

Risks of Epidurals During Delivery

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What is an epidural block?

The act of delivering a baby lives up to its name. Labor is hard, and painful, work. To make the experience more comfortable, women have a few options for pain relief, including epidurals and spinal blocks. Here's how they're different:

- **Epidural block.** For women in the United States, this is the most commonly used form of pain relief during labor. It combines analgesic and anesthetic pain relievers, which are delivered through a tube in your back. The medication blocks pain signals before they can get to your brain. Once you've had the injection, you'll lose some feeling below the waist, but you'll be awake and able to push when the time comes.
- **Spinal block.** A spinal block also numbs you from the waist down, but the medication is delivered via a shot into the fluid around your spinal cord. It works quickly, but the effects only last for an hour or two.
- **Combined spinal-epidural block.** This option offers the advantages of both types of anesthesia. It goes to work quickly. The pain relief lasts longer than a spinal block alone.

Both epidural blocks and combined spinal-epidural blocks make labor a less laborious and painful experience, but they're not risk-free. These drugs can have side effects, such as low blood pressure, itching, and headache. Though rare, some side effects associated with epidurals can be serious.

Being aware of these side effects ahead of time can help you decide which option to choose.

What are the common side effects?

Common side effects range from itching to difficulty urinating.

Itching

Some of the medications used in an epidural — including opioids — can make your skin itch. A change in medication can relieve this symptom. Your doctor might also give you medication to relieve the itch.

Nausea and vomiting

Opioid pain relievers can sometimes make you feel [sick to your stomach](#).

Fever

Women who get an epidural sometimes run a [fever](#). According to [PubMed HealthTrusted Source](#), about 23 percent of women who get an epidural run a fever, compared to about 7 percent of women who don't get an epidural. The exact reason for the spike in temperature is unknown.

Soreness

After your baby is born, your back might feel sore, but the feeling should only last for a few days. [Back pain](#) is also a common side effect of pregnancy, as the weight of your belly puts extra strain on your back. Sometimes it's hard to tell whether the cause of your soreness is the epidural, or [residual strain](#) from the added weight of pregnancy.

Low blood pressure

About [14 percentTrusted Source](#) of women who get an epidural block experience a [drop in blood pressure](#), although it's usually not harmful. An epidural block affects nerve fibers that control muscle contractions inside the blood vessels. This causes the blood vessels to relax, lowering blood pressure.

If the blood pressure drops too low, it can affect blood flow to your baby. To reduce this risk, most women get [intravenous \(IV\) fluids](#) before the epidural is placed. Your blood pressure will also be checked during labor. You'll get medication to correct it, if needed.

Difficulty urinating

After an epidural, the nerves that help you know when your bladder is full will be numb. You may have a [catheter](#) inserted to empty your bladder for you. You should regain bladder control once the epidural wears off.

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What are the rare side effects?

Rare side effects associated with epidurals range from breathing problems to nerve damage.

Breathing problems

In rare cases, the anesthetic can affect the muscles in your chest that control breathing. This can lead to slowed breathing or other breathing problems.

Severe headache

If the epidural needle accidentally punctures the membrane covering the spinal cord and fluid leaks out, it can cause a severe headache. This only happens in about 1 percent of deliveries with epidurals, according to the American Society of Anesthesiologists. The headache is treated with oral pain relievers, caffeine, and plenty of fluids.

If these doesn't relieve the headache, the doctor performs a procedure called an epidural blood patch. A small sample of your blood is injected into the hole. When the blood clots, the hole closes and the headache should stop. Most new mothers get relief within one or two hours of having this procedure.

Infection

Any time you create an opening in the skin — such as with a needle — bacteria can get inside and cause an infection. It's rare to have an infection from an epidural. This is because the needle is sterile and your skin is cleaned before it's inserted. However, it can happen. The infection can spread to other parts of your body, too, but this is even more rare.

Seizure

In rare cases, an epidural can trigger a seizure if the pain medication gets into your vein. A seizure is shaking or convulsions due to abnormal electrical activity in your brain.

Nerve damage

The needle used to deliver the epidural can hit a nerve, leading to temporary or permanent loss of feeling in your lower body. Bleeding around the area of the spinal cord and using the wrong medication in the epidural can also cause nerve damage.

This side effect is extremely rare. It affects only 1 in 4,000 to 1 in 200,000 people who have an epidural block, according to the [American Society of Regional Anesthesia and Pain Medicine](#).

Let your anesthesiologist know right away if you have symptoms such as [numbness](#) or tingling after the epidural is supposed to have worn off.

Epidurals and assisted births

Having an epidural can increase the amount of time you spend in the [second stage of labor](#). This stage starts when your [cervix](#) is fully dilated and ends when your baby is born. Women who have an epidural can spend an [extra hour](#) in this stage of labor.

When your labor progresses too slowly, your doctor is more likely to recommend help getting your baby out. Past research showed that women who got epidurals were more likely to need a [cesarean delivery](#). More [recent studies](#) find that this may not be true, but you may be more likely to need an assisted delivery with a [vacuum or forceps](#) if you have an epidural.

In one [study](#) done in Great Britain, the instrument-assisted delivery rate was 37.9 percent in women who'd had an epidural, compared to 16.4 percent in those who didn't.

What's the outlook?

Most risks from epidurals are either mild or rare. If a highly trained anesthesiologist performs your epidural or spinal block, your odds of having a complication decrease.

Meet with your anesthesiologist before your due date. Ask about their experience. Work together to create a pain relief plan that works for you.

Remember that you do have other choices besides an epidural for pain relief. Some techniques involve medication, while others are natural. [Labor pain relief options](#) include:

- deep breathing techniques
- [acupuncture](#) and [acupressure](#)
- relaxation exercises
- support from a [doula](#) or labor coach
- water immersion
- inhaled pain medication, such as nitrous oxide
- opioids

Talk to your doctor about the advantages and disadvantages of each technique. Medication

provides the greatest pain relief, but it can cause side effects. Natural techniques will help you avoid side effects, but they may not cut through your pain. Make the decision based on your personal preferences and ability to tolerate pain.