Epidural Analgesia during Labor

THE POSITION OF WOMAN IN ANY CIVILIZATION IS AN INDEX OF THE ADVANCEMENT OF THAT CIVILIZATION. THE POSITION OF WOMAN IS GAUGED BEST BY THE CARE GIVEN TO HER AT THE BIRTH OF HER CHILD.

H.W. HAGGARD

Epidural Analgesia during Labor

- History of analgesia in labor - a quick review
- Review of anesthetic definitions
- What defines a working epidural
- Impact of analgesia on labor outcomes

A brief History

- Nitrous Oxide - 1772
- Ether - 1842
- Chloroform - 1831
First laboring women to receive analgesia

1847 and 1848  Emma Darwin

1848  Kate Dickens

1853 and 1857  Queen Victoria

General Anesthesia

- **WHEN:** True emergency C/S or when all else has failed
- **What is it:** Patient is completely asleep. IV induction of anesthesia

**Airway success**

- Airway instrumentation in obstetrics. Nothing can happen without it!
- Cricoid pressure
- Goal: 10 minutes, from Decision to Birth

Approach it like a code

**Advantages:**
- Speed of delivery

**Obstacles:**
- Tangled Lines and risk of losing the IV access
- Risk of Hemorrhage
- Traumatic experience for the patient
- Airway Management
Spinal Anesthesia

- When: Whenever possible for electives, and a range of urgent C/S when we have time
- What is it: Local anesthetic in the spinal fluid. Patient is completely awake, with a goal of a T-4 block
- It can take up to 20 minutes for a spinal to set... Time is less controlled.
- Goal: Safe anesthetic for mother and fetus

Spinal Anesthesia

Advantages:
- No airway management
- Mother is awake

The most reliable regional anesthesia

Spinal Anesthesia

Obstacles:
- Position of the patient, willingness to participate
- Maternal coagulopathies, spinal anomalies, and other pathophysologies incompatible with neuraxial anesthesia
- Time!!
Epidural Anesthesia

- When: whenever we can use the epidural catheter placed for analgesia of labor
- What is it: Strong concentration of local anesthetic given through the epidural catheter with a goal of a T-4 block
- Process: OR ready, etc… BUT, MUST have a good working epidural!

Advantages:
- The use of an already existing mean of delivery for the local anesthetic
- No airway management
- Patient awake, S.O. in room

Obstacles:
- Time
- Poorly working epidural
- The train no one wants to get on: The 3 Anesthetics Ride!
When a C/S is Called

- Emergent or not! If not: how urgent?
- NPO status, H&P
- Yes/no: Epidural present and working well
- Yes/no: time for a spinal

The rainbow of C Births

- True emergency TO True elective: On a 180 degree arch, a good number C/S are elective, very few are true emergencies, the “splash and cut” kind, which leaves the rest in the middle.
- Who decides
- Who cares and why
- Why does it matter

Analgesia in Labor

- Rules versus Expectations
  - From the patient, the family, the Obstetrician, you, the anesthesiologist and the CRNA.
Epidural analgesia

PCEA concept

- Basal rate
- Bolus

PCEA Concept

1. Gravity
2. Volume
3. Timing as labor progresses!
The Guests

Early Labor

Transition

Analgesia in Labor

- Is the epidural working?
  - Are you looking in the right direction?

- Reality versus Perception: Your worst enemy!
- Pre-conceived idea of what labor pain is, of what your patient is feeling during the labor process.

What is Pain

- Pain is what the patient says it is
- Pain is subjective
- The 3 scales of labor:
  - 0-10 Cervical Dilation
  - 0-10 Subjective Pain Scale
  - 0-10 Objective Pain Scale

- What she thinks she feels
- What we think she feels
Fetal position and the Bead curtain effect
Tools

- Touch their feet
- Have them scratch their sides
- Ask if they are pushing the button
- Ask if it helps
- Check with ice when in doubt sides and behind the knees

Remember

- Fact 1: An epidural catheter that provides adequate analgesia during labor is likely a catheter that will deliver adequate anesthesia for surgery
- Fact 2: If one needs the strength of a surgical local anesthetic for the purpose of analgesia, the epidural catheter is most likely not functioning properly
- Fact 3: Assessing an epidural and the function of the analgesia will provide a mirror like image of the labor and the fetal position

Mother Baby Center Abbott

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NOTHING IN LIFE IS TO BE FEARED. IT IS ONLY TO BE UNDERSTOOD.

MARIE CURIE

Conclusion

We are all here with 2 common goals:

Patient Safety
Patient Satisfaction