

Medications for Labor and Birth

Systemic Medications (Narcotics)

Narcotics are used to “take the edge off” pain. They work in the central nervous system as a depressant to raise the pain threshold. Narcotics can be administered intravenously or intramuscularly. Side effects to the mother may include drowsiness, difficulty focusing during contractions, nausea, dizziness and respiratory depression. Systemic analgesics may cause respiratory depression in the newborn if given near delivery.

Fentanyl is the most commonly used narcotic for labor. It is given intravenously and the duration is about one hour. Shaking after delivering a baby, whether a vaginal delivery or via c-section, is very common. Typically there is no need for concern since it passes rather quickly. Demerol is often given after delivery for shaking. Both Demerol and Morphine are used after cesarean delivery and can be given through the IV or into the muscle for longer duration of action. Demerol will help relieve shaking that commonly occurs after both vaginal and cesarean delivery. Morphine can be added to an epidural or spinal by the anesthesiologist for extended pain relief.

Local Anesthesia

With vaginal deliveries, every attempt is made to avoid vaginal lacerations or an episiotomy. If lacerations are anticipated and no epidural is present during the delivery, local anesthesia such as Lidocaine can be injected into the perineum so that the lacerations do not cause as much discomfort when they occur. Local anesthesia is also used to numb the vagina if sutures are necessary.

Epidural Anesthesia

Epidural anesthesia, or an epidural block, causes some loss of feeling in the lower areas of the body, yet the patient remains awake and alert. An epidural block may be given at any time during labor, preferably after the cervix is dilated to four centimeters. An epidural block usually contains both an analgesic (fentanyl narcotic) as well as an anesthetic (bupivacaine). If a cesarean section is necessary after labor, the same epidural will be used during the surgery. Your doctor and nurse will help you to decide when to get the epidural.

An epidural block is placed in the lower back in a small area (the epidural space) safely outside the spinal cord. You will be asked to sit or lie on your side with your back outward and to stay this way until the procedure is completed. You can move around in bed with an epidural. Walking is not permitted due to concerns about falling. An anesthesiologist from Group Anesthesia Services will discuss the procedure with you if you are considering an epidural.

An epidural may not be possible if you have bleeding or coagulation problems, an infection near the site of insertion, certain neurological disorders, some types of previous lower back surgery or blood pressure problems.

Before the block is performed, your skin will be cleaned and local anesthesia will be used to numb an area of your lower back. After the epidural needle is placed, a small tube (catheter) is usually inserted through it, and the needle is withdrawn. Small doses of the medication can then be given through the tube to reduce the discomfort of labor. The medication also can be given continuously without another injection. Low doses are used because they are less likely to cause side effects for you and the baby. In some cases, the catheter may touch a nerve. This may cause a brief tingling sensation down the leg. Because the medication needs to be absorbed into several nerves, it may take a short while for it to take effect. Pain relief will begin within 10-20 minutes after the medication has been injected.

Although an epidural block will make you more comfortable, you still may be aware of your contractions. You also may feel your doctor’s exams as labor progresses. Your anesthesiologist will adjust the degree of numbness for your comfort and to assist labor and delivery. You might notice a bit of temporary numbness, heaviness, or weakness in your legs. Sometimes, a patient controlled button is attached to the epidural infusion machine to allow you to supplement your epidural infusion. Your anesthesiologist will set this up for you if your delivery is not imminent.

Although rare, complications or side effects with an epidural can occur. Some women (less than 1 out of 100) may get a headache after the procedure due to an inadvertent spinal block. Other side effects may include ineffective pain relief, slowing labor, a decrease in blood pressure.

The veins located in the epidural space become swollen during pregnancy. Because of this, there is a risk that the anesthetic medication could be injected into one of them. If this occurs, you may notice dizziness, rapid heartbeat, a funny taste, or numbness around the mouth when the epidural is placed. This reaction is usually avoided with a small test dose of the medication which precedes the administration of the larger dose of anesthesia.

Rollover technique with an Epidural

It is important to continue to move and change position with an epidural. The “rollover” technique involve changing position every 20 to 30 minutes. Usually after an epidural is placed, you are in a left, side-lying position. After 20-30 minutes, you might be positioned into a semi-prone position on your left side. You can be positioned on hands and knees hugging a pillow with the foot part of the bed lowered, followed by the same positions on your right side and then returning to a semi-sitting position. The nurses will help you with positioning. Once you are dilated, the position of the baby’s head can be determined. You may be asked to move to one side or another or even in hands and knees to move the baby into an Occiput Anterior (OA) position so the baby can move through the pelvis.

Spinal Block

A spinal block is generally used for cesarean sections. Spinals provide a denser block than an epidural and usually have a quicker onset of action. They typically last about two hours. The procedure is similar to an epidural with an injection into the lower back. An anesthetic such as lidocaine or bupivacaine is used to numb the skin and prevent pain. An intrathecal spinal narcotic such as morphine can be added to the spinal to help with post-operative pain relief. The anesthesiologist or your obstetrician may offer this option to you. If you choose to receive the morphine in your spinal, you will most likely be able to avoid intramuscular shots after delivery and start or oral pain medications. Side effects from the morphine include itching which can be treated with Benadryl.

It is not uncommon to have a period during which you feel breathless or as if you cannot breathe. It can be scary. It happens because the anesthetic may numb the nerves that let you feel your breathing, while the nerves to the muscles that make you breathe are not blocked. In other words, you are breathing, but cannot feel it. As long as you can talk, we know that you can breathe.

General Anesthesia

A general anesthetic puts you to sleep with complete loss of consciousness. General anesthesia is used when a regional block (spinal or epidural) is not possible due to an emergency with the baby or a maternal medical condition. It is also used if no epidural is present and another procedure such as a tubal ligation is desired after delivery of the baby.

If you need a general anesthetic, the anesthesiologist will give medication through the intravenous line and then place a breathing tube into the trachea (windpipe) during surgery. Because of the risk of aspiration (food or fluid going into the lungs), labor patients are counseled not to eat or drink once labor has started.

Finally...

Many women worry that receiving pain relief during labor will somehow make the experience less “natural.” The fact is, no two labors are the same, and no two women have the same amount of pain. Some women need little or no pain relief, and others find that pain relief gives them better control during labor and delivery. Talk with your doctor about your options. Be prepared to be flexible. Don’t be afraid to ask for pain relief if you need it.