

Labor, Delivery, and Anesthesia: What you should know

Welcome to NYC Health + Hospitals/Elmhurst Labor and Delivery. As your anesthesia team, we want you to be informed about pain relief during labor while addressing common misconceptions.

Frequently Asked Questions:

The Anesthesia Team

What should I know about the anesthesia team?

The anesthesia team is comprised of a physician anesthesiologist and a certified registered nurse anesthetist. We are here 24/7 to relieve your pain and keep you extra safe during emergencies.

What information should I share with my anesthesia team?

Please tell us your medical history. Whether or not you choose to have anesthesia for labor, please share any health issues with us so we can keep you as safe as possible during your hospital admission.

Labor and Pain Relief

What are my options for pain control during labor?

The two most common methods of pain control during labor are:

- + IV medication
- + Epidural medication

IV pain medication can make both you and the baby sleepy. The epidural will not make you or the baby sleepy and will provide better pain relief than the IV.

What is an epidural?

We place pain medication into a specific area in your back known as the “epidural space” via a small plastic tube. You’ll have decreased feeling from the belly button down to your feet. You will still feel the pressure of the contractions, but sharp pain is blocked. This medication runs continuously until you deliver your baby. You may also press a button every 20 minutes to receive more pain medication if needed. Do not worry about giving yourself too much medication with the button; there is a built-in safety limit.

Does it hurt to get an epidural?

Before we place the epidural into your lower back, we numb the area using a small injection of medication. This injection stings for 10 seconds. Once that area is numb, we proceed with the epidural placement. You will feel pressure in your back as we perform the procedure. If you feel anything sharp, we administer more numbing medication.

Will there be a needle in my back?

A small needle will be used during placement of the epidural. However, once we are done placing the small plastic tube, no needles remain in your back. When you lie on your back, you don't need to worry about anything sharp.

What happens if I move during the epidural placement? How should I sit when you are placing it?

If you move during placement, you will not get injured. However, if you move, it will be a lot harder, if not impossible, to place the epidural. When you sit up for the epidural placement, your back should be curled around your belly, creating the letter "C." Please see the image below.

At what point during labor can I get an epidural?

You can get an epidural at almost any time during labor. Please be aware, it takes up to 15-20 minutes for the medication to fully start working. And if you wait until you are in too much pain to sit still, it may be a lot harder to place.

What are the benefits of an epidural?

The epidural is the gold standard for pain relief during labor. The medication will not make you or the baby sleepy and will not affect your ability to breastfeed. If you need an emergency cesarean delivery, we can use the epidural to keep you comfortable during surgery and allow you to remain awake for the delivery of your baby. Without an epidural, we would have to put you to sleep during an emergency cesarean.

Will the epidural increase my chances of a cesarean section?

No. An epidural does not increase this risk.

What are the risks of an epidural?

There are risks and benefits to every procedure. The anesthesia team will only provide an epidural if the benefits for you outweigh the risks. There is a low risk of infection, bleeding, nerve injury, allergy, and headache. Please speak to your anesthesia team to learn about additional risks and benefits specific to you.

Cesarean Delivery and Anesthesia

What are my options for anesthesia during the surgery?

- + Spinal anesthesia
- + Epidural anesthesia
- + A combination of epidural and spinal anesthesia
- + General anesthesia (you are completely asleep during the procedure)

The vast majority of the time, a spinal and/or epidural approach is safer than putting you to sleep. In rare instances, putting you to sleep is safer than using a spinal or epidural. The anesthesia team will tailor the anesthesia plan to your needs.

What is a spinal and epidural anesthesia? What are the similarities and differences?

The techniques are similar. Medication is injected into your lower back to numb your body from the top of your belly to your feet. The numbness allows the OB team to perform a cesarean delivery while you are still awake. You will always feel touch and pressure during the delivery, but you will not feel anything sharp.

One of the differences is that the epidural leaves a tiny plastic tube in your back to give more numbing medication hours later if necessary. The spinal, in contrast, is a single shot without tubing left in place. Most patients only require a spinal for the delivery, however, some patients will require a combination of a spinal and an epidural. Your anesthesia team will explain which option they specifically recommend for you.

Will it hurt getting a spinal or epidural?

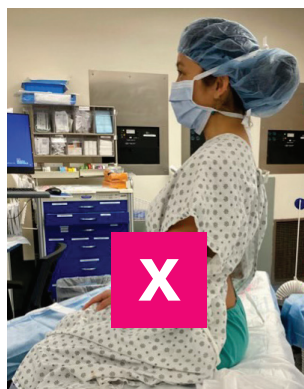
You will feel the injection of numbing medication in the lower back. That numbing medication stings for 10 seconds. Once that area is numb, we proceed with placing the spinal and/or epidural. You will feel pressure in your back as we perform the procedure. If you feel anything sharp, we will administer more numbing medication.

Will there be a needle in my back?

A small needle will be used during placement of the spinal or epidural. However, once we are done with the technique, no needles are left in your back. When you lie on your back, you don't need to worry about anything sharp.

What happens if I move during the spinal/epidural placement? How should I sit when you are placing it?

If you move during placement, you will not get injured. However, if you move, it will be a lot harder to complete the spinal/epidural. When you sit up for the placement, your back should be curled around your belly, creating the letter "C". Please see the images below.



What are the benefits of epidural/spinal?

The epidural or spinal is the gold standard for anesthesia and pain relief for a cesarean delivery. The medication will not make you or your baby sleepy. There are two medications which are injected into your back at the same time:

1. A medication which will make you numb from the top of your belly to your feet for the surgery. It will start to wear off in the recovery room.
2. A medication which will provide pain relief for up to 24 hours even after the numbing medication has worn off. These medications will not eliminate the need for other pain medication while you are recovering from surgery, but they will decrease the amount of medication you will need to control your pain.

What are the risks of a spinal and/or epidural?

There are risks and benefits to every procedure. The anesthesia team will only provide a spinal/epidural if the benefits for you outweigh the risks. There is a low risk of infection, bleeding, nerve injury, and headache. Please speak to your anesthesia team to learn about additional risks and benefits specific to you.

Nausea or vomiting after the spinal is common, so let us know how you are feeling. This is normal and not dangerous. We provide medication to decrease the occurrence.