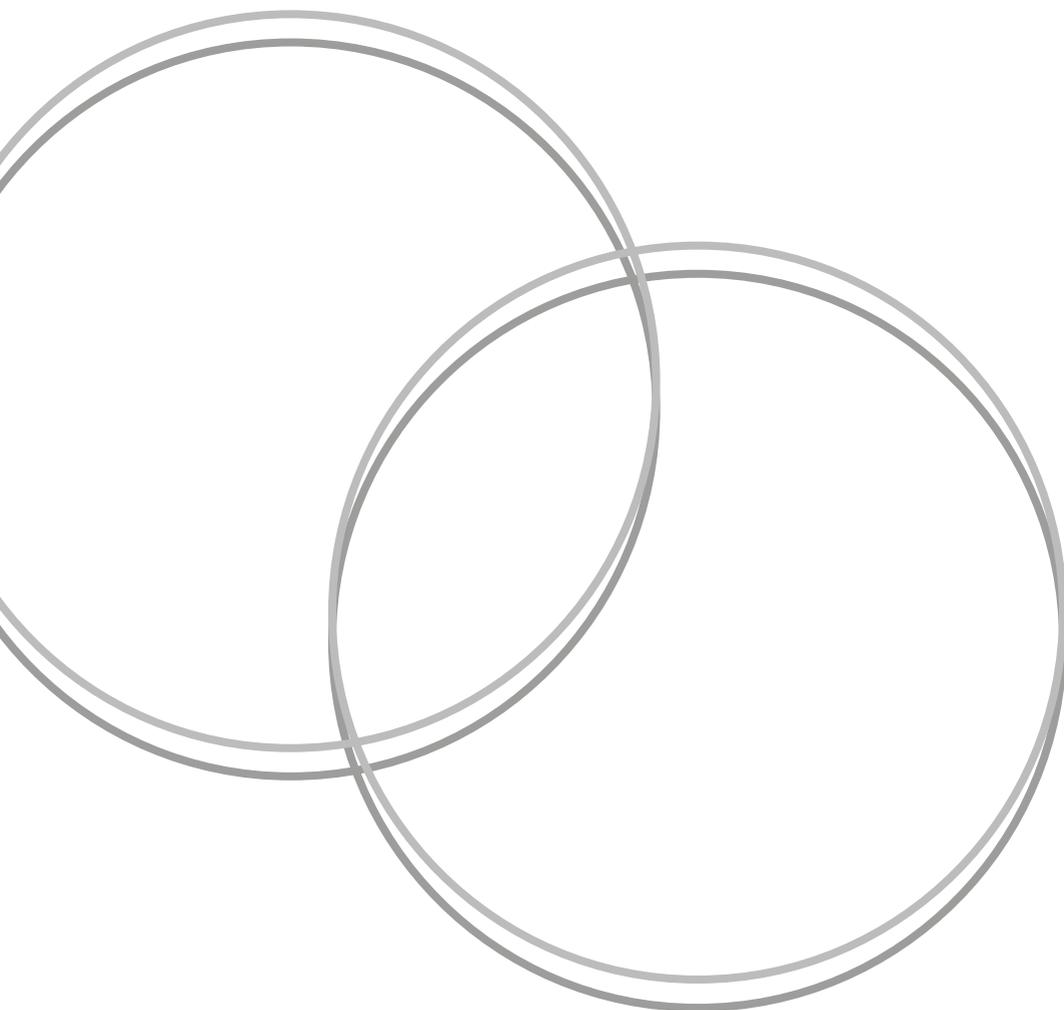




Oxford University Hospitals
NHS Foundation Trust

Anaesthetic information for after childbirth



Introduction

This leaflet has been written by the group of consultant anaesthetists who work regularly on the Oxford Delivery Suite in the Women's Centre. It provides useful information for anyone who has had an epidural, spinal, combined spinal-epidural (CSE) or general anaesthetic around the time of childbirth.

Gender inclusive language in OUH Maternity and Perinatal Services:

This leaflet uses the terms women and woman throughout. These terms should be taken to include people who do not identify as women but who are pregnant.

The term partner refers to the woman's chosen supporter. This could be the baby's father, the woman's partner, a family member or friend, or anyone who the woman feels supported by and wishes to involve in their care.

What to expect after birth if you have had an epidural, spinal or CSE

If you received an epidural or a CSE, your midwife or one of the anaesthetists will remove the epidural catheter (tube) from your back after the baby is born. This should not be painful, and simply involves removing the dressings from your back and gently removing the epidural tube.

Normal feeling should return in your stomach (tummy) and legs between 2 and 4 hours after your last dose of epidural pain relief. If you received an additional epidural top-up or a spinal anaesthetic to help with delivery this may take a little longer.

You should be able to move both legs (lift your legs up and down in the bed) 4 hours after you received the last dose of epidural pain relief, spinal anaesthetic or CSE. You may wish to set a reminder on your phone for this time so that you can check that the strength has returned in your legs. If you are not able to move your legs at 4 hours after your last dose of anaesthetic, you may need further assessment by an anaesthetist. If this is the case, please speak to your midwife who can ask one of the anaesthetists to come and see you.

Sometimes you may notice some mild bruising on your back where your epidural, spinal or CSE was inserted (put in). Your back may also feel a little sore at the needle insertion site, but these symptoms will usually resolve in a few days. If needed, painkillers such as paracetamol or ibuprofen may help. Having an anaesthetic injection in your back is not associated with developing chronic back pain. Long-term back pain is usually the result of hormone changes in pregnancy which can soften the ligaments in the back, combined with changes in posture, both before and after the birth.

What to expect after birth if you have had a general anaesthetic

A general anaesthetic is when medicines are used to send you to sleep, so you are unaware of the procedure being performed and do not feel pain while this is carried out. An anaesthetist is the person that gives this medication if it is needed during the birth of the baby or for other reasons around this time.

If you had a general anaesthetic as an emergency, you may remember staff members working very quickly around you in the operating theatre to look after you and the baby. Unfortunately, your birth partner may not have been able to be with you in the operating theatre when you were having a general anaesthetic. This is because this type of anaesthetic requires additional checks and monitoring, and it is important for the anaesthetist to focus very carefully on these in order to keep you and the baby safe.

You might recall breathing oxygen through a mask and the anaesthetic assistant putting some gentle pressure on the front of your neck as you were drifting off to sleep. This was to stop stomach contents coming up and going into your lungs which could be harmful. You may also remember the anaesthetist calling your name as you were waking up, and a brief sensation of the breathing tube being removed at this time.

You may have a slightly sore throat from where the breathing tube was placed, or feel sick for a short period of time after waking up. A sore throat should get better over the next few days as you get back to eating and drinking. If you feel sick, please ask your midwife for anti-sickness medication.

Pain relief after giving birth in the operating theatre

If you have had a caesarean section or a forceps delivery in the operating theatre, the anaesthetist will prescribe pain relief for you to take after you have given birth.

This usually consists of regular paracetamol (1 gram every 6 hours) and ibuprofen (400 milligrams every 8 hours), although ibuprofen may not be prescribed if there are concerns about your blood pressure or bleeding. These two painkillers should be routinely offered to you by your midwife at the prescribed regular times on your drug chart. You are likely to need painkillers for between 5 and 14 days after the birth, but this will vary (and may be longer) depending on the circumstances of the birth and other contributing factors.

The anaesthetist will also prescribe additional painkillers which you can request from your midwife if you need something extra for pain relief. This is not uncommon in the first 24 to 48 hours after the birth. After this time, you may feel that your pain is adequately controlled with regular paracetamol and ibuprofen, which you should continue to be offered.

Additional painkillers are usually dihydrocodeine (30 to 60mg, taken 6 hourly for up to 48 hours) and oral morphine (10 to 20mg, taken 2 to 4 hourly). Sometimes dihydrocodeine or oral morphine can make you feel a bit sick. The anaesthetist will usually prescribe some anti-sickness medicine that you can ask for if you are needing to take either of these two types of painkillers.

Constipation can sometimes occur if you are taking regular dihydrocodeine. If you develop this side effect, or you are worried about constipation occurring, you may also be offered a laxative or stool softener. Both dihydrocodeine and oral morphine are safe if you are breastfeeding when they are taken for a short period of time after childbirth.

If you experience any side effects from the painkillers, or if you feel that your pain is not adequately controlled, please contact your midwife who can ask an anaesthetist to see you.

If you have had a general anaesthetic, the anaesthetist will often prescribe morphine through a pump connected to your drip which you can then control yourself. When you press a button, the pump delivers a dose of morphine into your drip. The pump does not allow a further dose for five minutes. It is therefore safe to use and you cannot accidentally overdose, even if you press the button more frequently. As with oral morphine, the anaesthetist will usually prescribe some anti-sickness medicine in case you experience nausea or vomiting whilst using the morphine pump. After 24 hours, it is likely that you will feel ready for the morphine pump to be discontinued, and you can then take oral painkillers as described above.

Signs to look out for after an epidural, spinal or CSE

Headaches are common after childbirth, affecting up to 1 in 2 women. They can arise for many reasons and may be unrelated to any anaesthetic you have received. An epidural, spinal or CSE may cause a postnatal headache in approximately 1 in 100 to 1 in 200 women who receive this form of anaesthetic for labour or birth.

If you develop a headache in the first few days after birth, please speak to a member of staff. If it is felt that your headache may have an anaesthetic cause, they can arrange for an anaesthetist to see you. If you have already left hospital, please contact your community midwife, GP (local doctor), or ring one of the contact numbers listed later in this leaflet for advice. We can then arrange for an anaesthetist to speak to you on the telephone or to see you in person in the Maternity Assessment Unit if required.

Serious long-term complications after an epidural, spinal or CSE are extremely rare. They affect less than 1 in 10,000 women. Infection or bleeding can cause pressure on nerves and should be treated urgently. If you develop any of the following uncommon symptoms in the days following your anaesthetic, it is important that you speak to a member of staff as soon as possible if you are still in the hospital. If you have been discharged home and develop any of the 'red flag' signs or symptoms listed below, please use one of the contact numbers in the When and how to get in touch section of this leaflet.

'Red Flag' signs/symptoms:

- Severe or worsening back pain
- High temperature and neck stiffness
- Numbness, weakness or any change in sensation in your legs
- Inability to pass urine (if you are unable to pee) or control your bowels (if you are unable to control when you need to poo)
- Severe headache
- Swelling, tenderness or redness around the needle insertion site (where the needle was put in) on your back

When and how to get in touch

Please contact a midwife if:

- You are not able to move your legs at 4 hours after your last epidural top-up, spinal or CSE insertion
- You develop any of the 'red flag' signs or symptoms listed above, including if you had any of the different types of anaesthetic injection in your back and you develop a severe headache in the days after the birth of the baby

If you are still in the hospital, a midwife will be able to arrange for an anaesthetist to come to see you.

If you have already left the hospital and you develop any of the 'red flag' signs or symptoms, please contact your community midwife or telephone the Maternity Assessment Unit for advice.

Maternity Assessment Unit

Tel: **01865 220 221**

If you are unable to speak to a midwife, please use one of the telephone numbers listed below to get in touch with the anaesthetic team directly.

Anaesthetic Area of Delivery Suite

– first choice contact number

Tel: **01865 221 994**

OR

Main Delivery Suite Desk

– please ask to speak to an anaesthetist

Tel: **01865 221 988**

There is always at least one anaesthetist present on the Oxford Delivery Suite in the Women's Centre 24 hours a day. Out of hours they may be busy in the operating theatre, but they should always call you back if you leave a message with another member of staff.

You may also want to contact an anaesthetist if:

- You had a distressing experience around the time of the baby being born and would like to talk things through in more detail
- There were difficulties in providing you with an epidural, spinal or CSE
- You would like to discuss any aspect of your anaesthetic care around the time of the baby being born
- You would like to discuss in more detail the pain relief and anaesthetic options available to you in future pregnancies

Even if you have seen an anaesthetist in the days after birth, we realise that sometimes you may think of other questions you would like to ask the anaesthetic team at a later stage. This may particularly be the case if you have had difficult experiences around the time of the baby being born, and it has taken a while for you to start to process everything that happened.

If you would like to arrange an appointment to see one of the consultant obstetric anaesthetists in clinic, perhaps at around 6 to 8 weeks after the birth or later, please use the contact number below for our anaesthetic administrator to book you an appointment:

Anaesthetic Administrator

Telephone: 01865 220 286

Alternatively you can write to us, or ask your GP or community midwife to write to us, at the following address:

Clinical Lead for Obstetric Anaesthesia

The Obstetric Anaesthetic Department
Level 2, The Womens Centre
John Radcliffe Hospital
Headington
Oxford
OX3 9RR

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity Voices Partnership for their contribution in the development of this leaflet.

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Oxford University Hospitals NHS Foundation Trust
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