

# Parents Want to Know

## How Will This Medicine Affect Our Baby?

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Women and their partners often ask whether pain medication or anesthesia will harm their baby. The nurse can help parents choose wisely from available options by providing honest information:

- Pain that you cannot tolerate is not good for you or your baby, and it reduces the joy of this special event.
- Some risk is associated with every type of pain medication or anesthesia, but careful selection and the use of preventive measures minimize this risk. If complications occur, corrective measures can reduce the risk to you and your baby.
- Some pain relievers can cause your baby to be slow to breathe at birth, but carefully controlling the timing and dose of the medication reduces the likelihood that this will occur. We can use another medication to reverse this effect, if needed.
- Epidural or spinal anesthesia can cause your blood pressure to fall, which can reduce the blood flow to your baby. However, we give you lots of intravenous fluids to reduce this effect. We have other medications to increase your blood pressure if the fluids are not enough.
- General anesthesia can cause your baby to be slow to breathe at birth. To reduce this risk, the anesthesia will not be started until everything is ready for the surgery, and the doctors will clamp the baby's umbilical cord as quickly as possible.

(Murray, 2014, p. 298)

Murray, S. S., McKinney, E. S. (2014). *Foundations of Maternal-Newborn and Women's Health Nursing, 6th Edition* [VitalSource Bookshelf version]. Retrieved from <http://pageburstls.elsevier.com/books/978-1-4557-3306-4>

# Epidurals: 6 FAQs

## 1. What effect will an epidural have on my baby and me?

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Although epidurals don't slow down dilation of the cervix or increase your risk of needing a Cesarean section, they might prolong the pushing phase of delivery by an average of 20 minutes. The procedure also can increase your temperature and increase your chances of developing a fever. This can confuse your doctor, who might not be able to tell whether the increase in temperature is because of the epidural and not cause for concern or due to an underlying infection that could be transferred to your baby.

The upside of an epidural is related to the body's normal reaction to pain. Pain causes the release of stress hormones into the bloodstream, which can increase your heart rate and divert blood from the uterus. Pain can also make you hyperventilate, which can also divert blood away from the placenta, the part of the uterus where your baby gets oxygen and nutrients. As epidurals block this pain from happening, you don't suffer its ill effects.

As for the health of your baby, researchers haven't found a significant difference in APGAR scores or the results of other specialized tests of babies born to mothers with labor epidurals and babies born to mothers who did not receive any medications during labor.

## 2. Will it hurt?

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Although some women fear getting epidurals more than they fear childbirth, after getting one, most say that the procedure is less uncomfortable than an IV or even one [contraction](#). Many understandably worry about the size of the needle, but the size of the epidural needle ultimately doesn't matter. This is because an initial, truly tiny needle is used to numb the area just before the epidural needle is inserted. Most women don't mind this tiny needle. They do, however, feel the numbing medication that is injected through the needle. This will sting for about five seconds. The epidural medication starts to work within five minutes and peaks in 10 minutes. Therefore, it will typically take about 15 minutes from the moment we start the procedure to the moment you feel relief from pain.

## 3. How is an epidural performed?

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We position some women on their sides and ask other women to sit up during an epidural. You probably won't be offered a choice. Either way, your OB nurse will help get you into the necessary position. Cleaning solution is swirled on your skin, the numbing medication is injected and the epidural needle goes through the numb area (and you feel a little bit of pressure). The epidural catheter is threaded into your epidural space (with either no pain or possibly a one-second "hit-your-funny-bone"-like sensation down a leg), the needle is removed, and the catheter is taped to your back. You lie down (but you can't feel the thin catheter), meds are pushed through the catheter, and, finally, you're connected to a pump that continually replenishes the epidural medication until you deliver.

#### 4. What happens if I move or have a contraction during an epidural?

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Labor contractions can be as frequent as every two minutes; it's unlikely that an epidural could be put in place between contractions that are coming this fast. You'll have a couple of contractions during placement, but it's OK—placing an epidural is not an extremely delicate process. Women who make a small to moderate movement during the procedure slow us down, but almost everyone can stay still enough.

#### 5. How do you know you're in the right place and not hitting my nerves or spinal cord?

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We know we're in the epidural space because we feel a change in the syringe attached to the epidural needle. When your anesthesiologist finds your epidural space—and finding it can take as little as 60 seconds—he or she will thread the epidural catheter in.

A common misperception is that the epidural (or spinal) is placed *into* a nerve or *into* the spinal cord. Nothing could be further from the truth. The needle, catheter and medication go into the *compartment* that the nerves pass through.

Your spine is a protective bone structure surrounding your epidural space. Bumping into the spine (the bone) with the epidural needle should not hurt. In fact, you probably wouldn't realize it if your anesthesiologist bumps into the spine. Also, know that it's extremely difficult to bump any nerves, especially your spinal cord, with the epidural needle. The nerves enter the epidural space from the sides, not from the center—and the needle is placed in the center.

#### 6. Will I be able to walk around after the epidural?

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Your legs may feel tingly and a little weak by this time, so it's not safe for you to be moseying through the halls. (Some hospitals offer "walking" epidurals, which initially don't limit you to your bed as much.) For most, plan on staying bed-bound for the rest of your labor. Besides, your obstetric team will want to monitor your baby's heartbeat frequently, which needs to be done from bed.