

Will regional anesthesia slow my labor?

No. In some women, labor and contractions may slow after regional anesthesia for a short period of time but on average labor duration is unaffected. Most women find that regional anesthesia helps them to relax and actually improves their contraction pattern while allowing them to rest.

If I have regional anesthesia, will I be able to push?

Regional anesthesia allows you to rest comfortably while your cervix dilates. In most cases, it should not affect your ability to push; instead, it will make pushing more comfortable for you.

Are there any side effects to regional anesthesia?

Your anesthesiologist takes special precautions to prevent complications. Although complications are rare, some side effects may include:

Decreased blood pressure. You will receive intravenous fluids and your blood pressure will be carefully monitored; drops in blood pressure are routine and easily treated with medication.

Mild itching during labor. If itching becomes bothersome, your anesthesiologist can treat it.

Headache. Headaches are common after childbirth and are rarely caused by regional anesthesia. If a headache persists, tell your healthcare provider.

Local anesthetic reaction. While local anesthetic reactions are rare, be sure to tell your anesthesia care team member if you become dizzy or develop ringing in your ears so that he or she can quickly treat the problem.

What's right for you?

No two women are the same and no two labors are the same. Some women need little or no pain relief, while others find that pain relief they receive gives them better control over labor and delivery. The bottom line is that you have to decide what works best for you. Don't be afraid to ask for pain relief if you need it. Be sure to speak with your obstetrical team or anesthesia care team about your options.

What you should know about pain relief during labor and delivery.

A simple question and answer guide.



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Every woman's pregnancy is different. Every woman's labor is different.

I'm pregnant, what should I know about pain medication?

Women experience and tolerate pain differently. For some pregnant women, focused breathing is all they need to get through labor and childbirth; but for others, numbing of the pain is desired.

There are a number of different medications a woman can take during labor and childbirth. It is important for you to learn what pain relief options are available. Please discuss the options with your Obstetrical Care Team well before your "birth day" so that when you are in labor you understand the choices.

What pain relief medications are available to decrease pain during contractions?

There are a few ways to provide pain relief during labor and childbirth:

Local anesthesia may be used by your doctor during delivery to numb a painful area or after delivery if stitches are necessary. Local anesthetic medications do not reduce discomfort during labor.

Regional anesthesia (also called an epidural, spinal anesthesia or a combined spinal-epidural) is administered by a member of the anesthesia care team during labor to reduce discomfort. In both epidural and spinal anesthesia, medication is placed near the

nerves in your lower back to "block" pain in a wide region of your body while you stay awake. Regional anesthesia greatly reduces pain throughout the birthing process. It can also be used if a Cesarean birth becomes necessary.

Pain-relieving medications can be also injected into a vein or a muscle to dull labor discomfort. These medications do not completely stop pain, but they do lessen it. Because they affect your entire body and may make both you and your baby sleepy, these drugs are mainly used during early labor to help you rest and conserve your energy.

What if I need a C-Section?

General Anesthesia puts you to sleep during the birthing process. Although sometimes necessary, general anesthesia is rarely used because it prevents you from seeing your child immediately after birth.

What's the difference between an epidural and spinal anesthesia?

With a spinal, the medication is injected inside the Dura, the tough coating surrounding the spinal cord and located right next to the spine. During an epidural, medication is put outside the Dura that surrounds the spinal cord.

How is regional anesthesia given during labor and childbirth?

If you request regional anesthesia, you may receive epidural or spinal anesthesia, or a combination of the two. Your health care provider will select the type of regional anesthesia based on the progress of your labor and after consultation with the obstetrical care team.

After reviewing your medical history, a member of the anesthesia team will numb an area on your lower back with a local anesthetic. The anesthesiologist will then insert a special needle into the numb area to find the exact location to inject the anesthetic medication. After injecting the medication, your anesthesiologist removes the needle. In most cases, a tiny plastic tube called an epidural catheter stays in place after the needle is removed to deliver medications as needed throughout labor.

The procedure can be done while you are either sitting up or lying on your side.



How soon can I get regional anesthesia during labor?

The best time to administer regional anesthesia varies depending on you and your baby's response to labor. Your obstetrical team, working with your anesthesia team, will determine the best time for you to receive the anesthesia.

Will the anesthesia affect my baby?

No. Considerable research has shown that regional anesthesia, both epidural and spinal, is safe for you and your baby.

How long does it take for anesthesia to work and how long will it last?

An epidural starts working 10 to 20 minutes after the medication has been injected. Pain relief from epidural anesthesia lasts as long as you need it, since medication can always be given through the catheter.

Spinal anesthesia starts working immediately after the medication has been injected. Pain relief lasts about two and one-half hours. If your labor is expected to last beyond this time, an epidural catheter may be inserted to deliver medications to continue your pain relief as long as needed.

Will I feel any discomfort after receiving the anesthesia?

Although you will feel significant pain relief after getting anesthesia, you may still feel pressure from your contractions. You may also feel pressure when your Obstetric care provider examines you.

