

# **PERINATAL (MATERNITY) CARE**

**NANAIMO REGIONAL GENERAL HOSPITAL**

## **Giving Birth to Your Baby at NRGH: Pre-Admission Information for Parents**



**NANAIMO REGIONAL GENERAL HOSPITAL**  
1200 Dufferin Crescent, Nanaimo, B.C.

**(250) 755-7691**  
**Perinatal Unit: local 52021**

# PERINATAL (MATERNITY) CARE NANAIMO REGIONAL GENERAL HOSPITAL

The Perinatal Team at Nanaimo Regional General Hospital is pleased that you have chosen to have your baby with us. This booklet contains information to help you learn about the Hospital and Public Health Unit.

## Island Health Authority Philosophy of Care Family Centered Maternity and Newborn Care

**VISION:** Supporting families through their birth experience.

**GOAL:** Optimal health of birthing patients, babies and families.

### **WE BELIEVE:**

- ◆ Childbirth is a normal healthy life event.
- ◆ You define your unique family.
- ◆ Birthing patients, babies and families should be together to nurture bonding and infant feeding.
- ◆ Our relationship with you is based on mutual trust and respect.
- ◆ In providing care that responds to your needs, beliefs and values.
- ◆ Our care is based on research and evidence.
- ◆ In evaluating the care we provide.

### **Protecting your confidentiality**

Under the Freedom of Information and Protection of Privacy Act, the hospital staff must protect your privacy while you are in hospital. It is the responsibility of your support person to keep your family and friends updated.

### **Teaching hospital**

Nanaimo Regional General Hospital is a teaching and learning hospital. You may be asked to have student nurses, doctors and/or midwives involved in your care at some time during your stay.

### **GETTING READY**

## **Baby's Best Chance Handbook**

This resource is full of helpful and current information about pregnancy, labour and birth, and postpartum care for you and baby. This resource can be accessed at [www.health.gov.bc.ca/library/publications/year/2005/babybestchance.pdf](http://www.health.gov.bc.ca/library/publications/year/2005/babybestchance.pdf) or <http://www.bestchance.gov.bc.ca/> or via QR code:



If you do not have access to the Internet, please phone the Public Health Unit and ask if they have a paper copy available.

### **Prenatal Classes**

Prenatal classes are currently not offered through Island Health in our community. There are private pay options available in the community.

## **PRE-ADMISSION INFORMATION**

It is helpful if you pre-register at the hospital approximately 4 weeks prior to your due date. Please complete the pre-admission form and return to your pregnancy provider's office or the perinatal department at NRGH in person, by mail or fax to 250-755-7902. The form can be found at your pregnancy provider's office or at the end of this booklet.

### **Birth Plans**

A birth plan is your personal expectation of how you would like your birth experience to happen. If you have created one, please share it with your caregiver and bring it with you to the hospital. It is our desire to support your birth plan. Remember also, that birth can be unpredictable, and birth plans should be flexible to ensure a safe birth experience for both you and your baby.

### For the Birthing Patient

- Care Card/Extended health
- Pillow
- Housecoat & slippers/flip-flops
- Nursing support bra
- Personal grooming items
  - Toothbrush/toothpaste
  - Shampoo/Conditioner
  - Outfit for going home.
- Refillable water bottle, lip balm, music, cell phone and charger

### For Baby

- Sleepers/onesies
- Outfit for going home (sweater, hat, booties)
- Receiving blanket for going home
- Approved car seat (do not bring to room until after delivery).

### Miscellaneous

- Favorite fluids/snacks for yourself & your support person
- Photography equipment
- Support person's clothing (including pyjamas) and personal grooming items.

### **What to leave at home**

Valuables (jewelry), large amounts of cash. Scented cosmetics or other scented products.

### **The following items are provided for you during your hospital stay:**

3 meals daily (approximately 7:30am, 12:30pm, and 5:30pm), fluids, sanitary napkins, mesh panties diapers and wipes, and Q-tips for umbilical cord care.

Receiving blankets are also available for use during your stay. *Please leave these items on the unit when you go home, as they are hospital property.*

### **Car seat safety and installation**

Information is available through BCAA. If you wish to make an appointment or would like further information, please call (877)-247-5551 or visit their website at [bcaa.com/carseatsafety](http://bcaa.com/carseatsafety). *It is important that you put your car seat together correctly and make sure it fits in your car before you bring it to the hospital.* It is your responsibility to find out if your car seat is the right size for your baby and if it meets current provincial safety standards. Hospital nurses are not trained in car seat assembly and are not certified to do formal car seat checks.

### **Social Work Services**

Our Perinatal Unit Social Worker is available to assist you in your pregnancy. We can offer support while you are expecting and help plan for your return home after your baby is born. We understand that pregnancy can come with challenges and joyous moments. Let us know if we can help.

The following are some of the things you might like to talk to us about:

- Adoption
- Advocacy
- Crisis Intervention

- Dependency issues - alcohol or drug misuse
- Financial concerns and practical assistance
- Personal stress
- Referrals to community supports.
- Relationship stress or family violence
- Resources and supports for new immigrants.
- Surrogacy
- Support for a medically high-risk pregnancy
- Transportation

Perinatal Unit Social Worker Contact Information:

Phone: (250)755-7691 Ext 52354

## **AT THE HOSPITAL**

### **Admission to the hospital**

When you think you are in labour, or if your water breaks, please call the Perinatal Unit at 755-7691, local 52021, before you leave home, to let the nurses know when you will be arriving. This allows staff to prepare for your admission.

When you get to the hospital, go directly to the Perinatal (maternity) unit. The perinatal entrance is located before the main entrance, you will note sliding glass doors with 'Perinatal Entrance' above them. These doors are locked after 2300, please press the buzzer for entrance after this time.

Once you arrive, you will be examined/assessed to see how your labour is progressing. If you are still in very early labour, you may be encouraged to labour for a while at home. We suggest that you do not call friends and family until you have been seen by the provider and/or nurse.

### **Admission to the Perinatal Outpatient Clinic**

If you are coming to the hospital for a booked appointment (e.g., Non-Stress Test [NST]), Iron Infusion or pre-cesarean section appointment) please come directly to the Perinatal Unit. Please arrive 10 minutes prior to your appointment time to register.

### **Patient & Visitor Parking**

The hospital has four pay-parking lots. Parking ticket dispensers in each parking lot take coins or credit cards. Please see attached information sheet for parking rates. Weekly passes may be purchased from newer parking ticket dispensers, or from the parking office (on the main floor near the perinatal unit) during business hours.

## **Accommodations**

All birthing rooms on the maternity floor are private. Labour, birth and post-partum care are all carried out within your private room. Your room has a sleep area for your support person, a private bathroom (including tub/shower), small refrigerator, television, and access to free Island Health WiFi. While cell phones are allowed, please ask your family and friends to be respectful of your need for privacy, rest and uninterrupted focus during labour and birth, breastfeeding and for the duration of your stay. You may want to consider turning your phone off entirely or, at minimum, use the vibrate mode and tell your friends and family that you will contact them when able.



## **YOUR BIRTH**

### **Support Persons**

We encourage and welcome support persons, as chosen by you, to participate in providing your labour and birth support. We encourage people who are not in a direct support role to wait at home and visit after the baby is born.

At times, individuals who come to support you in labour may become faint due to ignoring their need for rest, food and water and/or when observing procedures. *If your support person/people are prone to fainting, please let nursing staff know ahead of time.* Signs of fainting include lightheadedness, ringing in the ears, sweating, feeling hot or nauseous. Some things to help prevent fainting are eating at regular intervals, drinking water frequently, sitting down if feeling unwell. Do not watch procedures that might promote fainting.

### **Siblings**

If you chose to have your baby's brother/sister at the birth, there **MUST** be an adult present who is responsible for each sibling (**NOT** your main support person).

### **Comfort Measures**

Feel free to tell us how we can best support you through your labour experience and/or ask us for ideas about how best to cope with the discomfort of labour. We are able to

offer suggestions around positioning, movement, breathing, use of warm/cold water, medications, etc. We have a birthing ball in each room. Pillows are limited, and you may wish to bring your own pillows from home.

### **Water birth**

Labouring in the tub/shower during the first stage of labour is welcomed and encouraged at NRGH for all eligible patients. We will continue to assess you and your baby while you are in the tub, including continuous monitoring of the fetal heart rate if needed.

The NRGH maternity unit currently does not have the capacity to provide water birth as an option for delivery. NRGH tubs are not accessible from multiple sides and are not of an appropriate depth to ensure our ability to deliver your infant completely submerged. Also, the limited floor space and non-flexible tub sides inhibit the safe transfer to a birthing bed if emergency circumstances arise. In addition, the bathrooms at NRGH do not have suction or oxygen outlets, which may be needed at deliveries.

### **Photos**

Photos may be taken at any time, though keep in mind that it is more important for the support person to be focused on the birthing patient through the birth experience, and not the camera. If you wish to include caregivers in photos/videos, please get their permission first. The nurses and doctors kindly ask that you do not publicly distribute or publish photos of staff, for example on Facebook. We also encourage you to discuss with visitors your wishes for photo distribution, as sometimes well-meaning visitors publish photos without the parents' permission.

### **Informed Decisions**

It is important to us that you are a part of all decisions made about the care you receive. We encourage you to ask your caregivers if you do not understand what is happening at any given time. You should be aware of the reason, risks, benefits and alternatives of any medical procedure being offered to you (See 'Simple Steps for a Safe Hospital Stay').

### **Epidurals During Labour and Birth**

Please read attached handout- 'Epidurals During Labour and Birth' at the end of this booklet.

### **Caesarean Section**

Women who have a caesarean birth, whether planned or not, may have 1 (or 2, by special arrangement with the anesthesiologist), support person(s) present in the operating and recovery room with them. A cesarean birth & recovery usually takes 3-4 hours. All other support persons are asked to leave the perinatal unit for this time. If your baby is healthy, he/she will stay with you throughout your recovery. If your baby

needs to be admitted to the Neonatal Intensive Care Unit (NICU), a support person is welcome to stay with your baby in the NICU.

## **Infant Security**

Please read 'Helping Protect Your Baby" at the end of this booklet.

## **AFTER YOUR BABY IS BORN**

### **Caring for your baby**

If you and your baby are both well, your baby will be at your bedside 24 hours a day. This close contact will support bonding, help you to establish breastfeeding and help you gain confidence caring for your new baby. Both you and your baby will have the same nurse.

### **Feeding your baby**



Breast/chest feeding is the best way of giving babies the nutrients they need for healthy growth and development. Breast/chest feeding should be started within the first hour after birth. Breast milk is all that the baby needs for 6 months. Our staff receives extensive ongoing education to help you have a successful start to your breast/chest feeding experience.

If you choose to bottle feed your baby, we will provide formula and teaching about bottle-feeding while you are here.

### **Breast Pumps**

If you need to pump your breast milk while in hospital, a new breast pump kit will be issued to you to use with one of our hospital-grade breast pumps. You will be responsible for cleaning the kit after each use (instructions are included). Take the kit with you when you go home, so you can continue pumping at home if needed.

### **Hospital Stay**

The average stay on the perinatal unit ranges between 1 – 4 days, depending on your birth experience.



## **Visitors**

Visitors are at the discretion of you and your nurse. It is important that you and your family have time to be together, and that you have time to rest and recover from your birth experience. It is requested that only healthy sibling(s) of the newborn visit. Hand washing is necessary before any visitors handle the newborn. Hand sanitizers are located outside each room for your visitor's use.

## **Neonatal Intensive Care Unit (NICU)**

The NICU at Nanaimo Regional General Hospital is for babies who require specialized monitoring, observation and/or nursing care. Parents/guardians may visit anytime. Depending on the baby's condition, other visitors, including the baby's siblings may visit if accompanied by parents. If the nursery is very busy, visitors may be restricted in number or in length of visit at the discretion of the physician and charge nurse.

## **AMENITIES**

There are vending machines (cold drinks & snacks) on the perinatal unit, in the alcove across from the NICU entrance. There is also a toaster, microwave & kettle available for use.

### **Coffee Shop**

"Code Brew" is available for specialty coffee and snacks in the main entrance of the hospital. It is open from 7:00am - 7:00pm. Proceeds are donated to the Nanaimo and District Hospital Foundation.

### **Cafeteria**

The hospital cafeteria is located on the ground floor and is open 7 days a week from 8:00am – 3:00 pm. The cafeteria accepts cash and debit. Vending machines at the cafeteria entrance are available for snacks and beverages 24 hrs/day.

### **Gift Shop**

A gift shop is located in the main lobby and is open daily.

## **DISCHARGE FROM THE HOSPITAL**

Before you go home with your baby from the hospital, your Doctor or Midwife will see you, provide you with follow-up instructions, any needed prescriptions and answer any questions.

Once you are discharged, hospital staff are not permitted to give out any advice over the telephone. The HealthLink BC line is available 24 hours a day for questions or concerns if help is needed. Dial 8-1-1.

## **Follow up appointment with Public Health**

A Public Health Nurse may visit you in the hospital to introduce Public Health services. A Public Health Nurse will contact you by phone (or an alternate method as needed) to arrange for a follow up care appointment after you are discharged from the hospital. This appointment will be within 24 – 48 hours from the time you are discharged. You are welcome to call the Public Health Nursing Intake phone number with any questions/concerns 7 days a week from 8:30am – 4:30pm.

## **PUBLIC HEALTH NANAIMO/LADYSMITH/GABRIOLA**

Public health offers prenatal and postpartum care (including postpartum depression/anxiety supports), infant feeding support (including breast/chest feeding and formula feeding), immunizations, growth and development screening, baby bed program, parenting supports and more.

**Nanaimo Health Unit: 1665 Grant Avenue**  
**Ladysmith Community Health Center: 1111-4th Avenue**  
**Gabriola Public Health: 695 Church Street**

**Nursing Intake Line: 250-755-3388**  
**Appointments: 250-755-6200**

## **OTHER HELPFUL CONTACTS**

**BC Nurse Line: 811**

Doula Services Association (Labour support): 1-604-515-5588

La Leche League (Breast/chest feeding support): 250-754-5853

Tillicum Lelum Aboriginal Friendship Centre: 250-753-6578

Haven House: 250-756-2452

We look forward to caring for you, your family, and your new baby as we join with you in the celebration of a new life.

## Visiting Hours – Perinatal Unit and Neonatal ICU at NRGH

PHASE OF CARE	VISITING HOURS (GENERAL VISITING)	RESTRICTIONS/EXCEPTIONS
Patient in labour and immediate recovery after vaginal birth	No NON- designated support person(s)	Patient designated support person(s) may be present throughout labour, birth and recovery.
Caesarian Section and Post-Anesthetic Recovery period	No NON- designated support person(s)	<b>One</b> support person (partner or other) may be present through the Caesarian Section and 2 hour post operative recovery period.
2 hours after birth	No restricted visiting hours. <u>However, thought should be given regarding the patient's need to rest and time to the feed the infant frequently thorough the day.</u>	Primary support person (partner or other) may stay/sleep on unit 24/7, using the facilities of the patient's room. Children under 12 years of age must be accompanied by an adult. They may visit in the patient's room <u>with the door closed.</u>
Pregnant patient; not in labour	No restricted visiting hours	No overnight stay for support person.
Neonatal ICU (Nursery)	No general visiting	Parents/guardians have unlimited access to NICU. Parents/guardians may authorize others to visit (List kept on baby's chart.)
<b>Please do not visit the Perinatal Unit or NICU if you are unwell.</b>		
<b>Avoid using perfume scented hairspray, cologne and other scented products when visiting</b>		

## **HELPING TO PROTECT YOUR BABY WHAT IS YOUR HOSPITAL DOING?**

The staff of this hospital is committed to the safety and well-being of you and your newborn infant. Please take a few minutes to read this. It explains the security procedures that are in place to keep you and your baby safe.

At birth, your nurse attaches an ID band to your baby with your baby's identifiers on it. Once Admitting is aware that your baby has been born, an additional 2 name bands are computer generated. One will be given to you and a second band will be attached to your baby. It is very important that YOU review the information on the bands with your nurse to confirm that they match. Do not remove these bands until you are home from the hospital.

Your baby is to remain with you in your room at all times (unless he/she is in the Neonatal Intensive care unit).

In addition:

- **NEVER LEAVE YOUR BABY UNATTENDED.**
- **Know who your nurse is on each shift.**
- **Everyone working with your baby MUST be wearing an official Vancouver Island Health Authority (VIHA) name badge.**
- **You are free to question any staff member who is not wearing a VIHA name badge or to check his/her identity with a staff member you are familiar with.**
- **Restrict visits to trusted family and friends.**
- **Only give information about you and your baby to people who you know well and trust.**
- **NEVER ALLOW ANYONE TO TAKE YOUR BABY OUT OF THE SIGHT OF YOU OR YOUR TRUSTED FAMILY MEMBER/SUPPORT PERSON. Always accompany your baby to any test/procedures, etc. that need to be done outside your room. If you cannot accompany your baby, have a trusted family member or friend do so.**
- **Babies are NOT to be carried in hallways. Please use the baby's bassinette for moving your baby. This will ensure your baby's safety but also, it aids in ensuring your baby's security. Anyone seen carrying a baby in the hallway will be questioned for security purposes.**

# Regional Parking Services Central/North Island

## Office Hours

Monday to Friday (except statutory holidays)

7:45 AM – 3:30 PM

*with schedule daily closures at*

9:00 – 9:30 AM; 11:45 AM – 12:15 PM & 2:15 PM – 2:30 PM

Phone: 250-740-2681

Fax: 250-740-2682

Email [CIParking@viha.ca](mailto:CIParking@viha.ca)

## Violations

Please contact Robbins Parking Services Ltd. At 250-753-6789

## Public Parking Rates

*effective February 20, 2012*

### Weekly Permits (7 consecutive days) \$26.75

- Valid in public parking lots
- **Not** valid at individually metered stalls unless displayed in conjunction with a valid provincially issued Disability Parking Permit.

### Hourly Parking

- Available 24 hours/7days per week at parking machines located in public lots.

**Each hour \$1.25**

### Short term and Street meters

**Each 15 minutes \$ 0.25**

### Prevent Infections

- Wash your hands often. Make sure that visitors and care providers wash their hands before touching your baby. Restrict visitors to healthy family and friends.

### Newborn Safe Sleep

- The safest place for babies to sleep is on their back in their own crib. For more information, read [\*Every Sleep Counts\*](#) (BC Ministry of Health).

### Caring for a Crying Baby

- Your nurse is available to help you safely care for your crying baby. Your nurse will give you a DVD called, *The Period of Purple Crying*, which will help you to understand why your baby cries and will give you tips on how to soothe your baby.

### It Is Good To Ask

- We encourage you and your family to ask questions of your health care providers to help you better understand the health and safety of your baby and yourself.
- Keep asking questions until you completely understand.



### Discharge

Before leaving the hospital, your doctor, nurse or midwife will explain follow-up care at home.

Be sure to read the Island Health publication, [\*Your First Days at Home with Your New Baby\*](#).

Care concerns are best addressed at the time and place they occur.

If your concerns remain unresolved please visit the Patient Care Quality Office Website at:

[www.viha.ca/patientcarequalityoffice](http://www.viha.ca/patientcarequalityoffice)

To reach the Patient Care Quality office by phone, call:

1-877-977-5797 (toll-free)



[www.viha.ca](http://www.viha.ca)



Simple Steps for a Safe Hospital Stay:

### Perinatal Services Maternity





## Help Us Help You

Our top priority is the care of you and your baby while in the hospital. You, your family and your friends play an important role.

When you and your family are more involved in your own care, and the care of your baby, you will both do better and stay safer.

This brochure provides simple advice that you can use to make your hospital stay a safe and positive experience.

### Coming to Hospital

- Smoking is not allowed on any Island Health property. If you would like to quit smoking, please talk to your health care provider, or visit: [QuitNow.ca](http://QuitNow.ca)

### Patient safety

- Never leave your baby unattended.
- Know who your nurse is on each shift.
- You may question any staff member not wearing an official Island Health identification badge.
- Share personal information only with those you trust.

### Medication Safety

- Bring a list of your medications from home and allergies with you to the hospital.
- Don't take any medications you brought without notifying your care provider first.
- State your full name when receiving medications for you or your baby.
- You can talk with your care provider or a pharmacist to learn more about the medication given to you or your baby.
- Please tell your care provider if you think you or your baby has received the wrong medication.

### Identification

- Do not remove the hospital ID bracelet from your baby or yourself until after you leave the hospital.

### Sibling & Support Person Safety

- If you wish to have your baby's siblings at the birth, please ensure there is an adult present (not your main support person) who is responsible for each child's wellbeing and who can take them home following the birth.
- Support person(s) should eat regularly and avoid watching procedures that could induce fainting.

### Prevent falls

- Bring non-skid, comfortable footwear to prevent falls.
- After the birth of your baby, you may feel weak the first few times you are out of bed. A nurse will assist you when you are up the first time, or until you feel steady.
- Always use the bassinette if you wish to take your baby outside of your room.

### Anaesthetic safety

- If you have an epidural for pain control during labour, you will be asked to have clear fluids only.
- If it's possible your baby will be delivered by cesarean section, you will be asked to not eat or drink before the procedure.



# Labour Epidurals

Patient Education



We believe every pregnant person should have the tools to make informed, empowering decisions.

The decision to get an epidural is **your choice** and you should be free to change your mind at any point during labour.

Every person's labour is unique. It is important to discuss decisions about pain relief in labour with your healthcare providers and to have your specific questions answered.

## What Are Labour Epidurals?

A labour epidural is when an "epidural catheter" (a very thin plastic tube) is put in a person's lower back, near the nerves that carry pain signals to the spinal cord. Anesthetic (medicine that numbs pain) is delivered through the catheter.

About 60% of people in Canada receive epidurals for childbirth.

## What Are the Benefits of Labour Epidurals?

- **Effective pain relief:** Epidural pain relief is the most effective type of pain relief available for labour. An epidural will stop most of the pain from below your belly button to the top of your legs, which will help you have a positive birth experience.
- **Non-drowsy:** If you have an epidural you will remain fully awake and aware of the birth experience. Because there is a very weak concentration of numbing medications used for labour, only a tiny amount would get into your blood stream. This means that unlike many other types of pain relief like IV medications and inhaled drugs, epidurals do not cause drowsiness (make you sleepy).

# Labour Epidurals

## Patient Education



- **Safe for your baby.** Only tiny amounts of epidural medications ever enter a pregnant person's bloodstream ensuring that your baby is not affected.
- **Allows you rest:** Once the epidural has been placed, you might feel sleepy because your pain has been relieved; the medications do not cause drowsiness. This gives you, and your birth partner, a chance to rest (even sleep).
- **Lowers stress hormones:** When you are in labour, your stress hormones levels are increased. Epidural pain relief helps lower stress hormone levels, which can help lower your blood pressure and heart rate.
- **Can be used for cesarean birth, if a cesarean birth is needed:** Epidurals allow anesthesia for a cesarean birth. If your obstetrician decides that a cesarean birth is necessary for your safety or the baby's, stronger numbing medications can be given through the epidural catheter. In most cases, this avoids the need for a new spinal injection or general anesthesia (going fully to sleep and needing a breathing tube).

## What Are the Risks of Labour Epidurals?

Like any procedure, the risk is never "zero," but the risks with epidurals are very low. If complications do happen, most are easily managed without bad outcomes for the pregnant person or the baby.

### Serious Risks:

- **Blood clot (*hematoma*)** in the spine = Very Rare (1:170 000-1:million) <0.0006%
- **Infection** in the spine or around the brain = Very Rare (1:50 000-100 000) <0.002%
- **Severe damage to nerves** = Very Rare 1:250 000 <0.0004%

### Less Serious Risks:

- **Complications related to catheter position** (*injection of local anesthetic into bloodstream or spinal space*) = Rare (1:4 000-5 000) **<0.02%**
- **Post-dural-puncture headache** (*severe headache*) = Uncommon (1:100-500) **<1%**
- **Incomplete pain relief** = Common (1:10-50) **2-10%** and may require replacing epidural



### What Are the Possible Side Effects of Labour Epidurals?

- **A drop in blood pressure:** It is usually brief and responds quickly to treatment.
- **Soreness in the back for a few days:** Long-lasting back pain is NOT caused by epidurals but is common after any pregnancy, because of the normal effects of pregnancy on the muscles and ligaments of the back.
- **Itching, fever, and heaviness in the legs** may also occur.

### Is There any Reason I Can't Get a Labour Epidural?

There are some medical conditions that can mean it is unsafe or very difficult to place an epidural. Some examples are **problems with blood clotting or taking blood thinners, or serious infection.**

## What Will it Feel Like When the Epidural Is Working?

- You may feel numb below your belly button.
- Your legs may feel warm, tingly and a bit heavy.
- Your **contractions will be much less painful**, but you may still feel pressure.

## How Long Does the Pain Relief Last?

Pain medication can continue to be **given for as long as you need it**, until shortly after birth. When the catheter is attached to a medication pump, you will get a button that you can press to give yourself extra doses of pain medicine a few times every hour, based on your needs.

## Does Getting an Epidural Hurt?

Before the epidural is placed, a **local anesthetic** (numbing medicine) is placed under the skin in the lower back. This **stings a bit** (like having freezing done at the dentist).

Once the area is numb you will only feel pushing (not pain) when the epidural is placed.

## How Is the Procedure Done?

- Epidurals are performed **in the labour room** where you plan to give birth.
- Before the epidural, you will have an IV started and your blood pressure and fetal heart rate will be watched closely. When the epidural is working well, your blood pressure and the fetal heart rate will continue to be watched in the way that is most appropriate for your labour.
- You will be asked to either sit up or lay on your side, with your **back curved like the letter "C."**
- It is a **sterile procedure**, so the person performing the epidural will wear a mask and sterile gloves and clean your back with antiseptic liquid.
- Numbing medication (**local anesthetic**) is given with a very small needle under the skin in your lower back. This medication stings a bit; it is like the numbing medicine you get at the dentist. It is a similar feeling to having your IV started.
- After the area is numb you will **feel pressure and pushing** (not pain) in your back when the epidural needle is used to locate the correct space.
- **It can take several minutes to place** – everyone is a little different, and every time it is done it can feel a little different. Once it is in the right place, the tube or catheter is moved into the epidural space. Nothing sharp stays in your back.



## When Should I Ask for an Epidural?

**A person can get an epidural at almost any time in labour.**

Usually we wait until you are in **active labour (strong regular contractions)** before starting an epidural. Some people who have a long, early labour can benefit from getting an epidural earlier.

You can request an epidural at any point during your labour, and your care team will help you understand when it is most appropriate.

If your cervix is fully dilated (10cm) and it is time to 'push,' most people do not decide to have an epidural because it is hard to get into the right position (with your back curved like the letter "C").

It is important to know that the earlier you ask for an epidural during labour, the earlier your pain will be controlled. **It often takes over an hour after you request an epidural until you can rest comfortably;** sometimes it can take much longer.

## Can I Eat, Drink or Walk After I Get an Epidural?

After you get an epidural:

- You might have to **stay in bed**.
- You are usually only allowed to **drink clear fluids** (such as water or fruit juice).
- It is **not safe to walk by yourself because you will be at higher risk of falling**.
- You should be able to move well in bed and sit or lie in different positions.

Having an epidural can also take away the urge to urinate (pee), so you might have a **urinary catheter** to drain your bladder. This does not hurt.

## Will an Epidural Slow Down My Labour?

It might. Getting an epidural might make the **pushing stage of labour longer by about 30 minutes**. For some people it could be up to 50 minutes. You will probably not notice this extra time, because labour can last a long time anyway.

## Will a Labour Epidural Increase My Risk of Having a Cesarean Birth?

No, getting an epidural **will not increase the risk of having a cesarean birth**. It could increase the risk of an assisted vaginal delivery by a little bit (e.g., the risk of a physician needing to guide the baby out using vacuum).

## Will an Epidural Cause any Harm to My Baby?

No. Epidurals are **safe for your baby**. Less medication gets into your bloodstream than if you get other types of medication for pain, like through an IV or inhaled medication.

## Will it Affect My Ability to Breastfeed?

No, getting an epidural **will not affect your ability to breastfeed** your baby.

## Further questions:

If you have further questions about epidurals or anesthesia care and giving birth, please ask your obstetrical care provider to **refer you to the anesthesia department for a consultation**.

# ARE YOU PREGNANT?



Created for pregnant people and new parents, Island Health's **Right from the Start** program offers support during pregnancy and beyond to parents, their babies, children and families.

Working in partnership with you and your care team, we offer:

- free health & pregnancy information
- education & support
- referrals to various community resources specific to your individual needs

Register now: [islandhealth.ca/rightfromthestart](https://islandhealth.ca/rightfromthestart)

Questions? Email: [rfts@islandhealth.ca](mailto:rfts@islandhealth.ca)



## References:

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**The information in this handout is intended only for the person it was given to by the healthcare team. It does not replace the advice or directions given to you by your doctor.**