choices about first semester ultrasound scans
- Choosing how to birth your baby: for women without a previous caesarean section
- Choosing how to birth your baby: for women with a previous caesarean section
- Choosing how you labour will start
- Monitoring your baby during labour
- Choosing your positions during labour and birth
- Choices about episiotomy
- Birthing your placenta
- Using a bath or pool during first stage labour
- Choices about clamping your baby's umbilical cord

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