

Options for Labor Pain

Questions and Answers from the Society for Obstetric Anesthesia and Perinatology



What is an epidural?

- ⦿ An epidural is a thin plastic tube that is placed in your lower back. Medicines are then given through the tube that lower the amount of pain you feel from your contractions. We can keep giving these medicines to reduce your pain until you deliver your baby. Sometimes stronger medicines are given in an epidural so you won't feel pain even during an operation, like a Cesarean Section.

What is a spinal?

- ⦿ A spinal is a single injection of medicines given through a needle in the lower back. Once the injection is given, the needle is removed, and the lower part of the body becomes numb. This can be used for surgical procedures of known length, like a Cesarean Section. Sometimes a spinal is combined with an epidural for faster pain relief during labor.

How are they placed?

- ⦿ We will have you curl your lower back, either while sitting or lying on your side. We will then clean your back, make your skin sterile to prevent infection, and numb the skin. The more you sit still, the easier it will be to place and the safer it will be. We will then put a needle into the epidural or spinal space. During this, you should only feel pressure with little or no pain.

Will they affect my baby?

- ⦿ No. By using medicines that work directly on your nerves in your back, we keep the medicines away from the baby. Generally, very little medicine ever reaches your blood stream or the baby, even after many hours of labor.

When can I get an epidural?

- ⦿ Except in rare circumstances, you can get an epidural at any time after you are in labor. You do not have to wait until you are dilated a certain amount or have received a certain amount of IV fluids to receive an epidural.

What can I expect from my epidural?

- ⦿ *Expect to feel a little numb, but not all at once.*
 - Your legs and belly may feel like they have "fallen asleep," and your legs may feel weak and heavy. It takes about 10-15 minutes *after* giving the medicine to be comfortable. Your contractions will first feel shorter, and then they will drift away.

- ⦿ *Expect to feel something.*

- You may feel tightness or pressure, especially close to delivery. Feeling when you have contractions lets you know when to push when it is time.

- ⦿ *Expect to need some fine-tuning.*

- Many women will need an increase in medicine as labor continues. Less than one out of 10 women may be numb only on one side or not at all; we will adjust the epidural to try to help. Rarely, we may need to replace your epidural to make it work.

Are there any risks?

- ⦿ It may not work as well as we want. We may need to adjust or fine-tune the epidural or replace it (see above).
- ⦿ It may lower your blood pressure. We will watch your blood pressure closely, especially right after we give the medicine. We can treat your blood pressure if you need it.
- ⦿ About one out of 100 women will get a headache after they have their baby. This headache usually goes away on its own, and you can get helpful medicines that are safe even if you are breastfeeding. You may need other treatments to make it better.

What happens if I need a Cesarean Section?

- ⦿ If you have an epidural, we can usually use it (with stronger medicine) to make you numb. If you do not, we can place a spinal. Either way, you will be numb from your chest down to your toes. In serious emergencies, or if you cannot get an epidural or spinal, we may need to give you general (sleep) anesthesia for your Cesarean Section.

Are there options other than the epidural?

- ⦿ Yes. If you cannot have or don't wish to get an epidural, there are non-medicine options (like breathing techniques, massage, heat packs, and water baths, among others), as well as IV pain medicines (like morphine, fentanyl, or others) or even inhaled laughing gas. Not all of these are available at all hospitals.