

# Vituity Anesthesia - Labor Pain Control Options

## Introduction

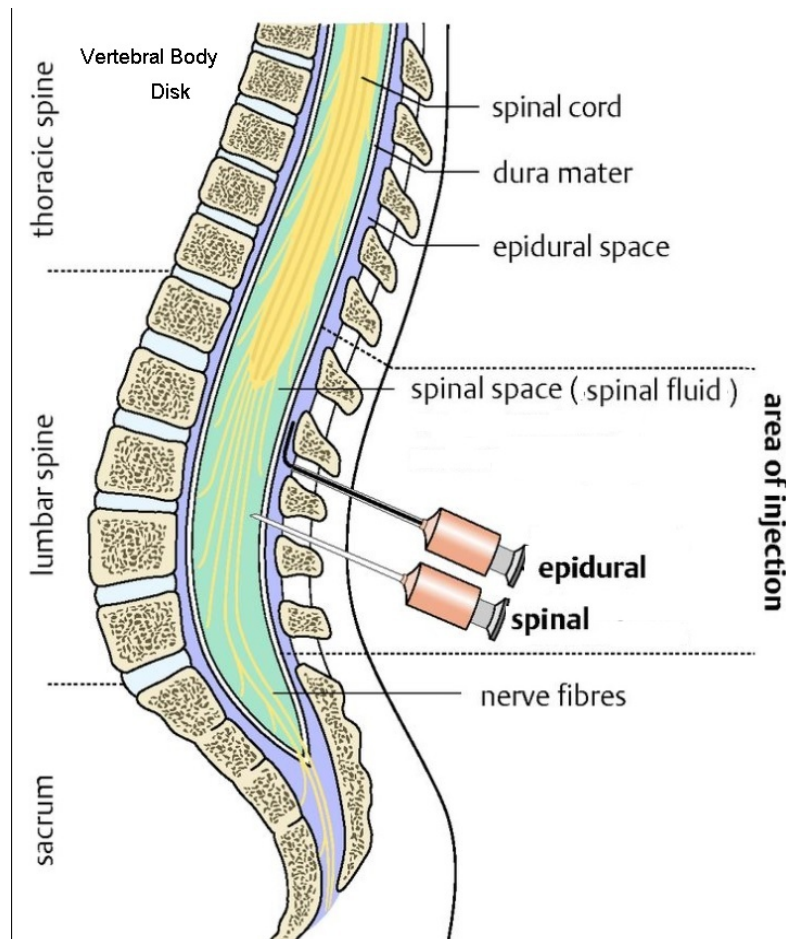
Welcome to Vituity Anesthesia. Our goal in this video is to teach you about epidural and spinal pain blocks, which patients often receive to reduce labor pain. Our hope is that after watching our video, you and your doctor will be able to develop the best plan to manage your pain during the delivery of your baby.

The video talks about pain control methods that your anesthesiologist can offer to you in addition to Lamaze breathing and intravenous medication. After the video, you'll find links to other helpful websites. But first, I'd like to introduce you to some terms.

**Spinal Cord and Nerves** are the connections from the brain to the rest of the body. The spinal cord and nerves carry pain signals from your uterus and vagina to your brain. That's how you feel the pain of labor. Epidural and spinal anesthesia use numbing medicine around the spinal cord and nerves to reduce pain.

**Analgesia** is pain relief. We strive to do this for you during labor. With analgesia, you can feel the contractions, but they are not painful. You keep the muscle strength necessary to push your baby out.

**Anesthesia** is a lot more numbness; so much in fact, that they could do an operation without you feeling pain. This is not what we use for labor, but instead reserve it for C-Sections. It involves using much stronger medication than for analgesia.



**Spinal**, (Sometimes called Intrathecal) block is using a thin needle to put a combination of pain and numbing medication into the sac that holds the nerves that goes to your uterus and vagina.

**Epidural** block is inserting medicine into the space just outside the sack that contains the nerves and spinal fluid. A thin flexible catheter is left behind to allow us to continuously drip in medicine to control your labor pain.

Sometimes, we use a combined Spinal and Epidural techniques. No needles are left behind with either technique.

An **Anesthesiologist** is a doctor. Among many other things, we are experts in caring for patients who are in labor or are having surgery. Sometimes we work alongside specially-trained non-physicians, such as **Anesthesia Assistants (AA)** or **Certified Nurse Anesthetists (CRNA)**. These providers have undergone specialty training

to provide care to you during labor or c-section, and work in a team that is supervised by Anesthesiologists.

## **Commonly Asked Questions**

When we speak with patients, many of the same questions come up. Here are answers to some of the most common:

1. **Will a labor epidural harm my baby?** The pain blocks used by your anesthesiologist will not increase risk to your baby. In fact, the techniques used by your anesthesiologist will reduce the amount of medicine that you, and therefore your baby receive. In addition, since you will be more comfortable during labor, your body will produce less stress-related hormones. This is better for your baby.
2. **Will a labor epidural anesthesia slow my labor?** Years ago, most labor epidurals made patients so they could not move or feel their legs. These days, by using weaker medicines, we can still make patients comfortable during labor without so much weakness. As a result epidurals do not slow labor.
3. **At what point in my labor should I get an epidural?** If your doctor has decided that you will be staying in the hospital until you have delivered your baby, we can place the epidural any time . There is no magic number for how far dilated you need to be before you can get the epidural. Please keep in mind though, that you will need to be able to position yourself and hold still during the procedure. The procedure itself takes anywhere from 10 - 30 min. Starting an epidural early will not make your labor last longer.
4. **Does getting an epidural hurt?** Before putting in the epidural needle, your anesthesiologist will numb the skin and deeper tissues with a very small needle. The numbing process may hurt a little, but after that it mostly feels like some pressure in your back. For most patients receiving an epidural is about as painful as getting an IV.
5. **Will the epidural permanently hurt my back or cause paralysis?** A needle will be used to place the epidural, so you can expect that spot to be sore for a week or so. Chronic (long lasting) back pain can be caused by the pregnancy itself, from labor and the process of delivering the baby. Epidurals by themselves, do not cause long lasting back pain. Nerve damage and/or paralysis from labor epidurals is extremely rare. Patients with certain specific medical conditions may be at higher risk for having permanent complications from an epidural or spinal. The Obstetrician and Anesthesiologist will discuss the risk and benefits before these patients get an epidural and/or spinal.
6. **How Do You Know If The Catheter Is In The Right Place?** We place our needles by feeling your bones to find where the spaces are, and the feel of going through tissues. After we place the Epidural, we test to make sure that it works properly.
7. **What happens if I still hurt after the epidural has been placed?** The epidural catheter is very soft, like a noodle. Rarely it can point to one side or another, leading to incomplete anesthesia. If that happens to you, your anesthesiologist can make adjustments, such as

pulling the catheter back a bit or adding more medication to it, to get you comfortable. If this doesn't work, then your anesthesiologist may replace your epidural.

8. **Will the epidural make me completely numb?** You will feel contractions, but they will feel mild, mostly like pressure. As your labor progresses and your baby moves down the birth canal and pain gets worse, you may need more medicine in your epidural. If so, then your anesthesiologist will either adjust your epidural for you, or give you a button that allows you to give yourself extra to take care of the pain.
9. **Will I get a headache from the epidural?** If the epidural needle punctures the layer that contains the spinal fluid, it almost always causes a headache. This happens to about one in a hundred patients in the hands of an experienced Anesthesiologist. This headache is not dangerous, and usually goes away on its own after several days. There are ways of treating a spinal headache; one of them involves a procedure called an epidural blood patch. Your doctor will make a plan with you if this happens.
10. **Are there other risks to receiving an epidural?** Some mothers, such as those on blood thinners, and those with certain heart conditions, cannot safely receive spinal or epidural anesthesia. Infections after epidurals is very rare. If the catheter were to accidentally enter a blood vessel, the epidural medicine could cause problems. Your anesthesiologist will take precautions, including administering a small "test dose" of medicine, to make sure this doesn't happen. Itching is very common; it is caused by the pain medicine in the epidural infusion. Sometimes a small area of numbness can last for a week or two.
11. **Do all anesthesiologists administer labor anesthesia the same way?** Each anesthesiologist has developed the technique that works best in their hands. You may notice small differences in our approach, but we all strive to give you the best birthing experience.
12. **Can I walk after getting an epidural?** If you make a plan with the anesthesiologist before starting, it is possible to have a "walking epidural." However, once the anesthesiologist administers stronger numbing medications you will need to stay in bed because your legs will be weak. Most likely your nurse will place a tube in your bladder after the epidural is working to empty your urine.
13. **If I have a labor epidural, will I more likely need a cesarean section?** There is no evidence that the choice of pain control for labor pain affects the chances of requiring a C-Section.

We look forward to being part of your labor plan. If you have any questions please let your Labor and Delivery nurse know that you would like to speak to your anesthesiologist once you have arrived on the L&D unit. We will be able to tailor a plan just for you.

### **Conclusion**

Thank you for choosing a Vituity Anesthesiologist. We look forward to being there for you.