

What methods are available to manage pain during childbirth?

Childbirth, especially for first-time mothers, begins with an initial phase of “pre-labor” which varies in duration. During pre-labor, it is important to remain as mobile as possible in order to “stimulate” the cervix. Exercises such as using a birthing ball, walking and massage, as well as the use of certain medicines, will offer pain relief and help you transition to the next phase. Labor truly begins when the cervix has dilated between two exams. At this time, you may have an epidural – the most effective method for managing pain.

What is epidural analgesia?

Epidural analgesia works by blocking the transmission of painful sensations sent by nerves in the uterus. It consists in using a special needle to insert a catheter (a very thin tube) into the epidural space of the lumbar region, at a distance from the spinal cord.

How is the epidural administered?

It is administered under local anesthesia and does not cause any pain. An IV will be inserted along with monitoring elements prior to the epidural. The catheter remains in place throughout the delivery. The procedure is performed to coincide with the rhythm of your contractions. Focusing on breathing and possibly using light hypnosis will help you to relax and arch your back.

How is the epidural’s effect maintained?

Your anesthesiologist will stay with you throughout the entire labor. However, you will have a “patient-controlled” pump that lets you – in a totally safe manner – self-administer a certain number of “boluses” based on your personal needs. This system makes it possible to comfortably balance out the doses you receive, in order to maintain a certain degree of feeling, especially the urge to push towards the end of labor.

What are the risks and drawbacks of epidural analgesia?

At the beginning, you may experience a momentary, non-alarming drop in blood pressure. You may also experience dizziness or nausea. Highly localized pain might be felt where the needle was injected, which may last several days but is not cause for worry. In some rare cases, “spinal headaches”, which worsen with movement, can develop. They are caused by a “hole” for which effective treatments are available. The incidence of more serious complications that can cause residual effects such as convulsions, paralysis and loss of feeling is close to zero. The benefits of an epidural largely outweigh the risks.

Are there any contraindications for an epidural?

In the weeks leading up to the birth, you will have a consultation with your anesthesiologist. At this time, a specific biological assessment will be prescribed in order to identify certain at-risk situations including blood coagulation problems, skin infections or certain heart-related illnesses. The findings will be updated on the day of delivery.