Childbirth and You

Your options for managing the pain of labour

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Objectives

• The role of the Department of Anesthesia with labouring patients
• Options of pain control
• What is an epidural
• Who can’t have an epidural
• The side effects and risks of epidurals
• What happens if you need a caesarean delivery
The Role of Anesthesia

• Provide: coverage 24/7
  – Assistance as medical consultants
  – Assistance in emergencies
  – Advice on pain management
  – Pain management
  – Care during cesarean deliveries
  – Assistance in care of baby
  – Teaching hospital (occasional studies/research)
The Role of Anesthesia in Pain Management

• Individualized
  – Your philosophy
  – Your perception of pain
  – Your medical conditions
Labour Pain Management Strategies

Supportive Care in Labour

- Education (i.e. prenatal classes)
- Relaxation
- Breathing techniques
- Hydrotherapy
- Support people
- Touch and massage
- Positioning
- Saline injections
Types of Drugs

• Systemic (affects whole body)
  – Drugs like morphine, fentanyl
  – Injected in an intravenous (IV)
  – Goes into blood system
  – Goes to brain (nausea, drowsiness) and crosses over to baby
Types of Drugs

• Regional (affects only parts of body)
  – Epidurals, spinals
  – Drugs inserted into spine
  – Affects nerves
  – Drugs do not go to brain or baby
Narcotics

• **Morphine** (IM or IV)
  – May help relieve back labour
  – **Side effects on mother:**
    • Sedation
    • Respiratory depression
    • Nausea, vomiting, itchiness
  – **Side effects on baby:**
    • Respiratory depression
    • Not safe to use if delivery imminent
Fentanyl (IV)

- Rapid onset, short duration
- Can decrease labour pain
- Same side effects as morphine but less often
- Less drug passes to baby so fewer baby side effects
- Can be used safely until delivery
Fentanyl
Patient Controlled Analgesia (PCA)

- You control the administration of fentanyl
- Some risk of newborn breathing problems due to accumulated doses
- Newborn depression from any narcotic can be reversed with drug called narcan
Nitrous Oxide

- Can moderately decrease pain
- Only useful for a few hours
- Need mom’s cooperation
- Safe for baby
- Can cause dizziness
- Side effects are short lived
Epidural in Labour

- A small tube is placed in mother’s lower back using a needle
- It is an infusion of 2 drugs - a freezing (local anesthetic) & a pain numbing drug (opioid)
- Decreases labour pain
- Helps use of vacuum/forceps delivery
- May be wanted in certain birth situations like twins, breech, morbid obesity
- Safe for baby
Please go to www.epiduralwithoutguilt.com and view video titled “Animation of epidural insertion”
Who “CANNOT” have an Epidural?

• Women
  – who are unable to cooperate
  – with skin infection over lower back
  – with bleeding disorders
  – using blood thinners (depends on timing)
  – not in labour or fully dilated
Epidurals in Labour

A questionnaire of women receiving epidurals for labour found:

- 59% received an epidural
- 82% had good or excellent pain control
- 96% would have an epidural again
- 80% did not find epidural insertion painful
Complications from Epidurals

- Common:
  - Itchiness (50%)
  - Failure (1-5%)
  - Headache (1%)
  - Decrease in blood pressure
  - Urinary retention
  - Shoulder pain
Complications from Epidurals

• Serious but not common:
  – Nerve injury
  – Spinal cord injury (paralysis)
Types of Anesthesia for Surgery
(Cesarean birth, retained placenta, etc)

- Epidural
- Spinal
- General anesthesia
Epidural

- Often used if already in place
- Slower onset
- May be “patchy” or incomplete
- Can lower your blood pressure
- Can be used for long periods of time (i.e. hours)
Spinal

• Very fast acting
• Faster to perform than an epidural
• Only works for a finite period of time
• Can decrease blood pressure rapidly
• Very “frozen”
• Little to no effects on baby
• Same risks as epidural
Please go to epiduralwithoutguilt.com and view video titled “Animation of difference between epidural and spinal”
General Anesthesia

- Used
  - in emergency or “crash” situations or if a spinal/epidural cannot be done
  - when Mom is asleep and needs breathing tube
  - when higher risk of complications:
    - Mom → aspiration, hemorrhage
    - Baby → depressed, “floppy”
Epidural Myths

• Safe for baby - YES

• Can be used with most lower back tattoos - YES

• May increase need for forceps/ vacuum delivery - UNSURE
Epidural Myths

• Increases need for cesarean - NO

• Prolongs labour - NO

• Can cause chronic back pain - NO

• Affects breastfeeding - NO
Additional Resources

- www.oaaformothers.info
- www.painfreebirthing.com
- www.epiduralwithoutguilt.com