



Hôpital St-Boniface Hospital

Childbirth and You

Your Options for Managing the Pain of Labour

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Objectives

- The role of the Department of Anesthesia with labouring patients
- Options of pain control
- What is an epidural
- Who can't have an epidural
- The side effects and risks of epidurals
- What happens if you need a caesarean delivery

The Role of Anesthesia

- Provide: coverage 24/7
 - Assistance as medical consultants
 - Assistance in emergencies
 - Advice on pain management
 - Pain management
 - Care during cesarean deliveries
 - Assistance in care of baby
 - Teaching hospital (occasional studies/research)

The Role of Anesthesia in Pain Management

- Individualized
 - Your philosophy
 - Your perception of pain
 - Your medical conditions

Labour Pain Management Strategies

- Supportive Care in Labour
 - Education (i.e. prenatal classes)
 - Relaxation
 - Breathing techniques
 - Hydrotherapy
 - Support people
 - Touch and massage
 - Positioning
 - Saline injections

Types of Medications

- Systemic (affects whole body)
 - Medications like morphine, fentanyl
 - Injected in an intravenous (IV)
 - Goes into blood system
 - Goes to brain (nausea, drowsiness) and crosses over to baby

Types of Medications

- Regional (affects only parts of body)
 - Epidurals, spinals
 - Drugs inserted into spine
 - Affects nerves
 - Drugs do not go to brain or baby

Narcotics

- Morphine (IM or IV)
 - Side effects for birthing person may include:
 - Sedation
 - Respiratory depression
 - Nausea, vomiting, itchiness
 - Side effects for the baby may include:
 - Respiratory depression
 - Not safe to use if delivery is imminent

Narcotics

- Fentanyl (IV)
 - Rapid onset, short duration
 - Can decrease labour pain
 - Same possible side effects as morphine, but less often
 - Less medication passes to baby so fewer side effects to the baby
 - Can be used safely until delivery

Patient Controlled Analgesia (PCA) Fentanyl

- You can control the administration of fentanyl
- Some risk of newborn breathing problems due to accumulated doses
- Newborn depression from any narcotic can be reversed with a medication called narcan

Nitrous Oxide

- Can moderately decrease pain
- Only useful for a few hours
- Need birthing person's cooperation
- Safe for baby
- Can cause dizziness
- Side effects are short lived

Epidural in Labour

- A small tube is placed in the birthing person's lower back using a needle
- It is an infusion of 2 medications - a freezing (local anesthetic) and a pain numbing medication (opioid)
- Decreases labour pain
- Helps use of vacuum/forceps delivery
- May be wanted in certain situations like twins, breech, morbid obesity
- Safe for baby

Who “CANNOT” have an epidural?

- Birthing Person
 - Who is unable to cooperate
 - With skin infection over lower back
 - With bleeding disorders
 - Using blood thinners (depends on timing)
 - Not in labour or fully dilated

Epidurals in Labour

- A questionnaire of birthing persons receiving epidurals for labour found:
 - 59% received an epidural
 - 82% had good or excellent pain control
 - 96% would have an epidural again
 - 80% did not find epidural insertion painful

Complications from Epidurals

- Common:
 - Itchiness (50%)
 - Failure (1-5%)
 - Headache (1%)
 - Decrease in blood pressure
 - Urinary retention
 - Shoulder pain

Complications from Epidurals

- Serious but not common:
 - Nerve injury
 - Spinal cord injury (paralysis)

Types of Anesthesia for Surgery

(Cesarean delivery, retained placenta, etc)

- Epidural
- Spinal
- General anesthesia

Epidural

- Often used if already in place
- Slower onset
- May be “patchy” or incomplete
- Can lower your blood pressure
- Can be used for long periods of time (i.e. hours)

Spinal

- Very fast acting
- Faster to perform than an epidural
- Only works for a finite period of time
- Can decrease blood pressure rapidly
- Very “frozen”
- Little to no effects on the baby
- Same risks as an epidural

General Anesthesia

- Used:
 - In emergency or “crash” situations or if a spinal/epidural cannot be done
 - When the birthing person is asleep and needs a breathing tube
 - When higher risk of complications:
 - Birthing person → aspiration, hemorrhage
 - Baby → depressed, “floppy”

Epidural Myths

- Safe for baby – YES
- Can be used with most lower back tattoos – YES
- May increase need for forceps/vacuum delivery – UNSURE

Epidural Myths

- Increase need for cesarean delivery – NO
- Prolongs labour – NO
- Can cause chronic back pain – NO
- Affects breastfeeding – NO

Additional Resources

- www.painfreebirthing.com
- www.labourpains.org