

EPIDURAL ANALGESIA FOR CHILDBIRTH

The birth of your child is one of the most gratifying experiences of your life and should be as pleasant and safe as possible for both you and your baby. Every woman's labor is different and the amount of pain you feel differs as well. It depends on things such as your level of pain tolerance, the size and position of your baby, the strength of uterine contractions, and prior birth experiences.

Many mothers today are reconsidering the idea that childbirth is "natural" only without medication. Instead, they are simply choosing to have pain relief during a natural process.

There are several choices available for pain control:

- Breathing and relaxation techniques are adequate for some women.
- Pain-relieving medications (narcotics) may be injected into a vein and will dull the pain, but may not relieve it completely. These medications may make both you and your baby sleepy.
- Local anesthetics may be injected into the vagina area by your obstetrician at the time of delivery or to provide numbness for an episiotomy. This does not relieve the pain of contractions during labor.
- Epidural analgesia.

What is epidural analgesia (block)?

Analgesia means the partial or complete relief of painful sensations. Epidural analgesia is a technique using local anesthetics and other drugs with which the discomfort of labor and delivery can be substantially relieved while you remain awake. After the block, contractions usually feel like mild tightening instead of painful cramps. The block may be performed at any time during labor, but usually not until a good pattern of contractions has been established.

If you request an epidural block, your obstetrician will evaluate the progress of your labor and your baby's responses and consult with an anesthesiologist who will also evaluate your state of health and past anesthetic experience.

If the epidural needle punctures the sac containing the spinal fluid, you may develop a headache. This is an uncommon complication and its likelihood is decreased if you hold as still as possible while the needle is being placed. If a headache should occur, it can sometimes be eliminated by lying flat, drinking fluids, and taking pain tablets. If the headache persists, additional treatment may be necessary.

On rare occasions, the anesthetic medication may reach nerves higher up in the back and cause a temporary weakness of the chest muscles. This may make it seem harder to breathe and oxygen may be given to help the breathing.

Occasionally, the epidural needle or catheter may enter a vein in the epidural space. These veins are swollen during pregnancy. To help avoid unusual reactions coming from injection of anesthetic into these veins, your anesthesiologist will give you a small test dose before giving larger doses.

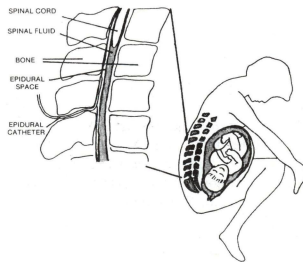
Please feel free to discuss the epidural block and its possible side effects with your anesthesiologist.

How is the block performed?

An epidural block is given between the bones of your lower back (vertebrae) while you are either sitting up or lying on your side. It is important to bend your back outward by bringing your knees as close to your chin as possible.

Before the block is performed, your skin will be cleaned and the anesthesiologist will numb a small area of your lower back. A special needle is used to identify the epidural space which is just outside of the spinal fluid sac. A very small plastic tube called a "catheter" is inserted through the needle. The needle is then removed and the catheter is taped in place. Occasionally, as the catheter is being threaded through the needle, it will rub against a nerve and cause a brief twitch or shock sensation down one leg.

Once the catheter is in proper position, it can be used to administer medications during your labor and delivery without another needle being inserted. The medications surround the nerves in the epidural space and "block" out pain. The onset of pain relief is gradual and may take 10-20 minutes after the anesthetic drug has been injected. After delivery, the catheter will be removed and your feeling will return within several hours.



Can I have an epidural for a Cesarean Section?

This is a very satisfactory and safe technique for both mother and baby. If you have an epidural catheter in place for labor, an additional injection of a stronger anesthetic can be given, usually through the same catheter. This allows you to be awake and see your baby immediately after delivery.

If you did not have an epidural for labor but wish to have one for a Cesarean Section, there is often enough time to administer the epidural.

Who will my anesthesiologist be?

Tejas Anesthesia, P.A., a professional association of anesthesiologists, has agreed to provide obstetric anesthesia coverage at some of the local hospitals. Many of the anesthesiologists with Tejas Anesthesia, P.A., have been giving obstetrical anesthesia care since 1983. At any given time, one or more anesthesiologists from the association are responsible for caring for patients in the obstetrical suite. Occasionally, emergencies may require that anesthesiologists are temporarily delayed in providing your anesthesia care.

How numb will I feel?

After the initial injection of medication, you may notice feelings of warmth, numbness, and sometimes heaviness or weakness in your legs and lower body. Depending on your situation in labor, total loss of sensation may not be best for you and your baby. Your anesthesiologist will adjust the degree of numbness so that you may still be aware of pressure or tightening sensations with contractions and may feel vaginal exams.

Is the epidural block safe for my baby?

Considerable research has shown that epidural analgesia is safe for both you and your baby. The medication given to you does not directly affect your baby. However, special skills, precautions, judgments, and treatments are required which is why the epidural is performed by a physician specializing in anesthesia. Once an epidural has been placed, an anesthesiologist and a nurse will monitor your progress along with your obstetrician.

Will an epidural slow down my progress?

Sometimes an epidural block will cause a brief period of decreased uterine contractions. They usually return spontaneously. Frequently, however, epidurals will relax the pelvic muscles, allowing the baby to descend into the birth canal more easily and labor may actually progress faster.

Can I "push" when I need to?

Epidural analgesia allows you to rest during the part of labor when your cervix is dilating. This should give you more energy when it is time to push. The epidural medications can be adjusted to reduce the pain but still allow you to push when needed. If you do not feel an urge to push, your nurse can instruct you when to do so.

Are there risks or complications associated with epidural analgesia?

Problems with epidural analgesia are uncommon, but will be monitored carefully and your anesthesiologist will take special precautions to avoid complications or side effects. A catheter will be placed in a vein and fluids will be administered to help prevent a decrease in blood pressure. During labor, you will usually be positioned with a tilt to one side and you must remain in bed until six hours after delivery.

Shivering is very common during labor and delivery and may occur with or without an epidural.

Will I receive a separate bill from the anesthesiologist?

Your anesthesiologist is a physician specialist and you will likely receive a separate bill for his or her professional service just as you will from your other physicians. You will note that there is a separate hospital charge for medications and anesthesia equipment used.

The current cost of an epidural may be obtained from the Tejas Anesthesia, P.A. office. This fee covers a consultation, the placement of the epidural catheter, and monitoring of the epidural during the entire labor and delivery process. Some labors will be very brief while others will last all day or night. An additional fee is submitted if you must have a Cesarean Section. Most insurance policies include anesthesia coverage and will pay a percentage of the fee.

If you do not have insurance or your insurance policy does not cover obstetrical anesthesia care, please contact the Tejas Anesthesia, P.A. office to make prepayment arrangements.

Where can I get more information about epidural analgesia?

Ask your obstetrician or prepared child-birth instructor, or, you may schedule an appointment or telephone consultation with an anesthesiologist to answer any further questions.