The birth of your child can be one of the most exciting experiences of your life. Your healthcare team—your obstetrician, anesthesiologist and nurse—will work with you to make it as pleasant and safe as possible.

A major concern to pregnant women is how much discomfort or pain they will feel during labor and delivery. Every woman’s labor is different. Pain and how it is controlled is different for everyone.

Some women will be able to manage labor pain with breathing and relaxation techniques, and other coping skills they learned in childbirth classes. Others may want some extra help. Today’s mothers realize that childbirth is a natural life process, regardless of the methods used to manage the pain of labor and birth. In fact, for some patients with additional medical problems, adequate pain control is essential to their own and their baby’s well-being.

It is the goal of your care team to make your labor and birth experience as comfortable as possible. Modern anesthesiology offers a variety of safe choices for a comfortable childbirth. Whatever method is best for you, there are some general instructions that everyone needs to follow. In most cases, once admitted to the Birthplace at MedStar Franklin Square Medical Center, you will not be allowed to have anything to eat. Usually, you may have ice chips, but try to limit the amount; this is the same as taking in liquids.

**Analgesics and Anesthesia**

There are many options to relieve discomfort and pain. To make an informed choice, it’s important to know what the terms mean.

**Analgesics**

Analgesics are pain-relieving medications that are injected into an IV or muscle and help dull your pain. These medications can eliminate pain, but some women find that they do not relieve their discomfort completely. Analgesics are given to you by a nurse once ordered by your physician. Some may find that the medications make them drowsy during the labor.
Anesthesia

Anesthesia usually means a complete blockage of all sensations, including the ability to move. Your wishes and medical condition will help you and your physicians choose the method of pain control that is best for you and your baby.

Local Anesthesia

In some cases, your obstetrician may inject medication in the vagina or perineum (area between the vagina and rectum). This local anesthetic will provide a loss of sensation or numbness to a small area of your body. The anesthetic does not help the pain of contractions, but it does help with delivery, especially if an episiotomy incision is needed.

Regional Anesthesia

Regional anesthesia refers to epidural or spinal blocks, or a combination referred to as a combined spinal epidural block. These are administered by specialty physicians called anesthesiologists or certified registered nurse anesthetists, who are members of the Anesthesia department at MedStar Franklin Square Medical Center. These techniques are used to control labor pain, and for vaginal and cesarean deliveries.

Epidural Analgesia

Epidural analgesia has become a very popular form of pain management for the comfort it provides. An epidural reduces feeling in the lower half of your body, yet leaves you alert to participate in the delivery of your child.

The best time to administer the epidural varies from patient to patient. Your obstetrician and anesthesiologist will help you pick a time that is best. Your anesthesiologist and obstetrician will evaluate you and your baby, taking into account your general state of health, the progress of your labor and your baby’s response.

How is the epidural performed?

An epidural is an injection given in the lower back between the vertebrae while you are either lying on your side or sitting up. This is called a lumbar epidural.

Before the block is performed, your skin will be cleaned with an antiseptic solution. The anesthesiologist will numb the area with a local anesthetic. A special needle is used to identify the epidural space. A tiny, flexible plastic tube called an epidural catheter is inserted through this needle. Occasionally, you may experience a very brief twitch or tingling sensation in one of your legs; this is completely normal. Once the catheter is properly positioned in the epidural space, the needle is removed and the catheter is taped in place.

(continued on next page)
You can now receive additional medication through the flexible catheter as needed without another needle being inserted. Medication, usually delivered by a pump, surrounds the nerves in the epidural space and blocks painful sensations.

**How soon will the epidural take effect?**
The onset is gradual. Pain relief should begin to occur about 10 to 20 minutes after the anesthetic has been injected.

**How numb will I feel?**
The goal of an epidural is to make you as comfortable as possible and to make your labor pain manageable. You may still be aware of pressure or other sensations from your contractions, and you may feel the examination of your nurse or obstetrician. Depending on your circumstances and the needs of your baby, the anesthesiologist may need to adjust the anesthetic as your labor progresses. At some point, you may notice temporary numbness, heaviness or weakness in your legs. You will always be able to feel something because a total loss of sensation may not be best for you and your baby. Some complications of the procedure may include infection, bleeding and tenderness.

**Can this cause permanent nerve damage?**
There is no risk of permanent nerve damage. Back pain can result from poor posture during pregnancy and from the labor process, and not necessarily a result of the epidural.

**How long will the block last?**
An epidural block can be used for as long as you need it. After the epidural catheter is placed, additional medication can be given through the catheter. During your labor, your comfort and progress will be checked frequently and your medications adjusted accordingly. Your nurse will assist the anesthesiologist with this monitoring. Soon after your baby’s birth, the epidural catheter will be removed and your normal sensations will gradually return.

**Will the epidural affect my baby?**
Considerable research and years of experience have shown that epidural analgesia and anesthesia are safe for mother and baby, with little or no effect on your infant. However, special skills, precautions, judgments, and treatments are required, which is why a qualified anesthesiologist usually performs and manages epidural blocks.
Will it slow down my labor?
Everybody responds differently to epidural medications. Your healthcare team will work with you to carefully adjust the medications and dosage to best meet your needs.

Can I push when I need to?
Yes. Epidural analgesia allows you to rest during the longest part of your labor, which occurs during cervical dilation when the opening of the uterus widens. The epidural will reduce your pain while allowing you to push when needed. If you do not have the urge to push, you will be able to do so with instruction from your nurse and obstetrician. If your baby needs help, your obstetrician can use instruments, such as forceps or a vacuum extractor, to help with the birth. The epidural dose can be adjusted to make you more comfortable.

What are the risks of an epidural?
As with any medical treatment, epidurals may result in some complications or side effects, even though they are not common. Your healthcare team will monitor you closely and take precautions to avoid and minimize problems.

• One possible side effect is a slight drop in blood pressure. To help prevent this, you will receive fluids through an IV. In addition, during your labor, you will be positioned slightly to one side to help prevent the drop in blood pressure. When local anesthetics are used in an epidural block, you must remain in bed after delivery until the block wears off.

• Shivering is a common reaction, which may even affect patients who did not receive any anesthetic medications.

• Although uncommon, a headache may develop if the sac containing the spinal fluid is punctured. While this may be uncomfortable, it is not dangerous. The headache, sometimes lasting a few days, can be reduced or eliminated by simple measures, such as lying flat, drinking fluids and taking pain tablets. If you need additional treatment, the anesthesiologist will obtain a small amount of blood from your arm and inject it into the epidural space. The blood will clot, seal the puncture and relieve the headache. This procedure, known as a blood patch, is safe and very effective. Some of the complications of the procedure may include tenderness, infection and bleeding.

• On rare occasions, the epidural medication may temporarily affect chest muscles and make it seem hard to breathe. Sometimes oxygen is given to relieve this feeling.

(continued on next page)
• All veins, including those in the epidural space, become swollen in pregnancy; this increases the risk that medication could be injected into one of them. To avoid this risk, the anesthesiologist will administer a test dose of medication and ask if you notice dizziness, a funny taste, rapid heartbeat, or sudden numbness.

To guard against and manage complications or side effects, your anesthesiologist will carefully evaluate your labor, make medical judgments, take safety precautions, and provide special treatment throughout labor and delivery. Please feel free to discuss the epidural block with your anesthesiologist and ask lots of questions.

If you would like to talk with an anesthesiologist before your labor, call the hospital and ask to speak to the labor and delivery anesthesiologist. He or she will be glad to answer your questions.

**Do I have control over how much pain medicine I receive?**
In addition to the medication delivered each hour via the pump, you can administer additional epidural medication by pressing a button that signals the pump to deliver a preset amount of medication. This is called patient-controlled anesthesia. Safety features are built in so you cannot give yourself too much medication.

**Are there other types of anesthesia used for cesarean birth?**
Epidural, spinal and, in rare situations, general anesthesia may be given safely for cesarean birth.

**How is the epidural given for a cesarean delivery?**
You may already have an epidural in place during your labor. If your obstetrician decides that you need a cesarean delivery, it may be possible for your anesthesiologist to inject additional, but stronger, anesthetic medication through the same catheter. This stronger medication changes your epidural analgesia to epidural anesthesia, which will numb your entire abdomen for the procedure. If you did not have an epidural for your labor, it may still be possible to have an epidural for the cesarean delivery, depending upon your and your baby’s condition.

**Spinal Anesthesia**
Spinal anesthesia is given in the same location of the back as the epidural block. However, it involves a smaller needle and a smaller dose of medication injected directly into the sac of spinal fluid. Numbness will occur more rapidly with a spinal injection, compared to the 20 minutes that an epidural block may need. You may occasionally develop a headache following a spinal anesthetic; this headache can be treated as you would treat a headache from an epidural.
**Combined Spinal Epidural**

The epidural is performed as described previously. After the epidural needle is inserted into the epidural space and a small spinal needle is placed through the needle into the cerebro-spinal fluid, local anesthetics and/or narcotics are injected, achieving an almost immediate relief of pain. The epidural catheter is then inserted and the needle removed. The epidural catheter is attached to a pump, which delivers a preset amount of narcotic/local anesthetic mixture. Your vital signs and muscular strength will be assessed frequently.

**General Anesthesia**

General anesthesia is used when a block anesthetic is not possible or is not the best choice for medical reasons. It can be started quickly and causes rapid loss of consciousness, so it is commonly used when an emergency cesarean delivery is required.

A significant hazard during general anesthesia can result from food or liquid in the mother’s stomach. During labor, undigested food and acids stay in your stomach. When a patient is unconscious, it is possible for the food and acid to travel back up in the mouth and seep into the lungs, causing damage. Therefore, your anesthesiologist takes extra precautions to protect your lungs, such as placing a protective breathing tube into your windpipe while you are asleep. You may also be asked to drink an antacid to neutralize stomach acids before your cesarean birth.

Usually, general anesthesia is only used in an extremely urgent or emergency situation. Your anesthesiologist and obstetrician will make this decision with you if the need arises.

**We Look Forward to Working With You**

Your obstetrician, anesthesiologist, nurse, and the rest of your healthcare team look forward to working with you to make the birth of your child a joyous occasion.

Your healthcare team will work to make your labor and birth experience as comfortable as possible. As you prepare for your delivery, please discuss your concerns with your obstetrician, or call the Anesthesiology department at MedStar Franklin Square Medical Center to speak with an anesthesiologist.

For more information, call your healthcare provider or the Anesthesiology department at **443-777-7179**.

Call **888-74-OBTLC** (888-746-2852) to register for Birth and Family Education classes.