

LABOR ANALGESIA & ANESTHESIA

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BASIC INFORMATION

DEFINITION

• Labor is defined as the time and processes that occur during childbirth from the beginning of cervical dilation to the delivery of the placenta. Each woman will experience the discomfort and pain of labor differently. Some women are certain they will want pain relief, others would prefer to give birth without any pain relief, and there are those who are unsure of their pain relief options (and their affect on labor and delivery). Childbirth is "natural" with or without medication, and more mothers are choosing to have pain relief during labor and delivery to help them experience a more comfortable childbirth.

• Labor pain-relieving drugs fall into two categories—analgesia and anesthesia.

- Analgesia is the relief of pain without total loss of feeling or loss of consciousness. Analgesics do not always stop pain completely, but they do lessen it.

- Anesthesia refers to a greater loss of feeling, including at times, symptoms of loss of muscle movement. Some forms of anesthesia cause you to lose consciousness, while others remove all feeling of pain from parts of the body while you stay conscious.

• Education and preparation regarding pain relief options begin during prenatal care. Selection of the appropriate technique is on an individual basis. If medications are to be used, learn the risks and benefits to you and your baby. Your preferences, guided by medical judgment, will help make the best personal choice for pain control during labor. Also, it is best to keep your options open. Your pain relief choices may be changed by certain circumstances during labor and delivery. Be flexible in your planning. If you change your mind during labor, ask for some pain relief if you feel you need it. Discuss any concerns you may have about pain relief with your obstetrical provider.

• Some factors associated with decreased pain during labor include regular aerobic exercise performed during pregnancy, and attendance at childbirth classes.

• It's important to have the support of your partner or a loved one during labor and delivery.

ANALGESICS

• Systemic analgesics are often given as injections into a muscle or vein to lessen pain while not causing you to lose consciousness. They act on the whole nervous system, rather than on one exact area. A variety of these drugs are available. In addition, other drugs may be given with systemic analgesics to relieve tension or nausea.

• Used mainly in early labor, analgesics such as narcotics or sedative-tranquilizers help you rest and conserve energy. They help reduce the pain of labor, but not eliminate the pain entirely. They also ease anxiety.

• This type of pain medicine can have side effects. Most are minor, such as feeling drowsy or having trouble concentrating. Analgesics are not given right before delivery because they may slow the baby's reflexes and breathing at birth.

ANESTHETICS

• Anesthetics are medicines that cause a loss of feeling or sensation, especially pain. With some anesthetics you lose consciousness.

• Epidural block

- An epidural block is a regional anesthetic that causes some loss of feeling in the lower half of the body. The extent of the numbness depends on the drug and dosage. A needle is inserted into the epidural space (the region surrounding the spinal canal). A small tube (catheter) is inserted through it, and the needle is withdrawn. Small doses of the drug can be given continuously, or as needed, through the catheter. Low doses are used because they are less likely to cause side effects for you and the baby. The epidural helps ease the pain of contractions and the pain in the vagina as the baby comes out. In larger doses, epidural blocks are used to ease the pain during cesarean birth. You can move once the epidural is given, but you may not be allowed to walk around.

- Most women deliver normally with an epidural. If the mother cannot feel the baby's head, bearing down to help the baby move through the birth canal may be difficult and can slow labor. Side effects of an epidural may include a temporary drop of the mother's blood pressure, which in turn may slow the baby's heartbeat. Rarely, serious problems may occur. If the covering of the spinal canal is pierced, a severe headache may result. Without treatment, it can last for days or weeks. If a significant amount of anesthetic enters the spinal fluid, the muscles in your chest can be temporarily affected, making it hard to breathe. If the drug enters a vein, you could get dizzy or, rarely, have a seizure.

• Pudendal block

A pudendal block is injected shortly before delivery to block pain in the perineum (the area between the thighs that lies behind the genital organs and in front of the anus). It is especially helpful for numbing the perineum before birth. It relieves pain you may have around the vagina and rectum as the baby moves through the birth canal. Pudendal block is one of the safest forms of anesthesia. Serious side effects are rare. A pudendal block should not cause changes in your baby's heart rate.

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• Spinal block

- A spinal anesthetic is an injection into the lower back. It is administered with a needle into the spinal canal. It takes effect faster than epidural, brings good relief from pain, and lasts an hour or two. Patients may feel numb and need assistance in moving during delivery. Spinal anesthetics are sometimes used for delivery by cesarean section or when forceps or vacuum extraction are needed. A spinal block is usually given only once during labor, so it is best suited for pain relief during delivery.

- Spinal block can sometimes cause the same side effects as an epidural block.

• Combined spinal-epidural analgesia

A technique called "walking epidural" is a combined spinal-epidural analgesia. It works fast, blocking pain in the abdominal nerves (not the whole lower body) and usually allows the patient to move around the room if desired. The first step is an injection of narcotic or anesthetic. A catheter is then placed in the epidural space for a regular epidural, should additional pain medication be needed later. This technique can cause the same side effects as mentioned in epidural and spinal blocks.

• Saddle block

A saddle block is a form of a spinal block, but the medicine is allowed to drop to the lower part of the spine. The part of your body that loses feeling is the part that sits in a saddle (your buttocks, perineum and vagina).

• Local anesthesia

A local anesthetic does not reduce discomfort during labor. It may be used during delivery to numb a painful area or after delivery if stitches are necessary. Once the anesthetic wears off, there are usually no side effects. Local anesthesia rarely causes any problem for the baby.

• General anesthesia

These are drugs that put you to sleep. General anesthesia is administered by giving anesthetic drugs intravenously and breathing anesthetic gases. You are not awake during delivery and you feel no pain. General anesthesia is not used to relieve the pain of labor. It can make the baby sleepy and slow its reflexes and breathing. This type of anesthesia is used for cesarean birth and, at times, emergency vaginal delivery. A rare but serious problem with general anesthesia occurs when food or acid from the stomach enters the windpipe and lungs and causes injury. Because of this, you may be told not to eat once labor has started. Antacids may be given to help prevent stomach acids from getting into your lungs.

PSYCHOLOGICAL METHODS OF PAIN RELIEF

• Psychological anesthesia (or psychoanesthesia) is a mental, as opposed to a medicinal, method of controlling pain. You may want to talk to your obstetric provider about these options. Included in this category are:

- Lamaze, Bradley, and Grantly-Dick Reed (all three teach breathing and relaxation, the role of the labor support person, the process of labor, and skills to cope with the discomfort of labor).

- Hypnosis.

- Acupuncture.

- LeBoyer technique ("gentle birth" using dim lighting, soft voices, and a warm water bath for the newborn).

- Biofeedback.

- TENS (transcutaneous electrical nerve stimulation which utilizes small amounts of electric current applied to the skin to achieve pain relief).

MAKING A DECISION

• Some hospitals or educational programs offer childbirth classes. There are also classes for parents who have experienced a birth but would like to review and practice breathing and relaxation techniques; special classes for women who anticipate a vaginal birth after cesarean section; and a series designed for parents expecting multiple births. Other classes you might find helpful include pregnancy fitness/exercise, infant care, CPR, and breast-feeding.

• There are many choices for managing the discomfort of labor and delivery. There is no right or wrong approach because every childbirth experience is different. Start gathering the opinions of those you trust—health care provider, spouse, significant other, family and friends. Read and do research for further information if needed. You can then take an informed approach to developing a plan to manage your labor and delivery. Being prepared can help make childbirth a truly enjoyable experience.

• There are numerous web sites with additional information about labor and childbirth. Use one of the web's search sites to begin your quest.



NOTIFY OUR OFFICE IF

You have questions or want more information about the pain relief options available for your labor and delivery.