

PAIN RELIEF DURING CHILDBIRTH

This patient advisory is intended to provide you with general information. It is not a substitute for advice from your anaesthetist. Discuss the benefits and risks of anaesthesia with your anaesthetist. This is an abridged version of the four-page ASA patient education pamphlet published in association with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists: Pain relief during labour – a guide for patients. The complete pamphlet is available from your anaesthetist.

To reduce pain during childbirth, a range of options has been developed. Many factors play a role in the degree of pain, including the intensity of uterine contractions and the position of the baby as it moves down the birth canal, among others. Your doctor cannot predict the level of pain you may experience.

Having a positive experience of labour is a woman's right. She can decide, in consultation with the health professional managing her labour, which methods of pain relief she would like to try to manage her pain during labour. These methods include non-medical and medical techniques. They may be chosen at different stages of labour or combined to help the woman manage her labour pain.

Non-medical methods of pain relief

For women whose labour progresses well, pain may be managed using methods learned during pregnancy, such as relaxation exercises, breathing techniques, massage, and acupuncture, among other active labour strategies.

Medical methods of pain relief

Nitrous oxide mixed with oxygen can help the woman cope with short periods of intense pain.

Injections of morphine, pethidine or similar pain relievers can be effective for about two hours but do not totally block pain.

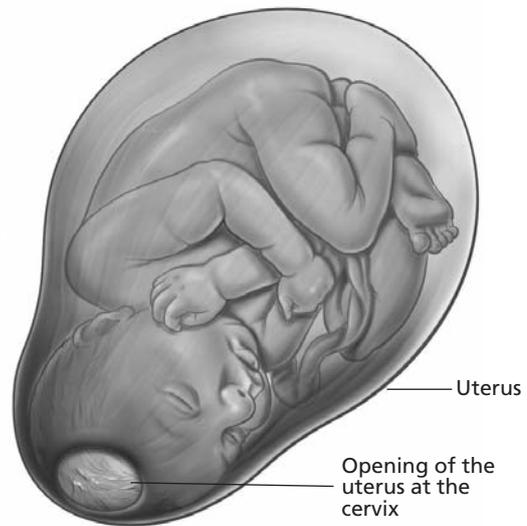
PAIN RELIEF AND ANAESTHESIA REQUIRING AN ANAESTHETIST

Epidural anaesthesia

This is a highly effective means of pain relief. First, the anaesthetist numbs a small area of the lower back with local anaesthetic injected under the skin. Using a special needle, a thin plastic tube (catheter) is fed between two vertebrae. Anaesthetic medication is then injected into the epidural space. The soft plastic catheter is left in the epidural space. Pain relief occurs within 10 to 30 minutes. An epidural allows the anaesthetist to inject local anaesthetic over many hours so pain relief can be topped up.

Spinal anaesthesia

This involves injection of medication directly into the fluid



Pain is due to uterine contractions and the position of the baby as it moves down the birth canal, among other factors.

surrounding the spinal nerves below the spinal cord. The body feels numb from the waist down, and pain is not felt. This anaesthetic works quickly and can last for several hours. It is often used for Caesarean section and for forceps or vacuum-assisted deliveries.

Combination of spinal and epidural anaesthesia

The anaesthetist may use a combination of spinal anaesthesia and epidural anaesthesia so that pain relief can be delivered quickly via the spinal injection, and topped up regularly using the epidural catheter.

Pain relief after delivery

You may have some abdominal, perineal or back pain after the birth. This occurs more often after a Caesarean and repair of an episiotomy or tear. If you have had an epidural catheter inserted, this can remain in place after the delivery, and the pain relief can be topped up.

General anaesthesia

Unexpected complications can occur during any labour. If immediate delivery by Caesarean section is necessary and an epidural catheter is not in place, a general anaesthetic may be necessary.

Possible risks and complications

Modern anaesthesia is very safe. Although uncommon, side effects and complications for mother and baby are possible. These risks are more fully outlined in the complete ASA patient education pamphlet on pain relief during childbirth. If you are concerned about any of the risks or have any questions about the medical methods of pain relief and anaesthesia, please discuss these with your anaesthetist. ©