



SOAP
Society for Obstetric
Anesthesia and Perinatology

YOUR QUESTIONS ANSWERED

**I had an epidural that didn't work.
(Why? What happened? Will it happen again?)**

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1. AFTER GETTING MY LAST EPIDURAL, I DID NOT GET ENOUGH PAIN RELIEF. WHY DID THIS HAPPEN?

This can happen for several different reasons:

Anesthesiologists look at and feel the bones in your back to locate the correct space to insert the small, soft tube (the epidural catheter) that delivers the medication. Sometimes, the tube ends up in a space where the medication doesn't work as well, even though the anesthesiologist did everything correctly, since the exact location of the tip of the catheter cannot be seen from the outside. If this happens to you, it is typically not dangerous. In this situation the epidural catheter or medications can often be adjusted to help make you comfortable. If this does not work, the epidural catheter may need to be replaced. Therefore it is important to let your anesthesiologist know if you are still having pain after the epidural is placed.

If you are very close to delivering your baby when the epidural is done, there may not be enough time for the medicine to work before you deliver.

Sometimes the epidural works well to take pain away from contractions in your belly area but does not work as well to take pain away from your vaginal area or back. If this happens, it is important to let the anesthesia provider know so they can see if adjustments can be made to help get you comfortable.

Even if the epidural is working well, you may feel a lot of vaginal or back pressure similar to having a bowel movement - when you are close to delivering the baby. It can be difficult to take away this sensation completely, but you should also let your anesthesia provider know you are feeling discomfort in case they can help.

2. WHY DID MY EPIDURAL WORK ON ONE SIDE MORE THAN THE OTHER, OR NOT AT ALL ON ONE SIDE?

After your anesthesiologist finds the right space to put in the epidural catheter, the tip of that tube may end up being more on one side of the space in your spine than the other. If this happens, more medication may go to one side and you may not get enough medication on the other side. The anesthesiologist can give an extra dose which may solve this problem or the anesthesiologist may adjust how deep the catheter is. Sometimes the epidural procedure needs to be redone to solve this problem. Even if the epidural works more on one side than the other all through your labor, it is still okay, as long as your overall pain relief is good. If this has been a problem for you in the past, it is possible it could happen again in a future delivery. However this is not always the case!

3. MY EPIDURAL WORKED WELL UNTIL I HAD A LOT OF VAGINAL PAIN WHEN I HAD TO PUSH. WHY?

The nerves that bring sensations of pain from the contractions of the uterus are different from those that bring pain sensations from the vaginal area. Sometimes an extra dose of medication can help with this pain, but it may be difficult to take away all of this pain since we are careful about giving too much medication, which could make it hard for you to push.

4. MY EPIDURAL WORKED WELL IN THE BEGINNING AND THEN STOPPED WORKING. WHY?

This can happen for different reasons:

Unfortunately and rarely, the epidural catheter can partially or completely fall out on its own before you deliver. If this happens, the epidural procedure can safely be redone.

It is normal for the pain of labor to get stronger as labor goes on. It is not uncommon to need extra doses from the anesthesia provider as labor progresses.

The nerves that bring sensations of pain from the contractions of your uterus are different than those that bring pain sensations from the vaginal area. When the baby comes down to the vagina, those nerves may not be getting enough medication from the epidural. An extra dose of medication can help with this vaginal pain, but it may be harder to control with the epidural.

Labor pain may be felt in the back. This can be due to the direction the baby's head is facing. It may be difficult to control this kind of pain, since it is so intense, but it is important to let your anesthesia provider know so that they can try different medications to help.

5. MY EPIDURAL DID NOT WORK WELL OR DID NOT WORK AT ALL. WILL THIS HAPPEN AGAIN?

Every labor experience is different, even your own labor experiences, and every labor epidural is different too! More than likely, your next epidural will work well even if this wasn't the case during your last labor. It is helpful for you to have a conversation with your anesthesia provider in advance to discuss what happened so they can try to understand what could have caused this and plan for anything different that needs to be done next time.

SMOG Grade: 7

