



**DEPARTMENT OF ANAESTHESIA &
INTENSIVE CARE**
GOVERNMENT MEDICAL COLLEGE & HOSPITAL,
SECTOR 32, CHANDIGARH

**Labour Analgesia - Patient information
for pain relief during labour - Painless
Delivery**



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Labour may be the most painful experience many women ever encounter. This patient information sheet will give you some idea about the pain in labour and what can be done to control it.

What will labour feel like?

Towards the end of pregnancy you may notice your abdomen tightening from time to time. When labour starts these tightening becomes regular and much stronger. This may cause pain that at first feels like strong period pain but usually gets more severe as labour progresses. Your first labour is usually the longest and hardest. Sometimes it is necessary to start labour artificially or to stimulate it if progress is slow, and this may make it more painful. Over 90% of women feel that they need some sort of pain control.

What methods of pain control are available?

There are several ways of helping you cope with pain.

1. Relaxation is important and moving around sometimes helps. Having your back rubbed, can help you to relax and ease some pains away.
2. **Injected drugs**-Pethidine, Tramadol is the preferred drug for use by doctors, although a number of other similar drugs have been used to control labour pain, they can depress the breathing of the baby.



3. **Ask to see an anesthetist if you want further advice about pain control like patient controlled epidural analgesia or combined spinal epidural analgesia.** Anesthetists are the doctors who provide epidurals. Epidural analgesia is the most effective method of pain control.

Epidural is a technique where very dilute concentration of drug is used .This drug numbs the pain but maintains the ability to push your baby out through the birth passage. This involves the use of a needle and a very thin plastic tube .Drug to numb your pain is continuously given through this tube with the help of a machine.

Advantages

1. Pain relief for mother
2. Increases placental blood flow
3. Better blood supply to the baby
4. Better oxygen delivery to the baby

Disadvantages

1. May cause numbness of legs
2. A rare chance of infection (although prevented with proper cleaning technique)
3. Mild chance of headache
4. In some patients there may be a small increase in delivery period.



What to expect?

You will first receive a drip that is fluid running in the blood vessel of your forearm. The procedure will be performed by an anesthetist after wearing sterile gown, mask, gloves under sterile method in the operation theatre (OT). You will be asked to curl up on your side or sit bending forwards. Your back will be cleaned and a little injection of local anesthetic will be given into the skin, so that putting in the epidural needle will not cause pain. A needle will be introduced in your back short of spinal cord, a very thin bore plastic tube will be introduced and will be kept insitu for giving drugs to numb your pain. It is therefore important to keep still while the anesthetist is putting in the epidural, as care is needed to avoid puncturing the bag of fluid that surrounds the spinal cord. In combine spinal epidural technique along with epidural a small amount of drug is deposited in the bag of fluid surrounding the spinal cord. This relieves pain more quickly.

The pain-relieving drugs can be given as often as is necessary and/ or continuously by a pump. You can take extra drug yourself by hitting a button if you may need so. The machine has a safety feature where you cannot over drug yourself.

While the epidural is taking effect, your blood pressure will be noted regularly. The anesthetist will also check that the epidural is working properly. It usually takes about 20 minutes to work.

What are the effects?

1. Pain control without numbness or heavy legs, in other words a ‘walking epidural’.
2. Occasionally blood pressure falls, that is why you have the drip.
3. Even with an epidural you are more likely to have a normal delivery than any other type of delivery.

4. It removes much of the stress of labour, which is good for the baby.
5. Breast-feeding is not impaired; in fact it is often helped.
6. Backache is common during pregnancy and often continues afterwards when you are looking after your baby. There is now good evidence that epidurals do not cause backache however may feel some local discomfort for a day or two afterwards.
7. Other problems may happen in very rare cases.
8. Epidural has no influence on the decision for caesarean section .Obstetrician will decide for caesarean section whenever it becomes necessary for the safety of the mother and the baby.

What if you need an operation?

If you should need any operation such as caesarean section or forceps delivery, you may not need a general anesthetic, as the epidural can often be used instead. A stronger local anesthetic and other pain-relieving drugs can be injected into your epidural tube to provide an adequate anesthetic for your operation. This is safe for you and the baby.

Have a happy and memorable labour analgesia and Motherhood