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labor PAIN

how to cope

Expert answers to common questions
about handling the pangs of birth

For first-time expecting moms, perhaps the biggest unknown is labor pain and how to deal with it. Hollywood images of pregos clutching their abdomens and letting out blood-curdling screams aside, the experience will be different for each woman. To make the best choices for you, don't wait to experience labor or rely on the perspective of your grandma or neighbor. Learn about pain-relief techniques and work closely with your ob/gyn or midwife to create a solid pain-management plan.

To help, William Camann, M.D., father of two, director of obstetric anesthesia at the Brigham and Women's Hospital in Boston, and an associate professor of anesthesia at Harvard Medical School, answered some critical questions for *Pregnancy* about trends in pain relief, epidurals, and some alternative options. His book, *Easy Labor: Every Woman's Guide to Choosing Less Pain and More Joy During Childbirth*, assists moms-to-be in making decisions about how to ease the pain while welcoming baby.

MEDICAL RELIEF

Q What are the latest developments and innovations in labor pain relief?

A There's been a trend over the years toward lower doses of medications. If you get an epidural today, the amount of medication is roughly one-tenth of what you might have gotten 20 years ago. With older epidurals, your legs felt almost totally numb. Women often needed bladder catheters to urinate and help push out the baby. Now almost all patients can feel and move their legs, and they experience contractions as a tightening or slight ache. They can be much more involved in the experience, which is an important psychological advantage for women.

Q What options do women have for medical pain relief during labor?

A There are a few varieties of epidural anesthesia. With a standard epidural, you get a continuous drip of medication into the epidural space in your back. An alternative is called the combined spinal-epidural (CSE), which is commonly used in many hospitals. With the CSE, you get two injections done through the same needle; one injection is in the epidural space and the other goes a bit deeper into the spinal space. It's useful in patients who are in advanced labor. CSE also allows the patient to have complete mobility and it works really fast. Moreover, the amount of medication

"I chose to have an epidural because at the end of the day (with pain or without) everyone goes home with the same wonderful prize...so why choose pain?"

—Cara Walker, Portland, OR, mom to 6-year-old William and 3-year-old Cailin



used in the CSE is minor compared to a standard epidural.

Another option is patient-controlled epidural anesthesia (PCEA). The theory behind it is that everybody needs different amounts of medication. With PCEA, patients can self-administer their own doses with a button attached to the pump dripping in the medicine. It allows flexibility and individualized pain relief. Plus, with PCEA you use a lot less drug. The nurses love it, and patients love it.

Non-epidural drugs, typically narcotics, can be injected either through an IV or a regular injection. One commonly used narcotic is Nubain (nalbuphine); it's in the same class of drugs as morphine and codeine. It's a totally different experience than an epidural because it's injected into your bloodstream. You'll feel drowsy, sleepy, and it makes the baby a bit sleepy, too.

Q Is there any point when it's too late to get an epidural?

A Generally, no. You can look at this different ways. Some women come to the hospital late in labor with their hearts set on an epidural. They are only minutes away from delivery! The

main problem with getting an epidural that late in labor is physically being able to sit still for the needle to be inserted properly. But it can be done up until the time of delivery. However, there are probably some caregivers who will tell a patient it's too late. That's not the common approach. If the baby is still in, most women should be able to get the epidural, which takes about 10 to 20 minutes to start working. If you're going to deliver quickly, combined spinal-epidural is preferred, if offered at your hospital.

Q Some moms say the epidural does get in the baby's bloodstream. Is that true? How does it actually affect babies?

A There's no question that the drugs that are given epidurally will get into the mother's bloodstream and also into the baby's. But the important perspective is that the amounts are very low. Lots of research studies have been done on the amounts of medication in babies after birth. With epidurals the amounts are very small. There have been studies on whether epidurals affect the baby's ability to breastfeed, including tests that are more sophisticated than the Apgar score. You might read and hear people say epidurals affect breastfeeding, but the evidence doesn't support it.

Q Are epidurals ineffective in some women? If so, what can those women do for relief?

A Roughly 5 percent of epidurals are not fully effective. One reason is that the actual catheter delivering the anesthesia doesn't go into the right space between the vertebrae. In other cases, the catheter goes in correctly, but moves



"I was planning to have a natural delivery with my first pregnancy and was disappointed when my high-risk obstetrician told me that he would give me an epidural as soon as possible to relieve any extra stress to my body during delivery. My disappointment ended as soon as I got the drugs and the pain went away. Knowing a natural delivery wasn't an option for me, I looked forward to the drugs with baby number two. As my friends told me, 'they don't hand out trophies on the way out of the delivery room!'"

—Susie McDonald, West Linn, OR, mom to 3-year old Olivia and 7-month-old Caden

out of place. Another thing that can happen is that there may be pieces of tissue in the epidural space that make the drug less effective. In that case, a patient might say just her left side was numb. To solve these problems, the epidural catheter can be put back in or manipulated and it often will provide effective relief. Sometimes additional doses of medication will fix the problem.

Q How long should it take an epidural to wear off?

A In the past, with higher doses, women would feel wobbly up to 24 hours later. Now most women feel totally normal within one to three hours. But that varies and it may depend on how long the labor lasted. If you have an epidural for a C-section, a totally different medication is given, and that may take four to six hours to wear off.

Q What's the difference in pain relief strategy for vaginal versus C-section deliveries?

A With a vaginal delivery, we generally try to give just enough medi-



"I was fortunate to have a manageable labor and was able to have a completely natural birth. I discovered

the technique that worked best for me in my second hour of heavy labor. I would face my husband and hug his shoulders. He would put his arms around my waist and we would rock back and forth or slow dance. So I when a contraction hit, we would start to rock and I would ask him what song we were dancing to. He would sing a cheesy love song and make me laugh. He's tone-deaf and never sings, so the singing was particularly sweet and unexpected."

—*Jeannine Esposito, Brooklyn, NY, mom to 1-year-old Gabriel*



"First I used hot showers, the birthing ball, and massage to relieve pain. I had one dose of Fentanyl [a narcotic] to ease the pain of my contractions. The doctors gave me this while I was getting prepared for an epidural. In the end, I progressed so quickly that I didn't even get the epidural and delivered my baby boy without any further pain medication."

—Julie Engberg, San Carlos, CA, mom to 8-month-old Devin

cation to make the woman comfortable but still able to feel her legs and contractions. It's a whole different story with a C-section, which is an operation. You need to have complete absence of any sensation. So generally the medication and the level of the anesthetic is different.

When you give an epidural for labor, the numbness is from the middle of the abdomen down. In C-sections, it is from the breasts down. The implication of that is some patients feel their chest is heavy, and they may have a sensation of difficulty breathing. For some patients that can be bothersome. But be reassured, an anesthesiologist will stay with you the entire time during the surgery.

A small percentage of women will get general anesthesia for their C-section. That's not very common these days. At my hospital, it's 1 to 2 percent of our C-sections. It's maybe 5 to 8 percent nationwide. The rest of the Cesareans are roughly split, with about half getting epidural and half getting spinal anesthesia. General anesthesia is reserved for real emergencies, when you don't have time for epidural or spinal anesthesia.

ON THE ALTERNATIVES

Q What kinds of nonmedical pain relief strategies do you recommend to patients?

A When I'm asked about nonmedical strategies, the most effective is water therapy, as in a shower or bath [not an actual water birth; see below]. It's becoming very common and popular now in many labor units. A warm shower or bath just feels good. It won't take away the pain completely, but it's distracting, calming, and soothing.

Another technique is hypnosis or "HypnoBirthing." That's fairly effective, too. It's typically offered as an adjunct to childbirth classes. For those who want to try hypnosis, it may be effective and fun. The big downside is that it involves a lot of preparation in mental imagery and mind control. Unlike taking a bath, you can't come into the hospital unprepared.

Q It's said that water births (baby born underwater) decrease labor pain. Is that true?

A There is a belief among midwives that birthing underwater will help decrease tearing and perineal trauma. But it's not clear if that's true. For moms, the major concern with birthing underwater is safety. Is the baby going to drown? No—generally the baby will come right up out of the water and take a breath. Is there a risk of infection? The evidence doesn't support that. But patients have to want this kind of experience, and most hospitals do not offer birthing underwater.

Q Some women get pain relief through acupuncture. What do you know about that?

A Acupuncture has been used for centuries for a variety of health issues, and it can be effective. But there are very few hospitals in the United States that would provide this as a service. You would need to bring equipment and an acupuncturist in, and some facilities don't allow that. But it can be done. I know we've had acupuncturists at my hospital. But you need the equipment, and you need to be motivated. Acupuncture is more commonly done at a birth center or at home births. ▶