



Anesthesia and You

Planning Your Childbirth



Anesthesia Options for Labor and Delivery

There are many medications available to women during labor and childbirth. However, some pain relief choices may be unavailable due to your pre-existing medical conditions or the stage of labor. It is very important that you discuss your complete medical history with your doctor well before your delivery day so that you understand your options when you are in labor, and to ensure the safest delivery possible.

Anesthesia should not prevent you from enjoying your baby after delivery. You should be able to bond with your baby and breast feed, if desired. The better prepared you are before labor and delivery, the more rewarding the entire birth experience will be.



There are three primary ways to provide pain relief during labor and delivery

1

Local Anesthesia

Local anesthesia provides numbness or loss of sensation in a small area, and is commonly used if an episiotomy is done before delivery, or when any vaginal tears are repaired. It does not, however, lessen the pain of contractions. Local anesthesia rarely affects the baby. There usually are no side effects after the local anesthetic has worn off.

2

Regional Anesthesia (Epidural Block & Intrathecal Block)

Regional anesthesia tends to be the most effective method of pain relief during labor and causes few side effects. It is commonly called an epidural block or intrathecal block. Both options may cause some loss of feeling in the lower areas of your body, yet you remain awake and alert. Epidural and intrathecal blocks do NOT involve putting needles or medicine into the spinal cord.

Epidural Block

An epidural block is the most common and preferred regional anesthesia technique for pain relief during labor. The medicine is delivered in the lower back into a small area (the epidural space) below the spinal cord. You will be asked to sit or lie on your side with your back curved outward and to stay this way until the procedure is completed. You can move when it is done, but you may not be allowed to walk around.

Before the block is performed, your skin will be cleaned and local anesthesia will be used to numb an area of your lower back. After the epidural needle is placed, a small tube (catheter) is inserted through it, and the needle is withdrawn. In some cases, the catheter may touch a nerve. This may cause a brief tingling sensation down one leg.

Small doses of medication can then be given through the tube to reduce the discomfort of labor. Low doses are normally used because they are less likely to cause side effects for you and the baby. Pain relief begins within 10-20 minutes after the medication has been injected, and can be delivered continuously without another injection through the catheter, for lasting pain relief. Stronger medications can also be used for a cesarean delivery or if a vaginal birth requires the help of forceps or vacuum extraction.

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

Intrathecal Block

Like an epidural block, an intrathecal block is an injection in the lower back below the level of the spinal cord, but uses a much thinner needle. Once the drug is injected, pain relief occurs right away, but it lasts only an hour or two. An intrathecal block is usually given only once so it is best suited for pain relief during delivery.

An intrathecal block with a much stronger medication is often used for a cesarean delivery. It can also be used in vaginal births, if the baby needs to be helped out of the birth canal with forceps or by vacuum extraction. An intrathecal block can cause the same side effects as an epidural block, and these side effects are treated in the same way (see Epidural Risks and Side Effects).

Combined Intrathecal-Epidural Block

A combined intrathecal-epidural block has the benefits of both types of pain relief. The intrathecal injection helps provide pain relief right away while the epidural catheter delivers drugs over an extended period of time.

3

General Anesthesia

General anesthesia puts you to sleep during the birthing process and is rarely used except in an emergency situation, or if a regional block is not advisable.

The primary concern when delivering general anesthesia is whether there is food or liquids in the mother's stomach. During unconsciousness, aspiration could occur, meaning undigested food could come back into the mouth and go into the lungs where it can cause damage. To avoid this, you **SHOULD NOT EAT**

OR DRINK ANYTHING ONCE LABOR HAS STARTED, regardless of your plans for delivery or pain control.

If you require general anesthesia, your anesthesia provider will take every precaution to protect your lungs, and will place a breathing tube into your mouth and windpipe after you are asleep. Before your cesarean delivery, you may also be given an antacid to reduce stomach acid. In some cases, ice chips or small sips of water are allowed during labor.

Epidural Risks and Side Effects

Although most women have epidurals with no problems, there may be some drawbacks to using this pain relief method:

- An epidural may cause your blood pressure to decrease. This, in turn, may slow your baby's heartbeat. To decrease this risk, you'll be given fluids through an intravenous line before the drug is injected. You also may need to lie on your side to improve blood flow.
- After delivery, your back may be sore from the injection for a few days. However, an epidural should not cause long-term back pain.
- If the epidural needle advances into the intrathecal space the result may be a bad headache. This headache has very specific signs and symptoms and is treatable. If it is not treated, this headache may last for days, although this is rare.
- When an epidural is given late in labor or a lot of anesthetic is used, it may be hard to bear down and push your baby through the birth canal. If you cannot feel enough when it is time to push, your anesthesia provider can adjust the dosage.

Serious complications are very rare:

- If the drug enters a vein, you could get dizzy or, rarely, have a seizure.
- If the anesthetic is injected intrathecally instead of epidurally, it can affect your chest muscles and make it hard for you to breathe.

As long as a trained and experienced anesthesia provider is administering the anesthetic, there is little chance that you will experience any complications. If you are considering a regional block, discuss any concerns or questions you have with your doctor.

Anesthesia for Cesarean Births

Whether you have general, spinal or epidural 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 performed. In emergencies or when bleeding occurs, general anesthesia may be necessary.

If you already have an epidural catheter in place and then need a cesarean delivery, in most cases your anesthesia provider will be able to inject a much stronger drug through the same catheter to increase your pain relief. This will numb the entire abdomen for the surgery. Although there is no pain, there may be a feeling of pressure.

Each woman's labor and childbirth is unique and so is the level of pain experienced.

Some women need little or no pain relief, and others find that controlling their pain allows them to have the most positive birth experience possible.

Understanding Your Pain Relief Options



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This information is prepared by Somnia, Inc. and is intended to provide you with a general overview of the various types of anesthetics used in labor and delivery today. Our goal is to inform you of your pain relief options and ease your fears in order to make your labor and delivery as safe as possible for you and your baby.