



Division of Obstetric Anesthesia

Department of Anesthesiology at the Jamaica Hospital Medical Center

Welcome to Labor and Delivery
and the Division of Obstetric Anesthesia

What you can expect from the Division of Obstetric Anesthesiology at Jamaica Hospital Medical Center

Modern obstetric (OB) anesthesia care focuses on helping mother and baby safely through the childbirth process. At Jamaica Hospital, our team of OB Anesthesiologists are available 24/7 and are dedicated to making this process as pain-free as is safely possible by providing:

- A safe and pleasant childbirth experience for you, your baby, and your family;
- State-of-the-art management of pain to keep you as comfortable as possible;
- Respect for you as an individual and an anesthetic tailored to your specifications;
- Encouragement to freely and openly discuss your wishes and concerns with our staff.

What kinds of pain management can an OB Anesthesiologist provide for labor and delivery?

Analgesia, which means relief of pain, is most commonly achieved using an epidural and/or spinal technique. These are also called *regional analgesia* techniques because they lessen pain in the lower region of your body

Anesthesia, which means blocking of all sensation is required for a cesarean delivery and can also be achieved using an epidural and/or spinal technique. This is called a *regional anesthetic* because your lower body is numb but you are awake. Anesthesia can also be achieved with *general anesthesia* in which case you are completely asleep and feel nothing.

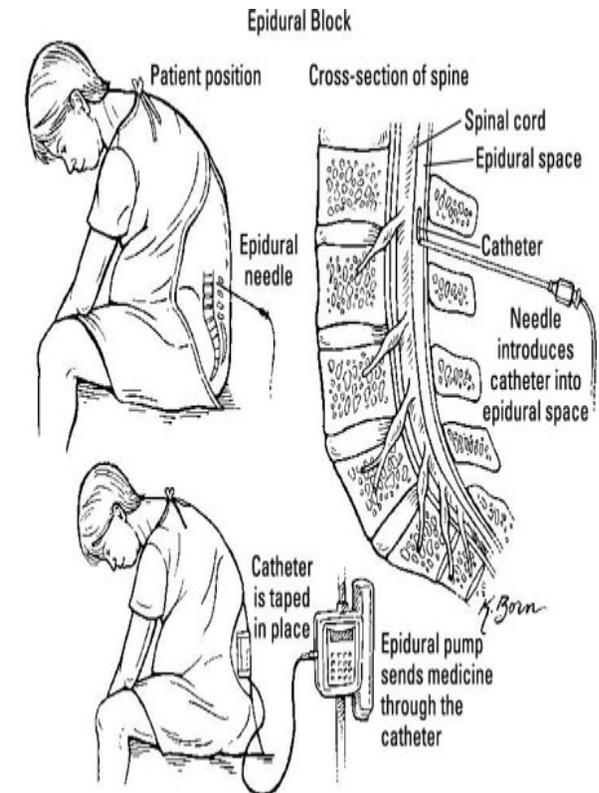
The Process

It is your decision whether you would like an OB Anesthesiologist to provide analgesia for labor and delivery. You may receive *regional analgesia*:

- At almost any time in your labor;
- With your obstetrician's approval;
- Provided your medical status is suitable.
- If you are considering analgesia for your labor, you should inform your obstetrician and nurse as early as possible.
- Prior to the administration of regional analgesia the anesthesiologist must evaluate you, explain the risks and benefits and answer any questions you may have. As labor progresses the contractions may make it more difficult for you to stay in the position necessary for epidural placement so it is important to request analgesia before you reach this point in your labor.

What is an Epidural?

The nerves responsible for sensation in the lower part of the body come from the spinal cord, which is surrounded by the spinal and the epidural spaces. By injecting local anesthetic and/or narcotic medications into the epidural (or spinal) space the nerves are blocked and pain is lessened. If an epidural is chosen, your lower back is first cleaned with antiseptic and a small area is numbed with local anesthetic. A special needle is used to place a catheter (a very thin plastic tube) in the epidural space. Medication is given through the catheter into the epidural space as needed.



- All of the medications we use have a long track record of safety in laboring women and are given in the lowest doses possible to minimize possible side effects.
- Epidural analgesia should not significantly alter the natural course of your labor.
- The epidural medications can be adjusted throughout labor as needed.
- Since pushing out the baby may be more difficult for some women if they are too numb, we adjust the medication as necessary.
- If for any reason labor does not progress to a vaginal delivery, your epidural can usually be used to provide anesthesia for cesarean delivery.
- Sometimes the epidural is placed as part of a combined spinal-epidural (CSE), and a spinal dose of medication is given at that time to speed the onset of pain relief. Pain relief is then maintained with the epidural.

Possible Side Effects

- Your *blood pressure* may decrease after dosing the epidural so we monitor your blood pressure frequently during labor and treat low blood pressure with IV medication if needed.
- Narcotic medications (if used) may cause a feeling of *itchiness* that will go away a short time after delivery.
- There is a 1 in 100 chance of getting a *headache* from the placement of the epidural. The headache may start within a day or two, and untreated can last for many days. While it is not dangerous, the headache can be annoying, and if necessary your anesthesiologist can treat you for it.

Other Concerns

- Your baby will not be affected by the epidural medication.
- *Backache* is relatively common in women who have been pregnant, and is not caused by having an epidural.
- *Neurologic (nerve) injury and infection* are extremely rare. We use antiseptic solutions and sterile techniques to minimize this risk.
- *Bleeding*. If you have a blood clotting disorder, the placement of an epidural or spinal may require that we wait for the results of blood tests to assure us that the procedure will be safe for you. In this case the placement of the epidural or spinal may be delayed.

Other kinds of analgesia for Labor and Delivery

- If you do not want an epidural you can be given IV pain medication. This is ordered by your obstetrician, not by the anesthesiologist, and you should discuss this option with your obstetrician.
- IV medication does not relieve pain as well as an epidural but may make the pain bearable.
- IV medication is safe but some may cross the placenta into the baby. If IV medication is given towards the end of labor your baby may be sleepy upon delivery.

Pain Management After Delivery

- Pain medications will be prescribed for you by your obstetrician, both on a schedule and upon your request.
- All of the medications ordered for you are safe for breastfeeding mothers and their newborns.

- Ketorolac (Toradol), a strong form of ibuprofen, is routinely given shortly after delivery to help with pain management.
- Tylenol, Motrin or Percocet (acetaminophen with hydrocodone, a narcotic) may be given at varying time intervals as needed.
- If more post-delivery pain relief is needed, your obstetrician may consult with our hospital-based Pain Management Service (a Division of the Department of Anesthesiology) that maintains staff coverage in the hospital 24/7.

Anesthesia for Cesarean Delivery

- Patients generally remain awake for the delivery, and a significant other may stay with them during the surgery.
- If you have an epidural catheter in place for labor analgesia and then require cesarean delivery, your epidural can be used to achieve a level of anesthesia adequate for surgery.
- If you are scheduled for a cesarean delivery, spinal anesthesia is usually used because it works quickly.
- Both epidural and spinal anesthesia can lower your blood pressure. This is common and will be treated with IV medications as necessary.
- Additional IV sedation can usually be given if needed, but we try to avoid general anesthesia (going to sleep for surgery) because it presents added risks to both mother and baby.
- If general anesthesia becomes necessary, it will be provided in the safest way possible.
- A very small dose of morphine is added to the spinal or epidural medication. This will provide 18-24 hours of post-operative pain relief. Itchiness is the most common side effect and will also wear off within 24 hours.