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Pain Management During Labour and Birth

Frequently Asked Questions



Here for you... caring for you

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Maternal Newborn Program
William Osler Health System

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WHAT ARE YOUR OBLIGATIONS?

- ♦ The health care team believes that you and your partner or support person(s) should be properly informed about your options and procedures before a decision is made.
- ♦ If you wish to consider epidural anaesthesia during labour and birth, it is important that you read and understood the information provided.
- ♦ A consent form will be signed at the time of labour.
- ♦ Your health care team is willing and prepared to discuss any of these complications with you and your partner/support person.
- ♦ Every precaution is taken to avoid complications and ensure the safety of you and your baby. It is however, impossible to predict all possible complications.

Our Common Goal

You, your doctor, anaesthesiologist, nurse and midwife have one common goal...

A healthy, happy mother and baby

If you have any questions about pain relief in labour please ask your doctor to arrange a consultation with the anaesthesiologist.

Pain management after your Caesarean birth

- ◆ During your Caesarean birth, the anaesthesiologist may give you a dose of medication through the epidural or spinal that will help your pain for 12 – 24 hours after your Caesarean birth. This medication is called Epimorph®.
- ◆ If you have had a general anaesthetic, you will be given pain medication through an intravenous. You may also be given a button to push to give yourself more medication through the intravenous when you need it. There are special safety controls so you cannot give yourself too much. Your nurse will explain this better if you have this type of pain medication.
- ◆ Most women will also receive a non-steroidal anti-inflammatory (like Naprosyn®) in their rectum every 12 hours to get the best pain relief.
- ◆ It is important to let your nurse know if you are not getting enough pain relief or if you have an upset stomach or itching. We have other medications that can help you if these happen.

INTRODUCTION

One of the most thrilling moments in a woman's life is the birth of a child. Many women express concerns about the pain they may experience during labour and birth. They are also concerned about the possible effects of medication on their baby.

Your Obstetrician, Family Doctor, Anaesthesiologist, Nurse or Midwife will work together with you to provide the information you need so that you can choose which pain management option is best for you.

HOW TO MANAGE PAIN

Do all woman experience pain during childbirth?

Yes. Pain is a personal experience and is different from one person to the next. It can be managed in different ways.

Is pain relief necessary?

No. It is not always necessary for normal childbirth. Some women may choose only to use comfort measures, while other women may choose other options. The choice is yours for normal childbirth. You may choose from the three options below.

What pain management methods are available?

Pain can be managed by:

- ◆ relaxation techniques and comfort measures;
- ◆ narcotic analgesics; and
- ◆ regional anaesthesia such as an epidural.

RELAXATION TECHNIQUES AND COMFORT MEASURES

Breathing: During contractions use the breathing technique you learned in prenatal classes. Breathe through your nose and blow out through your mouth. Your nurse or midwife can help you with this.

Positioning/Walking: If you can, walking is helpful. It may speed up your labour and helps to relieve backache. Other positions like standing, sitting, kneeling and leaning forward and/or sitting upright also help to relieve backache and speed up labour. Some people find rhythmic movement helpful and will rock back and forth, rub their abdomen, or even tap their fingers during a contraction.

Music: Music is a way of relaxing and providing distraction for your labour. Some people like soft quiet music, others prefer quick paced, more energetic music. It is good to bring both. Music you are familiar with is best.



Massage: Massage is another option for pain relief. This can be done with light strokes over your abdomen or more firm pressure over the back, hips, legs, buttocks and arms. It is helpful to use a lotion to help the hands glide over the skin.

Imagery: Some people like to use imagery to help them relax and distract them from the pain. This is something you likely already do when you are in a stressful situation or are having difficulty sleeping. Some people will bring in pictures to focus on, other people will picture images in their mind.

- ♦ You will be fully awake and will not feel pain for your operation. You will feel pressure from touch but it will not be painful. Your partner or support person is encouraged to be with you during the surgery.
- ♦ During and right after your Caesarean birth, you will not be able to move your legs on your own, but movement will come back slowly after your operation. This can take 1 - 2 hours and sometimes longer. Please make sure a nurse is with you the first time you get up out of bed.

General Anaesthetic:

- ♦ If an epidural or spinal is not the best choice for medical reasons, or your Caesarean section is too urgent, a general anaesthetic will be given. Your partner or support person will be asked to wait in the waiting room or remain in the labour room until the baby is ready to leave the operating room.
- ♦ If the baby's condition is stable, your partner or support person will be able to hold the baby.
- ♦ One of the most significant hazards during general anaesthetic is the risk of vomiting. This is caused by undigested food in the stomach. It is important that you follow the instructions you are given by the nurse in your pre-surgery visit about when not to eat or drink before your Caesarean section.
- ♦ The anaesthesiologist will take extra care to protect your lungs. A breathing tube is placed in your mouth to your windpipe. This will be attached to the anaesthetic machine to give you oxygen while you are unconscious. The tube is removed as you wake up after surgery.

CAN EVERY WOMAN HAVE AN EPIDURAL?

No. There are some situations when a woman should not have an epidural. These include poor blood clotting, infections and rashes, previous surgery to the lower back, nerve problems in the legs and shock due to blood loss.

ANAESTHESIA FOR A CAESAREAN SECTION (C-SECTION)

Epidural, spinal or general anaesthesia may be used for Caesarean Section birth.

Choices depend on the reason and urgency for the operation, unsafe medical conditions of the mother and/or baby, and your preference.

Epidural:

- ♦ If you have had an epidural for labour, in most cases, it can also be used for the C-Section by giving medication through the epidural. Your partner or support person is encouraged to be with you during the surgery.

Spinal:

- ♦ If your Caesarean birth is planned in advance, you will likely have a spinal anaesthetic for your surgery. This is like an epidural that goes into the lining around your spinal cord but it goes in a little deeper. Please read the section above on epidurals to learn about how it is done.

Heat and Cold: Heat can be used to relax muscles and to distract from the pain. You can apply heat by having a bath or shower. Warming gel packs may also be used. We ask that you do not use a heating pad in the hospital. Ice can also be placed on areas over the back, hips, neck, or forehead to provide pain relief.

NARCOTIC ANALGESICS

Narcotic analgesics or painkillers are often given in the form of a needle. You will usually feel relief from pain within 20 - 30 minutes. Pain relief will last 2 - 4 hours.

- ♦ Narcotic analgesics will provide good pain relief with low risk of serious side effects.
- ♦ The disadvantages of using these medications are that they do not completely take pain away. They can cause dizziness, drowsiness, hallucinations, nausea and vomiting.
- ♦ If you take narcotic analgesics, you will have to stay in bed as you may not be able to walk safely.
- ♦ These medications can cause your baby to be sleepy. The effects can be corrected with an injection of a medication called Narcan®.
- ♦ Although the disadvantages may sound upsetting, narcotic pain relievers are considered safe for both mother and baby. The side effects are usually easy to correct.

EPIDURALS

This is the most effective and widely accepted method of pain relief in labour. Your doctor can order an epidural if you request it.

- ◆ The anaesthesiologist injects a combination of a local anaesthetic and narcotic medication into a space around the spinal sac called the epidural space. It blocks the pain impulses from the uterus and birth canal. It also reduces or eliminates pain in the lower body.
- ◆ The epidural is given when you are in labour. It provides pain relief during labour and birth and is called a continuous epidural.
- ◆ Although the pain is reduced, the force of the contractions in established labour is not decreased. You will be able to experience the pleasure of childbirth without too much discomfort.
- ◆ An epidural will not cause drowsiness for you and your baby. This is often a common side effect with other methods of pain relief.

How is the epidural done?

- ◆ You will be asked to sit at the edge of the bed or lie on your side with your knees bent and head flexed forward. This will cause your back to curl. It will also open the space between the bones (vertebrae) in your back. This position will make it easier to insert the epidural.
- ◆ This is a sterile procedure. Your lower back is cleaned with an antiseptic solution. The anaesthesiologist injects a small amount of freezing into the skin over the lower back. It will sting, but only for a second.

What will I feel after having an epidural?

- ◆ You should feel considerable relief from pain. You may not even be aware of your contractions after the epidural is given. You may feel a tightening or pressure sensation. Your legs may feel warm and you may have some numbness. You may also feel your legs are harder to move.

Will the epidural slow down labour?

- ◆ Contractions may slow down for a little while after the epidural is first inserted and will soon return to normal. Labour is not usually longer with an epidural. Many women are surprised that after their pain is relieved, they are more relaxed and their labour progresses faster.
- ◆ Your blood pressure, baby's heart rate and how your labour is progressing will be checked often.

Can the epidural harm my baby?

No. It has little or no direct effect on the baby but may have some effect if your blood pressure goes down a lot. However, only qualified anaesthesiologists do this procedure. They use their special skills and judgment to ensure the safety of both mother and baby.

When can I have the epidural?

There is no set time or degree of cervical dilation that must be reached before you can have an epidural. You may request the epidural when you feel pain or if the methods used until now are inadequate. The epidural can also last as long as it is needed.

How quickly will the epidural work?

- ◆ It usually takes about 10 - 15 minutes to perform an epidural. Pain relief is gradual and does not happen right away.
- ◆ You usually feel 2 - 3 contractions before the pain begins to decrease. It takes about 20 - 30 minutes for the epidural to fully work.
- ◆ Your nurse will stay with you for the first 30 minutes after you are given an epidural. Your blood pressure and the baby's heart rate are checked. Your level of pain will be assessed.
- ◆ If you are not comfortable by this time, more medication will be given. On rare occasions, the epidural procedure may need to be repeated if pain relief is not satisfactory.

How will the epidural medication be given?

- ◆ The medication can be given continuously through a tube (catheter) that is attached to a pump. The anaesthesiologist or the nurse sets the pump at an hourly rate. This way the medication is given at the correct amount each hour.
- ◆ If you have patient controlled epidural analgesia, you will be instructed on how to use it. This method allows you to give yourself an extra dose of medicine if you need it but has many safety checks to make sure you do not get too much.
- ◆ You will be asked to spend equal time lying on either side so that the pain relief is the same across the abdomen.
- ◆ With a "Walking" epidural, a combination of drugs gives you good pain relief but you are still able to walk. Ask your nurse if you are able to get up and walk or to go to the washroom. Your nurse will need to be with you the first time you get up with a "Walking" epidural.

- ◆ You will feel a lot of pressure in your back while the anaesthesiologist carefully guides the needle into the epidural space (a space between the layers of "skin" around your spinal cord). Your nurse will ask you to stay very still. She will also ask you to tell her when you feel a contraction starting.
- ◆ Obstetrical nurses are specially trained to manage a patient receiving an epidural.
- ◆ When a plastic tube (catheter) is inserted through the epidural needle you may feel a sudden tingling down one leg. If this happens, the catheter has brushed against a nerve. This feeling is similar to what you feel when you hit your funny bone. It does not last long and does not cause any harm.
- ◆ The needle is removed and the catheter is securely taped to your back. Medication used for pain relief is injected through the catheter. During the first injection, you may feel a cool sensation over the skin on your back.

Will I be able to push?

- ◆ An epidural allows you to rest while the cervix is dilating. This will give you more energy for pushing. The epidural can be used to reduce the pain while you are pushing, but it is important that you feel the pressure to push effectively. Therefore, your doctor or nurse may reduce the epidural analgesia.

Will the epidural harm my back?

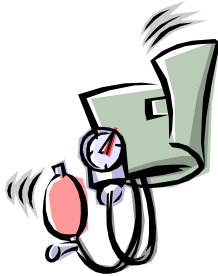
- ◆ This is usually not a problem caused by an epidural. Studies have not shown an increase in long-term backaches after having an epidural. There may be some soreness or bruising at the needle site for several days after the birth.
- ◆ Pregnancy and childbirth may cause backache due to stretching of the pelvic ligaments and changes in posture. This may occur whether or not you have an epidural. It usually goes away on its own.

What are the risks of an epidural?

Most common risks are minor and easily treated. They are:

A drop in blood pressure

- ♦ Decreased blood pressure can occur after an epidural. To prevent this from happening you will be given fluids by an intravenous (IV) before the procedure and throughout the time you have the epidural.
- ♦ Your nurse will check your blood pressure often after you first receive the medication.
- ♦ You will be encouraged to lay on your side and not flat on your back. Direct pressure from the uterus on the blood vessels can cause your blood pressure to drop.



Shivering

- ♦ Shivering is a very common reaction during labour and birth. This may happen even if you do not have an epidural. Keeping warm will help reduce shivers.

Itching

- ♦ Itching may happen if narcotics are used. This usually goes away after a few hours.

Difficulty emptying your bladder

- ♦ Try to empty your bladder often during labour. This will decrease your discomfort. If necessary, a tube (catheter) will be placed into your bladder to empty the urine.

Headache

- ♦ If the needle punctures the membranes containing the spinal fluid, you may get a headache. It may also happen if a spinal anaesthetic is given. Headaches occur in about 1 in 200 cases.
- ♦ You can help decrease the possibility of a headache by remaining as still as possible when the anaesthetist inserts the needle.
- ♦ Headaches can be treated with fluids, Tylenol® and complete bed rest. Sometimes a patient may also need extra treatment if the headache continues.

Accidental injection of medication into a vein

- ♦ This is rare, but may occur. This may cause ringing in the ears, dizziness, a funny taste in the mouth or blurred vision. Seizures may occur if this happens but they are rare.

High block

- ♦ This is very rare. You will notice numbness in the arms and difficulty breathing for a brief time. Oxygen will help with breathing until the medication wears off.

Rare Complications

Obstetrical nurses and anaesthesiologists are available to treat any complications that may occur from this procedure. The most severe complications are also the most rare. The most serious of these is death. This is extremely rare and may occur in less than 1 in 1,000,000 cases. Another very serious complication that is also very rare is severe permanent nerve damage. It occurs in approximately 1 in 1,000,000 cases.