

Your Epidural

The anaesthetic solution given through the epidural catheter can be administered in two different ways:

1. You control how much anaesthetic solution you use. This is also known as Patient Controlled Epidural Analgesia (**PCEA**) or 'Mobile' epidural.
2. The epidural machine delivers a continuous flow of anaesthetic. This is called Continuous Infusion Epidural (**CIE**).

A PCEA will be offered to you in the first instance. If the anaesthetist feels that this is inappropriate then a continuous epidural infusion is used instead.

A specific epidural pump (device that delivers the epidural solution) will be connected to the epidural catheter in your back.

What to expect with a PCEA

- You control when you require pain relief.
- This allows you to control the amount of pain relief you receive so that you are comfortable, but not numb.
- This is important as it means you will be able to push when you are ready to deliver your baby.
- If safe to do so, you will be given the option to mobilise during labour, which could reduce your chance of requiring a ventouse or forceps delivery.
- You will be given a handset, which is connected to the epidural pump, so by pressing a button, a set amount of anaesthetic solution is delivered to you.
- The epidural pump is programmed so that you do not deliver more than the safe amount of anaesthetic solution.
- You will be encouraged to pass urine every two to three hours.

What to expect with a CIE

- The epidural pump delivers a set, steady rate of anaesthetic solution.
- You will not be given the option to mobilise with this form of epidural.
- You will need to have a urinary catheter inserted.

Some things to look out for whilst the epidural is being used

- You may feel itchy or develop a raise in temperature.
- Some women shiver after an epidural top up.
- Repeated top ups with stronger anaesthetic solution may cause temporary leg weakness.
- This may lead to an increased risk of requiring a ventouse or forceps delivery.

Mobilising with your PCEA

- Once your epidural has been inserted and your condition is stable, it may be possible for you to get off the bed to be in a better position for labour to progress. This could be to stand, sit in a chair or even to walk around the room.
- It is really important that mobilising is done safely and that you feel you are able to do so.
- It is essential that nobody other than yourself presses the button to administer a set bolus dose of anaesthetic solution from the epidural pump.
- Your midwife will assess your ability to straight leg raise, complete 'half squats' and to stand safely, using a walking frame to balance.
- Your midwife will also ask you about the sensation in your feet, which should be normal or very close to normal.
- You must never administer a bolus dose from the pump whilst you are standing up.
- Please remember that the effect of the epidural can sometimes get stronger with time, so it is really important to tell your midwife if you develop any weakness or lose some sensation in your legs. If this occurs, please do not attempt to stand until you have been properly assessed by your midwife.
- You should not try to mobilise without your midwife being present in the room.
- If you feel faint, dizzy or unwell at any time then you must tell your midwife immediately.
- It is essential for you to try to pass urine every two to three hours. If you are unable to do so you may require a small tube to be inserted into your bladder called a catheter.