

An Anesthesia Provider's Guide to a Smoother Labor Epidural

The Game-Changing Advice You May Not Have Heard

Feeling nervous about getting an epidural? As a mom of two, I get it - I was nervous too in the labor suite. But I'm also a nurse anesthetist who has placed epidurals, and I'm here to share my top tips based on professional expertise *and* personal experience that make a difference for a smoother epidural experience.

1. Ask to Meet the Anesthesia Provider *Before* You're Ready For an Epidural

If a labor epidural is part of your birth plan, you should ask to meet the anesthesia provider *before you're actually ready* for pain relief. You can do this even if you're planning an unmedicated birth. Meeting anesthesia doesn't commit you to anything, it just arms you with knowledge and helps you understand your options.

Your anesthesiologist or nurse anesthetist can review and sign the consent form with you, discuss your medical history, walk you through the procedure step by step, and answer any questions you have. It's easier to focus and ask the right questions during this important conversation while you're still relatively calm and comfortable. The other upside to having this meeting ahead of time? Your epidural may be placed faster when you're ready. I've been on both sides of that epidural needle as a clinician and a laboring mom; signing forms is maddening when you can barely breathe through painful contractions.

2. Don't Wait Too Long to Request Your Epidural

It may take over an *hour* to get pain relief from the moment you press that call light and tell your nurse you're ready for an epidural. Delays are part of the unpredictable world of labor and delivery. The anesthesia provider could be tied up in a C-section, or the procedure itself may take longer than you expect. Be prepared to ride out those contractions as you wait.

Patients often delay their epidural as long as possible because they've been told not to get their epidural 'too early' and are worried their labor will slow down. But [high-quality research](#) shows that getting an epidural earlier (before 4-5 cm dilated) does *not* slow labor or prolong pushing compared to waiting longer. Early epidurals also [do not increase the risk](#) of C-section or an assisted vaginal delivery (like the use of a vacuum or forceps). Either way, the [effect of an epidural](#) on length of labor is small; labor might

be lengthened by about 30 minutes, and you may push for an extra 15 minutes. This is because anesthesia practice has shifted towards lower dose epidural regimens, also called “walking epidurals”. The name “walking epidural” is misleading; the goal isn’t to walk around the unit, it’s to preserve enough mobility to change positions in bed. The [higher epidural doses](#) used in the past could slow labor to a greater extent and were associated with a higher rate of assisted vaginal delivery. The lower doses used today are much safer.

Though you shouldn’t worry about getting an epidural too early, it *is* possible to ask too late. If you hold out until you truly can’t sit still through your contractions during the epidural placement, it may no longer be safe to place an epidural. Lean on your labor nurse and anesthesia provider to guide you if you’re feeling unsure about timing.

3. Positioning. Is. Everything.

Did you know that your [body position during the procedure](#) is one of the most important factors for a successful epidural placement? It’s more impactful than you’d expect! Your provider will position you either laying on your side or sitting up depending on their preferred technique. The key is to round your spine into a “C” shape or a fetal position, which opens up the spaces in your backbone to allow the tip of the epidural needle through. Tuck your chin, look down towards your chest, and push out your lower back towards the clinician placing the epidural. This helps straighten the natural inward curve in your lower back so the epidural needle can slide into the right spot. In the sitting position, keep your hip bones level - it helps your provider with a smoother placement.

4. Tell Us What You Feel (Even if You’re Not Sure What’s Normal)

Clear and open communication with your entire labor team is crucial. We really do want to know how you’re feeling so we can take great care of you and keep you safe as you labor. Are you afraid of needles, or is your labor partner prone to fainting? Please tell us *before* we place the epidural. Are you feeling symptoms like faintness, shortness of breath, itching, or nausea? We want to know so we can investigate the cause and treat you as needed. Does your pain relief feel patchy, one sided, or not strong enough? Don’t be shy! We can troubleshoot or replace an imperfect epidural. We don’t expect you to know which sensations are normal and which might be worrisome - that’s our job. Keep us in the loop with how you’re feeling and we’ll work together as a team to keep you safe and comfortable.

5. You *Want* to Feel Those Contractions

Some women expect to be completely numb with an epidural in place. However, this isn't actually the goal, especially when it's time to push. Each push may be weaker and less effective if your labor nurse has to tell you when your contractions are happening. The goal of an epidural is to labor comfortably but feel some sensation of each contraction when you're pushing so that you can use that sensation to push more effectively. Feeling *pressure* during a contraction is normal, but sharp pain isn't the goal. If you have breakthrough pain (and this may happen as labor progresses and you move closer to the pushing stage), please speak up! And if you're fully numb and cannot feel your contractions at all, tell your labor nurse so they can call anesthesia to adjust the epidural dose *before* it's time to push.

Conclusion: You've Got This.

A lot will happen in your labor suite that will be out of your control, and that is a vulnerable feeling. But when it comes to your epidural, you have more power than you realize. Let's review.

- You can request that an anesthesia provider stop by to discuss the epidural while you're still easily managing your contractions, even if an epidural is just a backup plan.
- You're not worried about asking for your epidural too early, and you won't wait too long out of fear of a longer labor.
- You're prepared to get into the right position for the placement like a pro.
- You're ready to communicate openly with your entire labor team about any feelings or symptoms that arise.
- You know to tell your nurse if you feel sharp pain or are too numb to sense your contractions so anesthesia can adjust your dose if appropriate.

Labor is unpredictable, but your epidural doesn't have to be. With preparation and communication, you can partner with your anesthesia team for a smoother, more comfortable birth. You're all set! Now go birth that baby, and say hello to your anesthesia provider for me.