

Supporting a Woman with an Epidural

Before receiving an epidural, you will need an intravenous line (IV) for hydration. Your blood pressure and the baby will be monitored during the remainder of the labor. You will not be able to walk to the bathroom or get out of bed any longer. You may need a catheter to empty your bladder if you lose the sensation to void. If your labor does not continue to progress, pitocin will be started to make the contractions continue and maintain dilation. If your contractions are occurring every three minutes and dilation does not continue, an intrauterine pressure catheter may be placed to determine if the contractions are of good quality.

Fathers' Concerns in Labor

In the period before the woman receives an epidural, she may become progressively less communicative, exhausted and have greater pain. The father may feel increasingly anxious, frustrated and helpless. After the epidural the woman becomes "herself" again and the father feels relieved, less worried and can enjoy labor.

Reducing the Side Effects of an Epidural

Possible associated effect of an epidural	How to reduce the effect
Woman "forgets" she is in labor and focuses on other discomforts such as the length of labor, numbness, feeling of helplessness, baby's well-being. Slow progress, fever, or the fetal heart rate monitoring may cause tension. This may be challenging when it is time to push the baby out.	Remind her that she is in labor by pointing out contractions and having her feel them with her hand. If she is still feeling pressure or pain with the epidural in place, this may be due to rapid dilation or descent of the baby. It is normal to still feel discomfort with a quick labor. Attend to other discomforts and prepare her for pushing.
Sensory nerves are blocked so that she can't feel herself breathing even though she can talk and move.	Remind her that this is normal and reassure her. Coach her through each breath.
Full bladder	If she cannot empty her bladder, a catheter may be necessary.
Fever	The mother is more likely to have a fever due to alteration in production and dissipation of heat rather than infection. The baby may also have a temperature due to the maternal fever. Apply cool washcloths, blankets, change the room temperature.
Baby not in correct position such as Occiput Posterior or Asynclitic	Some patients with epidurals may need more medical intervention such as vacuum or cesarean delivery due to inability to push, fetal occiput posterior position (OP) at delivery and delayed pushing. Labor is on average one hour longer even with aggressive use of Pitocin. Avoid this by changing the mothers position frequently using the rollover technique and allowing the epidural to wear down if pushing is ineffective.
Ineffective pushing	With an epidural, the sensation to push may be absent. Options for delivery include decreasing the epidural so that the mother can feel the pushing sensation or delay pushing as the baby moves down the birth canal. When the mother feels pressure, she should try pushing. When the head is visible, do directed pushing. Use the monitor for biofeedback as she bears down.
Possible backache or joint pain	Prevent discomfort by respecting the limits of her joints. Support numb legs with position changes and pushing. Do not overextend her legs.