How Is Pain Treated During Labor and Delivery?

There are a number of methods to make you more comfortable during your delivery. You may decide to use non-medicinal breathing techniques to ease your labor and delivery pain, or you may choose intravenous or intra-muscular narcotics to make you more comfortable. These will be prescribed by your obstetrician. If you elect to have a labor epidural, one of our anesthesiologists will administer it.

Labor Epidural Analgesia For Vaginal Delivery

Epidural anesthesia is administered with an epidural needle that is placed between your lower backbones just in front of the membrane that surrounds the spinal cord and nerves. For the placement of the epidural you will lie on your side or assume a sitting position. The anesthesiologist will cleanse your back with antiseptic solution and
give you some local anesthetic in the skin and deep tissue before
the epidural needle is put in place. After dilute local anesthetic and
narcotics are injected, a small catheter is inserted through the epidural
needle, and then the needle is removed, leaving the catheter in place.
Sometimes during placement of the epidural needle, patients notice a
“twinge” or “light shock” in one leg, like when you bump your “funny
bone”. This is not uncommon, but do tell the anesthesiologist which
leg was affected.

A patient-controlled pump is connected to the catheter so you can
receive a continuous infusion of dilute local anesthetic and narcotics.
If during your labor you desire additional medicine, the pump allows
you to control the level of pain relief. All you need to do is press the
button. Note: If an epidural is elected, the anesthesiologist will decide
if anyone can stay with you while you receive it.

Anesthesia For C-Section

Epidural placement does not necessarily mean you will deliver by
C-section; approximately one in five (20%) deliveries occurs with
C-section. If you already have an epidural in place, it can be utilized for
C-section anesthetic, however, you may require general anesthesia.
Only the anesthesiologist will decide whether one of your family
members may be present during your C-section. Please be advised
that in the case of general anesthesia, no one other than hospital staff
will be allowed in the operating room.

If it is determined that you need an emergency C-section, the staff will
move you quickly into the operating room and apply the necessary
monitors to undergo a general anesthetic. The anesthesiologist will
decide if a family member may be present during your ‘C-section.
Please be assured we do this in the best interest of you and your baby.

Complications

Most patients experience satisfactory pain relief with labor epidurals, but
occasionally some will experience discomfort during delivery. Obesity,
scoliosis and previous back surgery can make placement of an epidural
or spinal anesthetic difficult or impossible. If you have a history of any of
these, please notify the anesthesiologist.

Sometimes a vein is entered during placement of the epidural or spinal. If
this happens, the epidural or spinal may need to be placed at a different
level. If the catheter is not placed in the epidural space it may lead to
ineffective pain relief. Rarely, the epidural catheter migrates from the
epidural space to the space beneath the membrane surrounding the
spinal cord, but if it does, it can lead to a high block level. The labor and
delivery nurses are trained to recognize this, however, and they will notify
the anesthesiologist immediately.

Anytime the membrane around your spinal cord and nerves is entered,
you have a chance of developing a spinal headache, but your chances
are minimal (about two in one hundred or 2%). If you develop a headache
after receiving a spinal or epidural, inform your nurse or obstetrician. They
will contact the anesthesiologist on call to evaluate you for treatment.

After delivery, a patient who requires either an epidural or spinal anesthesia
may develop weakness and/or numbness in one or both legs, but this is
rare. Most commonly weakness or numbness is due to pressure on your
pelvis from the baby during the delivery process. For the most part, the
weakness resolves upon delivery, but if you develop symptoms like this at
any time, don’t ignore them, notify your obstetrician.

Other

We request pre-payment of the insurance co-pay and deductible for
labor epidural analgesia. If you do not use our services, we will provide a
prompt refund.

This information does not cover all precautions or side effects of
anesthesia.