Most women are a bit nervous about the pain of labor and delivery. Each woman experiences labor pain differently. At Mount Carmel, we will assist you in managing your labor pain. The “Coping with Pain in Labor” handout describes some ways to manage labor pain that are medication free. Some pain medication may also be ordered by your OB doctor and given in your IV by your nurse.

Unless there is an emergency, you can choose whether or not to have anesthesia services. Your anesthesia doctor and nurse anesthetist take into account many factors before any pain relief method is used. There is not a single way to provide complete pain relief for labor and delivery.

**Epidural Anesthesia**
An epidural block is a type of regional anesthesia, which can be used to help relieve pain during labor and delivery. An epidural block is given in the lower back. You will either be sitting up or lying on your side during its placement. First, a small amount of a numbing medicine is given in the spot where the epidural needle will be placed.

Once the needle is placed, a thin plastic tube (catheter) will be inserted through the needle into your lower back. The tip of the tube is placed next to the membranes that surround the spinal cord. The needle is then removed and only the small plastic tube is left in place. This tube will be taped to your back so that it will not move. The free end of the tube is connected to a medication pump.

Pain medicine is given through the tube by the pump. The pain medicine can be given throughout labor and delivery. Most women have a great deal of pain relief about 20 minutes after the epidural is placed. You may still feel the pressure of contractions and delivery. In most cases, the epidural can also be used for a Cesarean birth should that become necessary.

**Spinal Anesthesia**
Spinal anesthesia, another type of regional anesthetic, is often used for Cesarean births and other surgery. A needle is inserted into the lower back, much like an epidural. A single dose of numbing medicine is injected through the needle and the needle is then removed. Everything from your toes to your chest level temporarily becomes numb and hard to move. You will be awake and alert for the delivery.
General Anesthesia
General anesthesia for Cesarean births is usually used in emergency cases only. Many people think of general anesthesia as “being put to sleep”. A general anesthetic begins with medicines that are injected through your IV. After you are asleep, a breathing tube is placed into the windpipe. Inhaled anesthetic agents will be used to keep you asleep until the Cesarean birth is complete.

Risks and Complications
There are risks and complications that may occur with any method of anesthesia. Women of child-bearing age are generally young and healthy and the risks of complications are very low. Listed below are some of the discomforts and side effects you may experience with anesthesia. Please tell your nurse right away if you notice any of these:

- Nausea
- Vomiting
- Dizziness
- Muscle shakes
- Backache
- Slowing of labor

Listed below are complications that may be related to anesthesia that are rarer:

- Headache
- Ringing in the ears
- Vision problems
- Seizures
- Trouble breathing
- Infection
- Nerve injury
- Impaired bladder function
- Decreased fetal heart rate or oxygen content
- Pneumonia or lung damage after inhaling vomit
- Accidental spinal when attempting an epidural
- Incomplete pain relief
- Extremely rare: loss of life

To reduce the risk of complications, you will be checked often. Your vital signs including blood pressure will also be taken often. A fetal monitor will be used to check the status of the baby and your progress through labor.

For your safety, after an epidural is placed:

- Limit the amount of ice chips you swallow.
- Do not eat or drink anything else and do not chew gum.

Talk your nurse, doctor, or the anesthesia staff about any questions or concerns.