

# Epidurals and Pain Management During Labor

Once you are in active labor (dilated at 4–10 cm), administering pain medicine is less likely to slow down or stop labor. The most common pain management method is an *epidural catheter*, which allows a regional anesthetic (sometimes combined with narcotic) to be injected into the epidural space in the spinal column.

The advantage of an epidural is it's the strongest pain medication available, significantly reducing pain. The disadvantages include a numbing sensation that may be undesirable or prolonging the pushing phase of labor. You may need to be catheterized in order to empty your bladder.

## Getting an epidural

To place an epidural catheter, an anesthesiologist will first apply a sterile solution to your skin and then proceed to numb the skin. Next, they will place a needle in between the vertebrae of your spine (in between the bony bumps you might be able to feel on your back). At this point you will only feel pressure. The needle will be used to find the epidural space, which is the space just outside of the dural membrane. The medication will travel through this space to your nerves, where it acts to interrupt the transmission of pain signals, giving you pain relief.

Because it is a sterile procedure, we limit the number of people in the room until the epidural catheter placement is complete and you are comfortable. The needle will be removed once the epidural catheter is placed, and the catheter is taped to your back, where it remains for the rest of your labor. Neither needles nor anything sharp will remain in your back, so you are able to roll over and reposition yourself during your labor.

The pain relief should last as long as your labor lasts, and the dose can be adjusted if you experience breakthrough pain. The epidural catheter typically stays in for the duration of your labor up until the time of your transfer from the labor and delivery floor to your discharge to a postpartum room.

## Other pain relief options

While most healthy mothers with uncomplicated pregnancies are able to safely receive an epidural catheter, not all patients are eligible for this type of labor pain relief. Your anesthesiologist may not be able to offer an epidural if you have:

- An infection at the catheter placement site
- Certain blood clotting disorders
- Elevated brain pressure (rare in pregnant women)
- Significant cardiac conditions

**Alternative pain management strategies may include:**

- Narcotics, such as Dilaudid, which is administered as an injection or through an IV
- Walking
- Applying hot packs to abdomen or back
- Taking a warm shower

- Sitting on a birthing ball