

## CAN ALL PREGNANT WOMEN GET A LABOR EPIDURAL?

Most healthy pregnant women can get labor epidurals placed to ease the pain of childbirth.

However, there are some special illnesses and medications that can make placing an epidural unsafe. This is mostly due to people who are on certain types of “blood thinners” or people who have low platelet counts. This is why we check your blood work and ask you questions about your current health and past medical illnesses, and check your medication list.

### Placing the Epidural:

1. You must want a labor epidural and have to sign a consent.
2. We will check certain blood work and review your medical history to make sure it is safe.
3. Most women are in a sitting position to have the epidural placed. It is important that you arch your back, like a Halloween cat, to enable us to feel your backbone in order to place the epidural.
4. Your back is washed with a special soap to sterilize the area and a sterile drape is placed on your back.
5. A small amount of numbing medicine or NOVOCAIN will be injected through a tiny needle into your lower back before we place the epidural.
6. After the area is numb, a little larger needle will be put into the epidural space (near your spine or backbone).
7. A very small catheter will be threaded through that needle into the epidural space and all needles will be removed. You will have a tiny, soft catheter or tubing to run the medicine into the epidural space to numb

the nerves supplying your uterus, which will significantly reduce the pain of contractions.

8. You **will not** be able to get out of bed and walk around while the epidural is in your back, so a “Foley catheter” will be placed to enable you to urinate without using a bed pan.
9. Shortly after you deliver your baby, the epidural will be removed. When your legs feel normal and strong again, you will be able to get out of bed and walk, usually within a couple of hours.

## WHAT ARE THE COMMON RISKS OF A LABOR EPIDURAL?

1. 3-10% spinal head ache (treatable).
2. Infection (this is why we do things sterile)
3. Nerve root irritation (temporary, but can be very uncomfortable).
4. Patchy block or one-sided block. You will still get pain relief.

## WHAT ARE THE BENEFITS OF A LABOR EPIDURAL?

1. Great pain relief during laboring especially if labor is prolonged.
2. Fewer drugs go to the baby; only a small amount of these medications cross the placenta.
3. If an emergency C-section is needed, most times the labor epidural can be used for pain control during the operation and afterwards for post-operative pain control. This is much safer than going to sleep (general anesthesia) for pregnant women.

All your questions will be answered before your epidural is placed. **Remember, do not eat or drink on the way to the hospital if you are expecting to deliver.** If it is safe for you to eat or drink, your obstetrician and obstetrical nurses will make sure you get something to eat.

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## LABOR EPIDURALS

## — WHAT YOU NEED TO KNOW

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## OBSTETRICAL ANESTHESIA

The purpose of this brochure is to give the expectant mother some information about the choices for pain relief during **normal vaginal delivery**.

Expectant mothers have options for **pain control** during normal vaginal delivery.

These choices are:

1. No pain medications at all, or often called “natural delivery.” Labor pain can be controlled with breathing techniques, meditation or other “natural” techniques to help control pain during labor and delivery.
2. Intravenous pain medications ordered by your obstetrician and given by your obstetrical nurses. This can be used along with some of the “natural techniques” as well.
3. Labor Epidural.

## ARE LABOR EPIDURALS SAFE?

Labor epidurals are very safe for both the mother and the baby. The same way your baby gets nutrition through your blood and the **placenta**, your baby also gets a portion of most medications you take by any route (oral, intravenous, epidural and INHALED).

Since labor epidurals are very close to the nerves supplying your uterus, we only have to give you very small amounts of pain medications so your baby gets much less than when you take medications by mouth or intravenously.

## WHAT IS AN EPIDURAL?

### Brief Anatomy:

The nervous system starts at the brain and goes from the top of your head to the tip of your toes. The **spinal cord** is the main “electrical conducting system” to relay pain and other sensations from any part of your body by “peripheral nerves” to your brain.

An example of this would be if you stub your toe, the nerves in your toe travel up the spinal cord to your brain to give you that painful feeling; the feelings of touch and temperature travel this way too.

The “spinal cord” is protected inside your “backbone or spine” and the “peripheral nerves” exit at different levels to supply nerves to all your body parts and organs, (for example, your arms, legs, stomach, intestines and of course your uterus). Pain receptors in your uterus travel up to your brain by the spinal cord and cause the pain of contractions or “labor pains.”

A Labor Epidural is a procedure performed by specialists to provide pain medications to the nerves supplying your uterus. These medications temporarily block the nerves traveling up your spinal cord to your brain reducing the pain of labor and delivery.

The medication used is very similar to the medicine a dentist uses to numb your tooth when he fills a cavity or pulls a tooth; this medicine is often called Novocain. The medications used in epidurals are similar to Novocain, but are more specialized and specific for labor epidural use.

## WHEN IS AN EPIDURAL PLACED?

Your labor epidural can be placed when you are in the hospital and in active labor. The person deciding if you get an epidural is you; no one will ever try to force you to have a labor epidural. Your obstetrician may recommend you get an epidural if your labor is prolonged or pain is not controlled by other methods.

Whether or not you want a Labor Epidural will be discussed with you early in your pregnancy so you have time to decide if you want an epidural before you come in the day to deliver. However, you can always change your mind about getting or not getting a Labor Epidural.

## WHO PLACES THE LABOR EPIDURAL?

The labor epidural is placed by either a **doctor called an anesthesiologist or a nurse called a CRNA**; both have been trained to place an epidural and monitor pregnant women with a labor epidural.

