The birth of a child can be a wonderful experience for both mother and father. One of the most important aspects is to be prepared for the changes that occur during labor and to know how you can work with the medical staff to control your pain during delivery. Every woman’s labor is unique and how you “feel” pain depends on many factors, such as the size and position of the baby, the strength of contractions, prior birth experience, and your tolerance to pain. Some women manage pain by taking classes to learn breathing and relaxation techniques. Others may find it helpful to use these techniques along with other pain relief options. The goal of the Anesthesia Service at Memorial Hermann Southwest Hospital is to provide comfort and care during your labor and delivery and to minimize risks to mother and baby. This pamphlet describes different methods of pain management available. Talk with your doctor about your options and preferences. Remember that discussing your preference or signing a consent form for anesthesia does NOT obligate you to one technique of pain relief. You may always reconsider your options as labor progresses. Should you have further questions after reading this pamphlet, please call the Anesthesia Office at 713-988-8065.

Comfort Measures

- Having a support person at your side helps keep you focused
- Relaxation and breathing techniques help control anxiety and pain throughout labor and are best learned in childbirth education classes
- Distraction such as music or TV in early labor
- Imagery is picturing yourself in a peaceful place
- Massage and use of cold packs ease muscle tension
- Your labor nurse will suggest other methods of easing your early labor pain
- When contractions are closer together and stronger, rest in between, taking slow deep breaths

Types of Pain Relief

There are two types of pain relieving drugs, *analgesics* and *anesthetics*. An anesthesiologist will work with you and your health care team to select the best method for you.

- **Analgesia** is the relief of pain without total loss of feeling or muscle movement. These drugs do not always stop pain completely, but do lessen it.
- **Anesthesia** is blockage of all feeling, including pain. General anesthesia causes you to lose consciousness. Regional anesthesia removes all feeling of pain from specific parts of the body while you remain conscious.

Systemic Analgesics

These medications are often given as injections into a muscle or vein to lessen pain without causing you to lose consciousness. They act on the entire nervous system rather than a specific area. Epidurals may be given for additional pain relief. Side effects of systemic analgesics are mostly minor in nature, and may cause nausea (can be treated with another medication), drowsiness, or trouble concentrating. Systemic analgesics are not given right before delivery because they may slow the baby’s reflexes and breathing at birth.
Local Anesthesia
Local anesthesia provides numbness or loss of sensation to a limited area such as when an episiotomy is performed to widen the vaginal opening. It does not lessen the pain of contractions. Local anesthesia rarely affects the baby and has no side effects once the numbness wears off.

Regional Analgesia
Epidural analgesia, spinal block and combined spinal-epidural block are all types of regional analgesia used to decrease labor pain. They are popular for childbirth as they provide excellent pain relief, while allowing you to remain alert and awake. Very little medication reaches the baby.

Epidural Anesthesia, commonly called an epidural block, causes some loss of feeling in the lower part of your body. The decision to receive an epidural is between you, your obstetrician, nurse, and anesthesiologist. Your doctors will work with you to determine the right time as your labor progresses. If you decide you wish an epidural, do make this known well in advance before you are in severe pain. It is impractical to request an epidural when you start “pushing”. In certain situations and medical conditions, an epidural may not be an option. Epidurals are usually very effective, but like any other procedure, there is a chance that yours may not work satisfactorily. By using stronger medications, an epidural block can be used for a cesarean delivery or if vaginal birth requires the help of forceps or vacuum extraction.

An epidural block is given in the lower back into a small area called the epidural space. It contains nerve fibers, some of which carry pain sensations to the brain. You will be asked to sit or lie very still with your back curved outward and to stay in this position until the procedure is completed. You can move when it's done but you will not be able to walk around.

The anesthesiologist will feel landmarks in the lower back and will cleanse the skin with an antiseptic solution. The local anesthetic used to numb the skin may sting for a few seconds. You may feel some pressure as the hollow epidural needle is inserted through the numbed skin. A small tube (catheter) is inserted through it and the needle removed. In some cases, the catheter may cause brief tingling sensation down a leg as it slides past a nerve. You should inform the anesthesiologist if this persists or if there is pain. The catheter is securely taped to your back and then connected to an “epidural pump”. There may be mild discomfort in the back with the first dose of medication, but there should not be any persistent pain in the back or pain down the leg.

Pain relief usually begins within 10-20 minutes after the medication has been injected through the epidural catheter. Although an epidural will make you more comfortable, you may still be aware of your contractions. You may notice temporary numbness, heaviness or weakness in your legs. Your anesthesiologist can adjust the degree of numbness for your comfort and to assist in labor and delivery. These sensations will subside during the first few hours after delivery.
**Side Effects and Risks of an Epidural**

Most women have epidurals with no problems. However, just as there are risks associated with any medical procedure and pregnancy, anesthesia for pain relief during labor and delivery involves some risk to mother and baby. The following information will help you make an informed decision.

- A drop in your blood pressure can occur. This may slow your baby’s heartbeat. Your baby’s heart rate will be monitored closely. To decrease this risk, you will first be given fluids through an intravenous line, instructed to lie on your left side, medications administered as needed, and some oxygen by mask may be given to you.

- Shivering may be associated with an epidural, although this can occur without one. Warm blankets will help.

- After delivery your back may be sore for a few days.

- Some women (1-2 in 100) may experience a “spinal” headache after an epidural. You can reduce the risk of this happening by holding very still during insertion of the epidural needle. If a headache does occur, it usually subsides within a few days. If the headache does not stop or if it becomes severe, an epidural blood patch may be needed to help the headache to go away. The blood patch involves taking blood from the arm and injecting this into the epidural space with quick relief in many cases.

- Mild itching is a side effect of narcotic medications and is easily treated.

- 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. Adjusting the dose can help with this.

- A small percent of women will develop a fever during labor, especially women having their first baby, long labor, and with epidural anesthesia. The reason is unknown, but very unlikely reflects true infection in mother or baby. In some cases, the pediatrician may do some tests on the baby to rule out any possibility of infection.

- The present consensus of opinion is that epidural analgesia does not increase the risk of cesarean delivery, and that the effects on the newborn baby are small.

- Serious complications are very rare. If the anesthetic medication enters a vein in the epidural space you may experience dizziness, rapid heartbeat, a funny taste and numbness around the mouth. If the medication enters the spinal fluid, it can affect your chest muscles and make breathing difficult. As with any needle placement, rare significant risks include infection or bleeding in the epidural space or nerve injury. You must notify your doctor if you have increasing back pain or persistent numbness and heaviness in the legs.

Not all potential complications are addressed here. Many precautions, monitoring, and resuscitative equipment are in place to minimize these risks and possible complications and to ensure your safety and that of your baby.
Spinal Block, like an epidural, is an injection in the lower back. Once the drug is injected, pain relief occurs right away. A spinal usually is given only once during labor, so it is best suited for a time close to delivery. A spinal block can be used for a cesarean delivery or a vaginal birth where forceps or vacuum extraction is indicated. Spinal blocks can cause the same side effects as an epidural block and are treated in the same way.

General Anesthesia puts you to sleep (makes you lose consciousness) so you do not feel pain. General anesthesia is used when a regional block is not possible or is not the best choice for medical or other reasons. It can be started quickly and is often used for emergency cesarean delivery. Food or liquids in the woman’s stomach cause a major risk during general anesthesia. Labor usually causes undigested food to stay in the stomach. During unconsciousness, this food can come back into the mouth and go into the lungs causing damage. To avoid this, you may be told not to eat or drink once labor has started. After you are asleep, your anesthesia provider will place a breathing tube into your mouth and windpipe for the duration of surgery, which is removed as you waken.

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 and why the cesarean delivery is being done. In emergencies or when bleeding occurs, general anesthesia may be needed. If you already have an epidural catheter in place and then need a cesarean delivery, most of the time your anesthesiologist will be able to inject a much stronger drug into the same catheter to numb the entire abdomen for surgery. If you do not have an epidural in place, a spinal block is usually the first choice of anesthetic for a cesarean delivery. It is effective immediately. Although you should not feel pain, you may have sensations of “pulling, pushing and tugging” during the surgery.

All things considered, many women worry that receiving pain relief during labor somehow makes the experience less “natural” or that they have “failed” at having a baby. The fact is, no two labors are the same, and no two women have the same amount of pain. Some women need very little pain relief and others find that pain relief gives them better control over their labor and delivery. Talk with your doctor about your options. Be prepared to be flexible. Don’t be afraid to ask for pain relief if you need it. The entire staff at Memorial Hermann Southwest Hospital realizes that the birth of your child will be one of the most rewarding experiences in your life. We are committed to making this event as safe and as comfortable as possible for you and your baby.

For additional information or questions call
713-988-8065
Anesthesia Office