

Types of Epidural Analgesia for Labor Pain

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Background/Objective: Neuraxial analgesia administered in the epidural space is an effective strategy in controlling labor pain in expecting mothers. Epidural analgesia can also facilitate the transition to surgical anesthesia in patients requiring an emergent cesarean section. However, epidural placement does come with a small risk of accidental dural puncture, or "wet tap," which can manifest with post-dural puncture headaches. Per recent literature, for patients receiving epidural analgesia for labor pain, the incidence of "wet taps" is 0.5-1.5%. Our study aimed to assess the incidence of "wet taps" in patients undergoing epidural analgesia for labor pain.

Methods: We conducted a retrospective chart review of all patients receiving epidural analgesia to control labor pain at Riley Maternity Tower from 1/01/25 to 3/31/25. Our exposures included the different varieties of epidural analgesia used, such as epidural analgesia, combined spinal-epidural (CSE) analgesia, and dural puncture epidural (DPE) analgesia. The primary outcome of interest was the occurrence of a "wet tap."

Results: Of the 338 patients who received epidural analgesia for labor pain, the most common type was epidural (88.46%), followed by DPE (8.88%) and CSE (2.66%). Among patients who received an epidural, 274 patients (81%) underwent vaginal delivery while 64 patients (19%) had a cesarean delivery. Overall, the incidence of a "wet tap" during epidural placement was 1%.

Conclusions: In this single-site study, the incidence of "wet tap" in patients receiving epidural analgesia for labor pain was 1%, which is consistent with reports from prior studies. 19% of patients who received labor analgesia had cesarean deliveries.