

COMMONLY ASKED QUESTIONS

WILL THE EPIDURAL OR INTRATHECAL AFFECT THE BABY? The effects on the baby are minimal. Careful monitoring of your vital signs and the baby's heart rate will allow the nurse to provide interventions needed to assure you and your baby a safe and healthy delivery.

WHEN CAN I RECEIVE AN EPIDURAL OR INTRATHECAL AND WILL IT AFFECT THE PROGRESS OF LABOR? The decision is made by your physician and anesthesia practitioner. There are several different scenarios that can affect that decision, such as how far dilated you are, number of previous pregnancies, and possibly other factors. Administration of medication prior to active labor can decrease or stop contractions in some situations. Feel free to discuss the timing of epidural/intrathecal medication with your physician.

HOW IS AN EPIDURAL OR INTRATHECAL PLACED? You are positioned in either a sitting or side-lying position with the center of your back pushed out (like a cat arching its back). The back is scrubbed with a disinfectant and draped to create a sterile area. An area is injected with a very small needle to administer a local anesthetic, numbing the area (this will feel like a big bee sting and temporary burning sensation), then a larger needle is introduced into the appropriate space and the medication is administered. If you have chosen the epidural, there is a flexible epidural catheter that is left in place, the insertion site is covered and the epidural catheter is secured to your back with tape. The remainder of the tubing is connected to the electronic pump for continuous administration of medication.

HOW SOON WILL I FEEL COMFORTABLE AND HOW LONG WILL IT LAST? Onset of pain relief usually begins within 10-20 minutes after the initial medication is given, but some individuals may take a bit longer. Comfort should be obtained within one hour of initiation of medication. If you choose the epidural, it will last the duration of your labor. If you choose the intrathecal, you may have diminished relief during the last stage of labor.

ARE THERE SPECIAL SITUATIONS THAT PREVENT A PATIENT FROM GETTING AN EPIDURAL OR INTRATHECAL? On rare occasion, the anatomy or position of the spine prevents an epidural or intrathecal from being placed. It is not advised in women who have blood clotting problems.

IF I HAVE A TATTOO ON MY BACK, CAN I STILL HAVE AN EPIDURAL OR INTRATHECAL? If your tattoo is over one year old, there should not be an issue. Any scarring or infection in the low back area (due to a tattoo, injury or surgery) may need further evaluation and discussion with your anesthesia provider.

EACH WOMAN'S LABOR IS UNIQUE

The amount of pain a woman feels during labor differs between women and between pregnancies. Pain depends on many factors, such as the size and position of the baby and the strength of contractions. Satisfaction with the birth process does not require the absence of pain but rather the ability to control the perception of pain. Historically, numerous methods (patient positioning, therapeutic massage, psychological support, the presence of a doula or labor partner, inhaled anesthesia, intravenous or intramuscular narcotics, etc.) have been used to help control the perception of pain. In some instances, however, these techniques are inadequate, unwanted, or unavailable. For these patients, more invasive interventions such as continuous epidural analgesia or intrathecal narcotics represent additional options.

Types of pain medication for labor and delivery.

How and when they are given?

How do pain relief methods work?

LET'S TALK THROUGH YOUR OPTIONS

we deliver.

PLANNING YOUR CHILDBIRTH

PAIN MANAGEMENT OPTIONS FOR LABOR AND DELIVERY



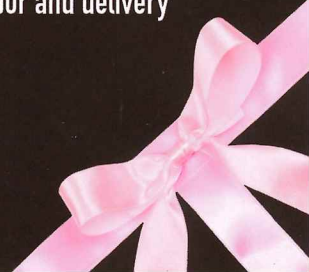
THIS BROCHURE DISCUSSES

Types of pain medication for labor and delivery

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How pain relief methods work

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THE DEBATE

EPIDURAL VS. INTRATHECAL:

ADVANTAGES:

EPIDURAL:

- Pain relief in both first and second stages of labor

INTRATHECAL:

- No adverse effects on natural progression of labor (may actually speed this process up)
- Does not affect your ability to ambulate

DISADVANTAGES:

EPIDURAL:

- Possible prolongation of labor
- Possible increased risk of instrumented delivery requiring forceps or mighty-vac
- Decreased maternal participation in labor due to inability to ambulate/urge to push
- Decreased sensation/inability to urinate thus requiring catheterization
- Risk of low blood pressure
- Rare risk of a "spinal" headache

INTRATHECAL:

- Unpleasant side effect such as itching
- Possible nausea/vomiting
- Will feel sensation of pushing the baby out/perineal pain
- Rare risk of spinal headache or need for repeat administration

WHAT ARE THE OPTIONS?

SYSTEMIC ANALGESICS There are a variety of medications that can be injected into a muscle or vein. Your physician will order only those medications that are safe for you and your baby. As these medications relieve pain they can also make you and your baby sleepy. This may also slow the baby's reflexes and breathing at birth. For this reason they are usually not given late in labor.

LOCAL ANESTHESIA This is a medication that provides numbness or loss of sensation in a small area; it does not lessen the pain of contractions. It may be used minutes prior to the delivery of your baby to relieve pain or for a procedure called an episiotomy. It may be needed directly after delivery to repair any tears that occurred during birth.

INTRATHECAL NARCOTIC THERAPY Pain during labor is primarily related to repetitive uterine contractions. The pain relief provided from an intrathecal during early labor is substantial. This method requires a thin needle be inserted into the spinal fluid to allow injection of narcotic medication. It is an injection where once the medication is placed into the specific space along the spine, using the single shot technique, the needle is removed.

CONTINUOUS EPIDURAL ANALGESIA A needle is inserted into the "epidural space" along the spine; a small catheter is left in place for the medication to be infused by an electric pump to maintain pain relief throughout labor. Epidural analgesia is unique in its ability to provide pain relief in the first stages of labor (repetitive uterine contractions) and second stage labor (pain associated with the stretching of the perineum). Epidurals block mostly sensory nerves (which "feel" pain) and, to a far lesser degree, motor nerves (which control movement and muscles). The ability to move your legs is diminished and the length of the pushing stage is sometimes prolonged due to decreased sensation.

ANESTHESIA FOR CESAREAN BIRTHS:

Whether you have general anesthesia (total loss of consciousness from medication given through your i.v.) or spinal anesthesia (similar to an epidural but with a complete loss of sensation from upper abdomen to your toes) will depend on your health and that of your baby. It also depends on why the Cesarean delivery is being done.

WE ARE AVAILABLE TO ANSWER YOUR QUESTIONS.

To contact your **OB DOCTOR** call 712.755.5130 during office hours.

To contact an **OB nurse** call 712.755.5161 and ask for the OB department.

To contact the **OB NURSE SUPERVISOR** call 712.755.4299
and she will return your call.

