# Managing Discomfort During Labor and Delivery

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LUCAS COUNTY HEALTH CENTER

An Affiliate of UnityPoint Health

# Discomfort Management During Labor and Delivery

### *What are the options for control during labor?*

Several options for analgesia (pain relief) are available to you. We encourage you to discuss them with your obstetrician, family physician, or certified nurse midwife.

- Prepared Childbirth or Lamaze Techniques
  These relaxation and breathing techniques are designed to help you manage the discomfort of labor and delivery. They are best learned in childbirth education classes.

- Pain Medications
  There are several medications now available which obstetricians generally consider safe for use during labor. Although they may not provide total relief, these medications can reduce pain significantly with relatively few side effects to you and your baby.

- Epidural and Spinal Analgesia
  These techniques, which involve care by an anesthetist, use local anesthetics and or narcotics on or around spinal nerves to help control the pain of labor and delivery.

# Certified Registered Nurse Anesthetists

### *A Tradition of Quality Care*

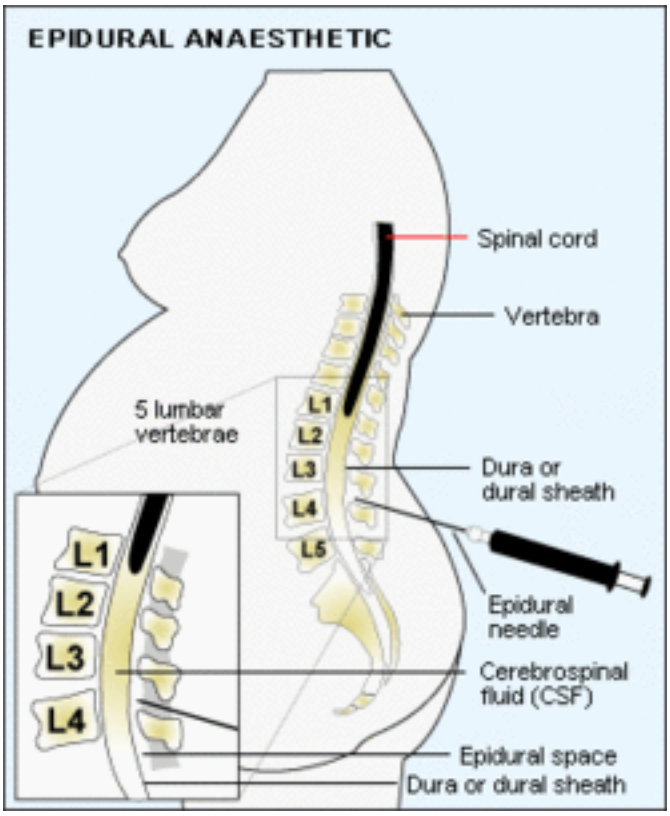
Certified registered nurse anesthetists (CRNAs) are anesthesia specialists who administer more than half of the 26 million anesthetics given to patients in the United States each year. CRNAs represent a long-standing commitment to high standards in a demanding field. They provide high quality anesthesia services combined with a personal concern for the health and welfare of the mother and baby.

### *What are Epidural and Spinal Analgesia? How do they differ?*

Epidural analgesia is an anesthetic technique in which a needle is passed between the vertebra of the spinal column and into the space just outside the dural membrane (which surrounds the spinal cord, spinal nerve roots, and the spinal fluid.) Local anesthetics or narcotics placed in the epidural space cross the dural membrane into the spinal fluid and reach the spinal cord and where they produce pain relief.

Spinal analgesia is administered when the needle is advanced past the epidural space and through the dural membrane into the spinal fluid. Since the medication is placed directly into the spinal fluid, less drug is required to produce its effects.

A thin plastic tube or catheter may be placed through the needle in the epidural technique to allow re-injections to customize pain relief. The needle is withdrawn and the catheter is left in place. The use of this catheter is referred to as “continuous Epidural” technique.




# Frequently Asked Questions

### *What can I expect from Epidural or Spinal Analgesia?*

Pain relief from Epidural or Spinal Analgesia is usually more complete and intense as compared to the other forms of labor analgesia. Most women notice a pressure sensation with their contractions. This pressure sensation is an important mechanism that keeps labor progressing.

If narcotics along are injected, there is usually not numbness or weakness of muscles. You may move about in bed and get up to go to the bathroom as allowed by your obstetrician and labor nurse. Some women will have some itching of the nose and face from the reaction of the narcotics and others may experience occasional nausea. These effects are usually mild and are helped by time or additional medication.

If local anesthetics are combined with the narcotic to provide more intense pain relief, you may develop numbness from the top of your abdomen down to your feet. Usually you can still move your legs, but they may become weak and difficult to control. Rarely your baby may need additional help being born if you are unable to “push” well at the time of the delivery.

You may also be unable to empty your bladder properly. You will not be able to get out of bed to walk during the time the local anesthetic is effective. These effects are normal responses to the local anesthetic and disappear as the medications wear off. Epidural or Spinal Analgesia may be combined with other pain control methods to make your labor and delivery more comfortable.

## *What is it like to have an Epidural or Spinal? Does it hurt?*

You will have an IV placed for fluids and medications. The anesthetist and labor nurse will position you correctly for the placement of the Epidural or Spinal (usually lying on your side or sitting up.) The anesthetist will apply an antiseptic solution to your lower back to reduce the chance of infection. A local anesthetic will be placed into the skin and into the ligaments under the skin. There may be a slight sting at the skin and a slight ache at the level of the ligaments until the anesthetic begins to work.

After that, there will not be much discomfort from the actual placement of the Epidural or Spinal needle. (Most women will only feel a pressure sensation.) If you do feel pain, let the anesthetist know, but try not to move during the placement of the Spinal or Epidural. Occasionally, there will be strong tingling in a hip or running down a leg. This can happen occasionally with needle placement and is not a cause for alarm. However, you should inform your anesthetist if it occurs.

Once the Epidural or Spinal catheter is placed, the anesthesiologist will perform several tests to assure that the catheter is in the proper position before injecting the medication to relieve your discomfort. It usually takes about twenty-five minutes to place the catheter and perform the tests. Pain relief usually begins within five to ten minutes after the medication is injected, but may take 15-30 minutes for full effect.

## *Do Epidurals and Spinals always work?*

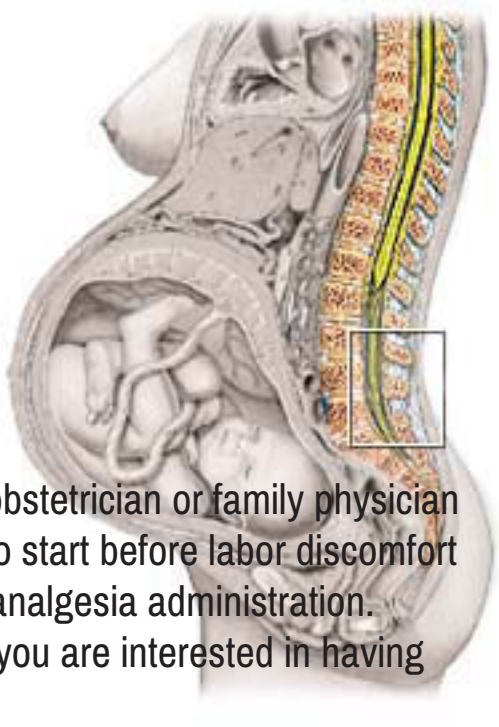
These techniques usually provide good pain relief, but it is possible that they may fail to eliminate any or all of your pain. Discomfort from labor and pregnancy and anatomic characteristics can make it difficult or impossible for you to get into an appropriate position for reliable needle and catheter insertion. Individuals vary in their response to the medications.

Variations in the anatomy of your Epidural space and back may prevent effective pain relief. It is

possible to get pain relief in some areas and not in others or on only one side of your body. Your anesthetist will do everything possible to make you comfortable, but sometimes complete pain relief is not possible.

## *Does the medication affect the baby?*

The doses of medication typically used in labor analgesia usually do not cause any noticeable effect in your baby's Apgar scores or behavior. Your baby is exposed to drugs present in your blood stream and the amount of drugs present may be influenced by the dose used. The Spinal and Epidural techniques use very small doses of medications; the local and IV techniques use larger doses. Your body will have essentially eliminated these medications before your breasts begin product milk for breastfeeding.



## *When can I have Epidural or Spinal Analgesia?*

You should discuss your wishes about labor analgesia with your obstetrician or family physician during your prenatal care. Epidural or Spinal Analgesia is easier to start before labor discomfort makes it difficult for you to discuss your situation or cooperate in analgesia administration. However, you may let the labor nurse and your physician know if you are interested in having Epidural or Spinal Analgesia at any point in your labor.

When you can actually receive the analgesia depends on circumstances surrounding your labor pattern and assessment by your physician. At the appropriate time, an anesthetist will discuss the techniques with you and suggest options in accordance with your wishes and those of your physician. You may have concerns unique to you that your anesthetist will need to discuss and you should have an opportunity to ask questions.

If you and your anesthetist agree after this discussion, preparations will be made to administer an analgesic. Although it is unlikely, an anesthetist may not be immediately available to administer the analgesia because of emergencies or there might be a reason that it is inadvisable for you to have Epidural or Spinal Analgesia.

## *Is there ever a time when I shouldn't have an Epidural or Spinal?*

Yes. You may NOT be a candidate for Epidural or Spinal Analgesia if you:

1. are allergic to certain narcotics or local anesthetics
2. have nervous system (neurological) disease
3. have a bleeding tendency or coagulation disorder
4. take aspirin routinely
5. have an infection in the lower back area
6. have had previous back surgery
7. have a psychological disorder or a fear of needles
8. are morbidly obese
9. have a Spinal deformity
10. cannot cooperate or get into a position to allow the anesthetic administration
11. are too early in your labor
12. are progressing too rapidly
13. have an abnormal labor or fetal monitoring patter.

Please discuss these conditions with your obstetrician and anesthetist.

## *How long with the Analgesia last?*

Continuous Epidural Analgesia can usually be made to last as long as your labor lasts. Injections will be effective depending on the characteristics of the drug injected. Without the use of the catheter, they cannot be repeated without replacement of a needle. Toward the end of labor - when the birth of the baby is close at hand and discomfort is more intense - additional medication or techniques may be needed.

## *What happens if I need a C-Section?*

The type of anesthesia used for a C-Section will depend on the urgency and reason for the surgery. Continuous Epidural technique can be extended for use during a C-Section. Sometimes, however, it may be more appropriate for you to have a general anesthetic or a separate Spinal anesthetic. Our anesthetist will discuss the available options if the need arises. You may also be offered a nerve block to treat pain from the incision.

## *What are the problems and complications that can occur with Epidural or Spinal Analgesia?*

When you drive a car, you know there is always a possibility of mechanical difficulties or an accident, but most of the time you reach your destination safely. The same is true with analgesia. These risks can result either from injected medications, or more likely, from Spinal fluid leaking

through a hole in the dural membrane in to the Epidural space. These reactions may last several days or even several weeks. Since they are more likely to occur when large diameter needles are used, very small needles and catheters are used when Spinal analgesia techniques are planned. Epidural techniques, however, require larger needles or catheters for placement in the Epidural space. If either the needle or catheter passes through the dural membrane, a spinal headache may occur.

Several methods can be used to treat spinal headaches. The most reliable is an Epidural “blood patch” in which the physician places a needle in the Epidural space at the level of the dural membrane puncture and “patches” the hole by injecting your own blood into the space. The blood coagulates and seals the leak.

Soreness or aching for several days at the site of an injection can be normal. Other complications that can occur include, but are not limited to: infection, nerve damage (including paralysis, loss of bladder and bowel function, and loss of sexual function), allergic reactions, seizures, cardiac arrest, and death. Although the consequences of these complications are very severe, they occur very rarely.

### *What about cost?*

Due to the risk involved, the expertise necessary to place the catheters, and the length of time needed to manage the analgesia during labor and delivery, Epidural and Spinal Analgesia can be expensive and is often not covered by insurance. If you are unsure of your coverage, you should check with your insurance company. Analgesic techniques such as Lamaze or IV pain medication ordered by your obstetrician probably would not require the services of an Anesthetist.

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