



## **Epidurals--Real Risks for Mother and Baby**

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### **White Papers**

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## **Epidurals—Real Risks for Mother and Baby**

*(excerpted)*

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An epidural will often slow a woman's labour, and she is three times more likely to be given an oxytocin drip to speed things up (Ramin et al., Howell). The second stage of labour is particularly slowed, leading to a three times increased chance of forceps (Thorpe et al.). Women having their first baby are particularly affected; choosing an epidural can reduce their chance of a normal delivery to less than 50% (Paterson et al.).

This slowing of labour is at least partly related to the effect of the epidural on a woman's pelvic floor muscles. These muscles guide the baby's head so that it enters the birth canal in the best position. When these muscles are not working, dystocia, or poor progress, may result, leading to the need for high forceps to turn the baby, or a caesarean section. Having an epidural doubles a woman's chance of having a caesarean section for dystocia (Thorp, Meyer et al.)

When forceps are used, or if there is a concern that the second stage is too long, a woman may be given an episiotomy, where the perineum, or tissues between the vaginal entrance and anus, are cut



to enlarge the outlet and hurry the birth. Stitches are needed and it may be painful to sit until the episiotomy has healed, in 2 to 4 weeks.

As well as numbing the uterus, an epidural will numb the bladder, and a woman may not be able to pass urine, in which case she will be catheterised. This involves a tube being passed up the urethra to drain the bladder, which can feel uncomfortable or embarrassing.

Other side effects of epidurals vary a little depending on the particular drugs used. Pruritis, or generalized itching of the skin, is common when opiate drugs are given. It may be more or less intense and affects at least 25% of the women who take them (Lirzin et al. & Caldwell et al.): morphine or diamorphine are most likely to cause this. Morphine also brings on oral herpes in 15% of women (John Paull).

All opiate drugs can cause nausea and vomiting, although this is less likely with an epidural (around 30% [ibid]) than when these drugs are given into the muscle or bloodstream, where larger doses are needed. Up to a third of women with an epidural will experience shivering (Buggy et al.), which is related to effects on the bodies heat-regulating system.

When an epidural has been in place for more than 5 hours, a woman's body temperature may begin to rise (Camman et al.). This will lead to an increase in both her own and her baby's heart rate, which is detectable on the CTG monitor. Fetal tachycardia (fast heart rate) can be a sign of distress, and the elevated temperature can also be a sign of infection such as chorioamnionitis, which affects the uterus and baby. This can lead to such interventions as caesarean section for possible distress or infection, or, at the least, investigations of the baby after birth such as blood and spinal fluid samples, and several days of separation, observation, and possibly antibiotics, until the results are available (Kennell et al.).

There is a noticeable lack of research and information about the effects of epidurals on babies. Drugs used in epidurals can reach levels at least as high as those in the mother (Fernando et al.), and because of the baby's immature liver, these drugs take a long time—sometimes days—to be cleared



from the baby's body (Caldwell, Wakile et al.). Although findings are not consistent, possible problems, such as rapid breathing in the first few hours (Bratteby et al.) and vulnerability to low blood sugar (Swantstrom et al.) suggest that these drugs have measurable effects on the newborn baby.

As well as these effects, babies can suffer from the interventions associated with epidural use; for example, babies born by caesarean section have a higher risk of breathing difficulties (Enkin et al.). When monitoring of the heart rate by CTG is difficult, babies may have a small electrode screwed into their scalp, which may not only be unpleasant, but occasionally can lead to infection.

There are also suggestions that babies born after epidurals may have difficulties with breastfeeding (Smith, Walker) which may be a drug effect or may relate to more subtle changes. Studies suggest that epidurals interfere with the release of oxytocin (Goodfellow et al.) which, as well as causing the let-down effect in breastfeeding, encourages bonding between a mother and her young (Insel et al.).

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