

# Pain Management Options for Labor

some itching after receiving these medications. Nausea and/or vomiting can occur. Depression of breathing is a potentially serious but uncommon side effect. Post-delivery headache or backache occurs rarely.

## For More Information

If you would like more information about your options, please talk with your physician. Not all patients are candidates for epidural or intrathecal pain control. Your physician and anesthesia provider will determine if you are a candidate and monitor your progress throughout labor.

*The birth of a child can be a wonderful experience, but one thing is certain: The more you know about the process of giving birth and your options for managing the pain, the better your experience will be. Before that first contraction kicks in, it is a good idea to think about the method—or methods—of pain relief you might prefer.*

*Whether you choose a more “natural” approach to childbirth, like relaxation and breathing techniques, or prefer to use therapies that may reduce the pain of labor, each expectant mother can choose the best method to ensure a pleasant birthing experience. No two labors are exactly alike, and no two women have the same tolerance for pain. You need to explore your options, talk with your physician, and develop a plan that works best for you.*

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Information for our patients



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## Patient Education

## Answers to Your Questions

## About Your Health Care

### Labor Epidural

A labor epidural is a means of providing pain management for the duration of the mother's labor and delivery while maintaining the safety of the birthing process. It can also be used to provide surgical anesthesia if a cesarean section (C-section) and/or postpartum tubal ligation is necessary.

### How Labor Epidurals Are Administered

Once the mother has reached the active phase of labor and an order has been obtained from the provider, a member of the anesthesia staff can be called to place a labor epidural. After a brief period of inquiry, examination, and discussion, the mother positions herself in a sideways or, more often, a sitting position. Her back is then cleaned and draped, and a small amount of local anesthetic (numbing medicine) is injected into the skin of the lower back. Through this now-numb area of skin, a needle is inserted until the epidural space is found. A narrow plastic catheter is then placed through the needle and into the epidural space where it remains for the labor and delivery. The needle is removed, and local anesthetic is administered through the catheter. Additional local anesthetic and sometimes narcotic pain medication are then continuously infused through the catheter until the baby is delivered.

### Effects on the Progress of Labor

Some anesthesiologists and obstetricians believe that labor epidurals can prolong labor, result in more frequent C-sections, and increase the possibility of requiring the use of forceps or suction devices for delivery of the baby. On the other hand, sometimes the pain relief provided by the labor epidural seems to hasten the onset of delivery by allowing for a more productive pattern of labor.

Most practitioners have concluded that the labor epidural usually has little clinical impact on the progress of labor and delivery but that it does provide the mother with excellent relief of pain in a safe, controlled, and effective manner.

### Potential Complications

Serious adverse effects of labor epidurals are uncommon but include seizures and heart problems if the medicine is inadvertently injected directly into the bloodstream, and total body numbing if injected directly into the spinal fluid. Careful attention to detail is used to help avoid these rare complications. The drugs used do cross the placenta in small quantities, but most often only an insignificant amount reaches the fetus and usually this is of no clinical consequence. A decrease in the mother's blood pressure can occur, but this too is usually of no clinical consequence and can be easily reversed or prevented most of the time. Post-delivery headache or backache occurs occasionally. There is also a small risk of bleeding, infection, and nerve injury.

### Intrathecal Analgesia

Spinal analgesia, also known as intrathecal narcotics for labor (ITNL), is another pain management method. It provides short term relief and is designed to provide comfort during the first stage of labor in a safe, reliable, and quick manner. It is also designed to allow the mother to help "push" the baby out when she is ready to deliver.

### How ITNL Is Administered

Once the mother has reached the active phase of labor and an order has been obtained from the provider, a member of the anesthesia staff can be called to place the spinal narcotics. After a brief period of inquiry, examination, and discussion, the mother positions

herself in either a sitting or sideways lying position. Her back is then cleaned and draped, and a small amount of anesthetic (numbing medicine) is injected into the skin of the lower back. Through this now-numb area of skin, a narrow needle is inserted until the spinal canal is reached. A tiny amount of spinal narcotics is then injected, and the needle is withdrawn. Pain relief is usually evident within a few minutes and typically lasts for several hours, and often for the duration of labor.

### Advantages

Unlike the epidural or other forms of pain management for labor, spinal narcotics offer these advantages:

- Quicker onset of pain relief
- One relatively quick injection of medicine
- No catheters, pumps, or other encumbering devices
- Much less medicine is delivered to the mother and fetus
- No slowing-down of the progress of labor
- Less increase in chances for a C-section
- The mother is able to participate in "pushing" the baby out
- Less chance of decrease in the mother's blood pressure
- Smaller needle diameter
- Lower incidence of headache
- Less chance for backache

### Other Effects

Spinal narcotics have been associated with some potential side effects. Most mothers will experience