

When do I meet my anesthesiologist?

All patients admitted to the L&D suite for delivery will be briefly interviewed by a doctor from the Department of Anesthesia and Perioperative Medicine. This interview provides us the opportunity to meet with you and explain different methods of pain relief. There is no cost for this interview.

What types of pain relief are available to me?

There are two common types of pain relief provided during labor:

- Systemic
- Regional (epidural, spinal, combined spinal-epidural, local)

LABOR PAIN RELIEF

Systemic

Systemic pain relief is given as injections into a muscle or vein. They decrease pain without loss of consciousness and can have some minor side effects, such as nausea and drowsiness. Anti-nausea medicine may be given if nausea occurs. Systemic pain relievers are not given right before delivery because they may slow the baby's reflexes and breathing at birth.

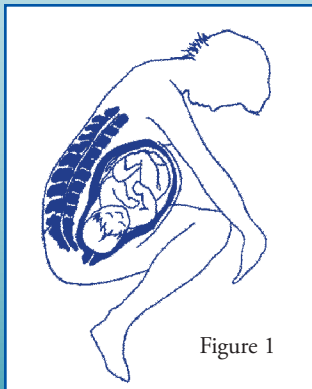
Regional

Regional pain relief is the most effective method of pain control during labor.

Epidural – Epidural block causes some loss of feeling in the lower parts of your body, while you remain awake and alert. An epidural block may be given at any time during your labor after discussion with your doctor.

How is it performed?

An epidural block is given in the lower back into a small area (the epidural space) below the spinal cord. You will sit with your back curved outward and stay in this position until the epidural is completed (Figure 1).



The epidural is performed under sterile conditions. The skin is cleaned with antiseptic solution. Medicine will be used to numb an area of your lower back. The epidural space, which is outside the spinal sac, is identified with a special needle. A small tube (catheter) is inserted through the needle and then the needle is removed. Medicine may be given through the catheter for the entire course of your labor by a pump. Low doses of medicine are used because they are less likely to cause side effects for you and the baby. In some cases, the catheter may touch a nerve. This may cause a brief tingling feeling down one leg. After placement of your epidural catheter, you will not be allowed to walk around.

How long does it take the block to work?

Pain relief will begin within 10-20 minutes after the medicine has been given.

Although an epidural block will make you comfortable, you still may be aware of your labor contractions. You may feel your doctor's exams as labor progresses. Your anesthesia doctor will adjust the degree of numbness for your comfort. You may notice temporary numbness, heaviness or weakness in your legs.

Spinal – A spinal block is given in the lower back and the medicine is placed into your spinal fluid using a very fine needle. The spinal block uses a much smaller amount of the medicine and brings relief from pain. It starts working fast, but lasts only 1-2 hours. Normally the block is performed only one time during labor. Depending on the medicine used for the block, you may notice temporary numbness, heaviness or weakness in your legs.

Combined Spinal-Epidural – A combined spinal-epidural block has the benefits of both types of pain relief. The spinal part helps provide immediate pain relief, while medicine given through the epidural catheter provides pain relief throughout labor.

Local - Local pain relief is administered by injecting numbing medicine directly into the area that needs to be treated. It is used for repairing any tear to the birth canal caused by delivery of the baby or to repair an 'episiotomy' which is an incision made to assist delivery.

Side Effects and Risks

Although the majority of women have regional analgesia for labor pain with no problems, complications or side effects may occur.

- Decreased blood pressure: To help prevent a decrease in blood pressure, fluids will be given through a vein before the placement of the epidural and throughout labor.
- Shivering: After the placement of an epidural shivering may occur. Shivering during labor and delivery can occur even if an epidural is not given.
- Headache: Some women may get a headache after the procedure. You can help decrease the risk of a headache by holding as still as possible while the needle is placed. If a headache does occur, it often subsides within a few days. If the headache continues or if it becomes severe, an anesthesia doctor will be consulted for evaluation of the pain.
- The veins located in the epidural space become swollen during pregnancy. An injection of medicine into epidural veins can be a serious complication. This can be prevented by the administration of a test dose through the catheter.
- Soreness in the back for a few days after delivery is common after regional methods to relieve labor pain.
- Since the regional block is performed under sterile conditions, the risks of infection are rare.

CESAREAN BIRTH PAIN RELIEF

There are two types of anesthesia for pain relief during cesarean birth:

- Regional (epidural, spinal, combined spinal-epidural)
- General

Regional

This is the preferred choice of anesthesia for a cesarean birth. If you already have an epidural catheter in place and then need a cesarean delivery, your anesthesiologist may be able to inject a much stronger medicine through the same catheter to increase your pain relief. If you do not have an epidural catheter, then a spinal or epidural block will be established. Your entire abdomen will be numb for the surgery. Although there is no pain, there may be a feeling of pressure.

General

General anesthetics are medicines that put you to sleep (make you lose consciousness). If you have general anesthesia, you are not awake and you feel no pain. General anesthesia often is used when a regional block is not possible or not the best choice for medical reasons. In emergencies or when bleeding occurs, general anesthesia may be necessary.

A major risk during general anesthesia is caused by food or liquids in the woman's stomach. Labor usually causes undigested food to stay in the stomach. During unconsciousness, this food could come back into the mouth and go into the lungs where it can cause damage. If you need general anesthesia, your anesthesiologist will place a breathing tube into your windpipe after you are asleep.

Whether you have regional or general anesthesia for a cesarean birth will depend on your health and that of your baby. It also depends on why the cesarean delivery is being done.

Postoperative Pain Management

Pain management after cesarean birth will depend on the type of anesthesia used for the cesarean. If surgery was done with regional anesthesia, then pain medication can be injected into the epidural space or spinal sac to provide pain control for a period of 24 hours. If it was done with general anesthesia, then pain medication will be provided through your vein.

When will the epidural catheter be removed?

If you have a vaginal delivery or cesarean, the epidural catheter will be removed after delivery.

NO TWO LABORS ARE IDENTICAL...

Labor pain depends on factors such as pain tolerance, the size and position of the baby, strength and duration of uterine contractions, prior birth experiences and medical condition of mother. Talk with your doctor about your options. In some cases, he or she may arrange for you to meet with an anesthesia doctor before your labor and delivery. Be prepared to be flexible. Do not be afraid to ask for pain relief if you need it.

This booklet has been prepared by the Division of Obstetrical Anesthesia of the Department of Anesthesia and Perioperative Medicine at MUSC. The purpose is to provide you with a description of the services available to you as an expectant mother at this institution. If you have personal questions, we encourage you to ask your anesthesiologist when you meet him/her, or call the Department of Anesthesia at 843-792-2322, during the hours of 7:00am through 4:00pm (Monday - Friday).

The Department of Anesthesia and Perioperative Medicine provides 24-hour in-house anesthesia personnel to provide consultation and administration of anesthesia and analgesia to the pregnant patient. We are a consultant service, i.e. our participation in your care is not mandatory, but is provided at the request of your attending obstetrician.

Acknowledgments

American Society of Anesthesiologists Handbook in cooperation with the American College of Obstetricians and Gynecologists: Planning your Childbirth: Pain relief during Labor and Delivery

Interesting Web site:

<http://brighamandwomens.com/painfreebirthing/WhatYouWanttoKnow.aspx>

Planning Your Childbirth



Pain Relief During Labor & Delivery

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