

General Anesthesia *continued from previous page*

An epidural infusion may be administered through the catheter to provide continuous medication during your labor. Throughout your labor, your comfort and progress will be monitored frequently and medications adjusted accordingly. After delivery, the epidural catheter will be removed and, within a short period of time, sensations will return to normal.

What are the risks of an epidural?

Although not common, complications and side effects can occur, even though you are monitored carefully and your anesthesia provider takes special precautions to avoid them. These include, but are not limited to:

- Decrease in your blood pressure
- No or inadequate pain relief
- Headache from the needle or catheter puncturing the spinal sac
- Backache

Other rare complications include, but are not limited to:

- Nerve damage resulting in persistent weakness or numbness
- Bleeding
- Infection
- Seizures

Will I receive a separate bill from the anesthesiologist?

Your anesthesiologist is a physician specialist like your obstetrician, family practitioner or pediatrician whose medical services you have requested. You will receive a bill for your anesthesiologist's professional service, as you will from your other physicians.

Anesthesiology offers today's mothers a variety of choices for a more comfortable childbirth. It is the goal of our Anesthesiology Department to answer your questions, ease your concerns and make your labor and delivery as safe and as comfortable as possible for you and your baby.

Based on *Planning Your Childbirth* Educational Pamphlet/2001 of the American Society of Anesthesiologists. A copy of the full text can be obtained from ASA, 520 N. Northwest Highway, Park Ridge Illinois 60068-2573.



Providence Medical Center
8929 Parallel Parkway | Kansas City, KS 66112 | 913-596-4000
Physician Referral: 913-281-7777 or toll-free: 1-800-281-7777
www.providencekc.com

02.2016

PAIN RELIEF DURING CHILDBIRTH

education
comfort
support



pmc
maternity care





PAIN RELIEF DURING CHILDBIRTH

Each woman's labor is unique to her. The amount of pain you feel will differ from that felt by other women in labor. It depends on factors such as your level of pain tolerance, the size and position of the baby, strength of uterine contractions and prior birth experiences. Medical decisions regarding control of your labor pain must be made for you specifically. We hope the information provided is helpful to you.

PAIN RELIEF DURING LABOR

The options for pain control during labor include breathing and relaxation techniques, intravenous "I.V." medication, local anesthesia and epidural or spinal blocks.

Intravenous Medication

Pain-relieving medications that are injected into a vein or muscle will help your pain but may not eliminate it completely. These IV meds are prescribed by your physician. Because they sometimes make both you and your baby sleepy, they are mainly used during early labor.

Local Anesthesia

Other pain-relieving medications may be injected in the vaginal area by your physician at the time of delivery. These medications are local anesthetics. They provide a numbness or loss of sensation in a small area. Local anesthesia is often used to ease the pain of delivery or when an episiotomy incision is done to assist delivery. It does not, however, lessen the pain of contractions.

Epidural or Spinal Blocks

These nerve blocks can reduce the discomfort of labor and also can be used to provide anesthesia for Cesarean section. They are administered in the lower back with great exactness, either by a specialist physician called an anesthesiologist or by a certified registered nurse anesthetist (CRNA) under the supervision of an anesthesiologist. Local anesthetics and other drugs are used for these procedures to reduce or "block" pain and other sensations over a wider region of the body.

The epidural block decreases sensation in the lower areas of your body, yet you remain conscious. The right time to administer the epidural block will vary from patient to patient. If you request an epidural block, your physician and anesthesiologist will evaluate you and your baby, taking into account your state of health and past anesthetic experiences, and the progress of labor and your baby's responses.

How is an epidural block performed?

An epidural block is given in the lower back. You will either be sitting up or lying on your side. Before the block is performed, your skin will be cleansed with an antiseptic solution. The anesthesiologist or CRNA will use a local anesthetic to numb the area of your back where the epidural will be placed. A special needle is placed in the epidural space just outside the spinal sac. A tiny flexible tube called an epidural catheter is inserted through this needle. It is important to hold very still while the needle and catheter are positioned.

Occasionally, the catheter will touch a nerve, causing a brief tingling sensation down one leg. Once the catheter is positioned properly, the needle is removed and the catheter is taped in place. A small dose of medication will be administered to check the position of the catheter. Additional medications are given as needed without another needle being inserted. The medication bathes the nerves and blocks out the pain.

ANESTHESIA FOR CESAREAN BIRTHS

Epidural, spinal, or general anesthesia may be given for cesarean section deliveries. Choices depend on several factors, including the medical conditions of you and your baby and, when possible, your preferences.

Epidural

If you already have a labor epidural catheter in place and then need a cesarean delivery, it is usually possible to inject additional anesthetic medication through the same catheter to numb the entire abdomen for the surgical incision.

Spinal

Spinal anesthesia is administered using a much thinner needle in the same location of the back where an epidural block is placed. The main difference is that the needle penetrates the spinal sac and therefore, a much smaller dose of anesthetic medication is needed. The density of the block is more complete and the onset of numbness is quite rapid. The complications and side effects are similar to those of an epidural block.

General Anesthesia

This is used when an epidural or spinal block is not possible or is not the best choice for medical or other reasons. It can be started quickly and causes a rapid loss of consciousness. This technique involves the placement of a breathing tube called an endotracheal tube into the mother's windpipe after she is anesthetized. The endotracheal tube is one of the extra precautions taken to prevent aspiration from occurring, meaning that some stomach contents could come up and then go into the lungs. This could cause a serious case of pneumonia. Other rare complications or side effects include, but are not limited to, injury to mouth, teeth, or throat, awareness under anesthesia, respiratory or heart problems.

It is best to remember that **YOU SHOULD NOT EAT OR DRINK ANYTHING AFTER YOUR LABOR PAINS BEGIN**, regardless of your plans for delivery or pain control. Sometimes during labor ice chips are permissible with your physician's consent.

Because the medication needs to be absorbed into several nerves, the onset is gradual, not immediate. Pain relief will begin to occur within 10 to 20 minutes after the medication has been injected. Although significant pain relief will occur, you still may be aware of pressure or discomfort with your contractions. You might notice some degree of temporary numbness, heaviness or weakness in your legs.