

PAIN RELIEF DURING LABOR AND DELIVERY

Welcome to the Clatanoff Pavilion. An Anesthesiologist is on call 24 hours a day, seven days each week to provide services for Obstetrical patients. There are several types of pain relief available for you during your labor and birth of your baby. Your obstetrician can review some of your options for medication to help with the pain of labor if you should desire it. Below is a description of the options available to you for regional anesthesia and analgesia which are provided by the Anesthesiologists of Anne Arundel Medical Center.

LABOR EPIDURAL ANALGESIA:

A "labor epidural" consists of medication (local anesthetic/narcotic) that is injected through a carefully positioned catheter (i.e. a tube) that sits outside your spinal canal and within your epidural space. The medication injected bathes the nerves, permitting a gradual loss of the painful sensation. The catheter may be repeatedly injected with medication or connected to a continuous pump to maintain your comfort. Epidural catheters are typically requested by you and your obstetrician when your labor is progressing and you are uncomfortable enough to desire pain relief for the remainder of your labor and the delivery of your baby.

Many epidurals are performed routinely and safely by board-certified Anesthesiologists after a careful evaluation of your medical and obstetrical history. In order for you to make an informed decision about whether to receive an epidural, you must understand possible risks and side effects which can occur.

1. **Interference with labor progression:** Slowing of labor can occur, requiring the use of pitocin, a medication used sometimes to augment labor. There is also a potential for an increase in "operative delivery" (i.e. forceps or C-section). This is related to the intense muscle relaxation occasionally caused by epidural medications which may inhibit the baby's ability to turn and descend.
2. **Inadequate pain relief:** Most patients receive significant pain relief with epidural analgesia. Some patients experience complete pain relief, although most patients have a marked reduction in their overall level of discomfort. There is a small percentage of patients who may have a spotty or patchy pain relief and rarely, the epidural just doesn't work. In this case, the Anesthesiologist will usually repeat the procedure and replace the catheter.
3. **Toxic Reactions to Medications:** Typically, the anesthesiologist who places your epidural catheter will administer a combination of medications in a procedure which is designed to provide you with optimal pain relief in the safest possible manner. Life-threatening complications, while possible, are extremely rare. Great care is used to minimize any untoward side effects or reactions to the medications used. Rarely, medication can be injected into the space which contains spinal fluid, causing a more profound sense of numbness and heaviness than is experienced with epidural analgesia. Injection of medication into a blood vessel could also occur. To evaluate the possibility that either situation has occurred, your Anesthesiologist will ask you a series of questions as you sit or lay quietly during the performance of the procedure.

4. **Headache/Backache/ Persistent numbness/ Infection:** There is a small chance that you could experience a "spinal headache related to the placement of the epidural catheter. This headache is not a danger to you, but can be a real nuisance. If you experience a "positional headache" (one that gets worse when you stand up) in the days following delivery, you should contact your obstetrician and anesthesiologist since there are treatments that can help the discomfort. Occasionally, patients might have back soreness for a day or so after having an epidural for delivery. This is typically mild and will go away without treatment. Infection and persistent lower extremity numbness, while a possibility, are extremely rare due to the caution taken in the placement of the epidural.
5. **Blood Pressure Reduction:** Lowering of the blood pressure may occur during administration of medications given for your epidural. This is usually prevented by administering IV fluids before the epidural is placed. Significant reductions in blood pressure, when they do occur, could affect the blood flow to the placenta and your baby. Medications are available to treat these temporary blood pressure reductions.

SPINAL ANESTHESIA/ ANALGESIA

This type of anesthesia is commonly called "Saddle-block" and involves injection of medication directly into the spinal area where the spinal fluid lies. Depending on the class of medication used, different effects can be expected:

1. **Local anesthetics:** These medications give rapid onset and provide not only profound anesthesia (i.e. no feeling), but also intense muscle relaxation. The side effects of spinal anesthesia include all of those listed above. Spinal anesthesia is the anesthetic of choice for C-Sections where an emergency does not require a general anesthetic, and an epidural catheter is not already in place.
2. **Narcotics:** These medications may be injected either alone or in combination with a small amount of local anesthetic to provide you with rapid onset of pain relief, but without the profound numbing and muscle relaxation which occurs with local anesthetics alone. Benefits to this technique may include your ability to move about during labor. Side effects may involve an itchiness, nausea and rarely, a slowing of your breathing rate, all of which are effectively treated by medications.

Drawbacks to either of these spinal techniques include the possibility of "spinal headache" as described above. Since the spinal technique is a single injection procedure, the duration of effect might be insufficient to provide you with satisfactory pain relief, resulting in the need for more comfort intervention.

Please ask the anesthesiologist-on-call to answer any questions you might have regarding your options for pain relief during labor and delivery. Just as no one can guarantee what your labor will be like, no one can tell you how you will respond once labor is established. Remember, the best time to process all the information, understand and evaluate the best course to take during this very special time for you and your baby will be BEFORE you begin to feel discomfort. Keep an open mind and KNOW that we are here to take the best and safest care of both you and your new baby!