IS LABOR PAINFUL

Each family comes to the VMH Birthing Center with their own idea of what their birthing experience will be like. At some point during the pregnancy each mother asks herself: “How will I deal with the pain of labor? Will there be pain relief options that are safe for the baby and for me?” The thing to keep in mind is that each labor is as different as the next. There are many variations on the main theme of how a woman’s body gives birth to her baby. Circumstances vary, as do the health of mother and baby. Because of these individual differences, decisions about how to cope with the pain of labor must be made with the uniqueness of the situation in mind. A goal of the VMH Birthing Center is to have each mom walk through our doors educated about what we have to offer them.

Contact the VMH Birthing Center if you have questions: (608) 637-4315 or visit us on the web: www.vmh.org

Regional anesthetic (epidural/intrathecal) may not be able to be placed due to technical difficulties such as obesity, crooked spine, or noncompliant patient. Common side effects include: itching, nausea, a decrease in blood pressure, mild drowsiness and mild discomfort during insertion of the needle, headache, individual drug reactions and weakness to your extremities. Rare complications include: seizures, slowing of the heart rate, a severe drop in blood pressure, infection, respiratory arrest, persistent tingling or numbness in the small areas of the lower extremities and temporary or permanent loss of the function of the lower extremities and bladder. Spinal or epidural anesthesia can not be used if the mother has a bleeding disorder, is hemorrhaging, has an infection in the back or blood, has a spinal abnormality, or if there is a situation where time is of the essence. If you have any questions or concerns about these topics, feel free to ask your provider or your labor nurse.
IV PAIN RELIEF & INJECTIONS

When used in conjunction with alternative therapies, pain medications can enhance your ability to relax during contractions. In order to receive IV pain relief your labor nurse will place an IV into one of the veins in your hand or arm. If the medication is injected it will be delivered with a needle into your upper arm. These pain relief options are usually short acting; dulling labor pain and easing anxiety. Side effects tend to be minimal, but your provider is also taking your baby into consideration. This type of medication tends to make patients sleepy and may not be given just prior to delivery, in order to reduce the chance of adverse side effects to your baby. These medications occasionally slow the progression of labor, particularly in early labor, while at other times the relaxation may seem to speed the process.

INTRATHECAL EPIDURAL

If you and your provider agree that further pain management is needed, the next step is the epidural or intrathecal. Before an intrathecal or epidural is placed, fluids will be given through your IV and an external fetal heart monitor will be placed on your abdomen to monitor the baby. Your blood pressure and your oxygen saturation will also be monitored. The CRNA will clean and numb an area of your back, followed by an injection of the pain medication into the lower back, usually as a one-time injection. The intrathecal tends to work immediately upon injection. The CRNA may place a catheter in this area (a combination intrathecal/epidural) in order to give more medication if needed for labor pain relief or should a Caesarean section be necessary. An intrathecal allows you to stay awake, continue to feel your lower body and have muscle control of your lower body. A labor epidural is placed the same way as the intrathecal, but a catheter is inserted and is secured in place. Epidural anesthesia starts working 10-20 minutes after the medication has been injected. Pain relief from epidural anesthesia may last as long as your labor since more medicine can always be added through the catheter. Sometimes the epidural will be turned off as you approach delivery to allow you to push more effectively, since the epidural may numb your entire lower body, limiting your muscle control and function. Occasionally, a

Continued on back page