



Labor Analgesia: What to Know

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“Pain only degrades and destroys
those who experience it.”

- James Young Simpson

Father of Obstetric Anesthesiology

Where we came from

- January 2018 – no labor analgesia. First time moms: “I want a Cesarean Section!”
- Survey – patient and staff attitudes about labor analgesia
- Education of staff
- Development of a Labor Analgesia Protocol
- March 2018 - Implementation of Labor Analgesia Protocol

Labor Analgesia Patient Survey – Early 2018

- What was labor pain like?

14 / 20 Severe

- Were you given any medicine for pain?

17 / 18 NO

- Do you think pain medicine should be available for labor?

16 / 20 YES

- Have you heard of any type of pain relief ?

18 of 20 NO

Conclusions of the survey

- Many patients have severe pain
- Lots of patients want help with pain
- Most patients don't know there is pain medicine

Labor Analgesia Staff Survey – Early 2018

- 39 Midwives, 47 doctors, 12 NPAs
- Labor Pain is SEVERE:
 - Midwives 32/39
 - MDs 44/46
 - NPAs 10/12
- Some patients do not want pain relief (True)
- Staff do not know what pain relief exists
- Staff uncertain about effect on baby, benefit to mother
- Staff believe it slows labor
- Not sure of safety
- Mothers appreciate children with pain
- More Doctors think God wants pain
- Many not taught about pain relief

Labor Analgesia Protocol

Early Labor Pain Options (<5cm)

- Pethidine 50 to 100mg IM every 4 hrs
- Tramadol 100mg IM every 4 hrs
- Paracetamol 1gm IV every 4-6 hrs
- Fentanyl 50 mcg IV every 10 min, as required
- Spinal analgesia using plain Bupivacaine 2.5mg with morphine 150mcg
- Epidural analgesia

Advanced Labor Pain Options (>5cm)

- Paracetamol 1gm IV every 4-6 hrs, as required
- Tramadol 100mg IM every 4 hrs, as required
- Fentanyl 50 mcg IV every 10 min
- Spinal analgesia using plain Bupivacaine 2.5mg with morphine 150mcg
- Epidural analgesia

March 2018

- Labor Analgesia Protocol was implemented on Labor Ward
- By August of 2018 – 318 women had received analgesia during labor
- Currently the Labor Analgesia Protocol is used by most patients on the Labor Ward at some point during labor

But then came...

Labor Epidurals!!

THE EPIDURAL



BEFORE



AFTER

by FARMAN

Why Epidurals?

- Better pain control than any other method
 - Better pain scores
 - Improved patient experience
 - Better patient satisfaction
- Can be used for labor and dosed for cesarean, if needed
- Can be dosed to ease forceps- or vacuum-assisted delivery
- Can be dosed for post-delivery procedures: manual extraction of the placenta, D&C, vaginal or cervical laceration repair
- Continuous technique: can make it last as long as you want

Good things about Epidurals

- Best labor pain control available
- Less nausea
- Less sedation
- Very little motor blockade – means strength to push is preserved, pelvic floor tone is preserved
- Pressure sensation intact – means urge to push is preserved
- Stable maternal vital signs – good for HTN, cardiac disease patients
- Improves utero-placental blood flow by decreasing catecholamines and preventing hyperventilation
- Does not effect baby – medicine works on mom's nerves



Why are they not used already?

- Lack of skilled anesthesia providers trained in epidural placement and management
- Information and advice given to pregnant women by OBs, Midwives, child birth educators, and family
- Personal and cultural expectations of the pregnant woman
- Concern that they will slow or halt labor (not true)
- Concern that it will effect the baby (not true)

Common misconceptions about epidurals

- Having an epidural increases the risk of needing a C/S → NOT TRUE
- An epidural makes you so numb you cannot push → NOT TRUE
- Epidurals cause chronic back pain → NOT TRUE
- Epidurals often cause horrible headaches → NOT TRUE
- The epidural will affect my baby → NOT TRUE
- Epidurals slow labor → NOT TRUE

Are there risks?

- Headache
- Nerve injury
- Epidural hematoma
- Epidural abscess
- Failed block

SAME as for spinal

What are you talking about?! Just lay eggs!

No! I want an epidural ...



November 2019

- Full labor epidural service begun in Labor Ward
- Initial uptake slow
- Midwives given education on Labor Epidurals
- Uptake increased significantly
- At present, over 30 labor epidurals have been performed
 - 9/30 went for C/S (30%)
 - 1 baby to NICU
 - Pain before 7-10/10 and pain after 0-2/10 in 29/30

Bottom Line:

- Treating labor pain results in:
 - Improved patient experience and satisfaction
 - Improved staff satisfaction
 - Improved maternal hemodynamic stability
 - And therefore, improved fetal stability
 - Decreased incidence of cesarean section
 - And therefore decreased morbidity and mortality related to C/S

What about The Bible?

- Genesis 3:16
 - To the woman He said, “I will surely multiply your pain in childbearing; in pain you shall bring forth children.”
- Genesis 2:21
 - So the LORD God caused a deep sleep to fall upon the man, and while he slept took one of his ribs and closed up its place with flesh.

Thank you for your attention

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