

Is it Worth It?

Pros and Cons of Labor Epidural Anesthesia

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When I hear women say they're definitely getting epidural because it's safe and easy, it makes me wonder how much they really know about it. Did they research epidural themselves or did they trust others to provide the information that will affect their own and their children's lives? Is this because of a subconscious peer pressure, or is Epidural Anesthesia considered part of the birthing package now days? Just maybe doctors aren't fully informing their patients about the risks involved with epidural. I believe more women should understand epidural to independently weigh the pros and cons and make the decision that is right for them.

General Epidural is usually administered when the cervix is dilated 4-5 inches, when mother is in true active labor. The lower back will be cleaned with an anapestic solution to prevent infection, and then numbed with a local anathestic. With the help of a needle, in the sanitized area, a catheter (a thin plastic tube) will be inserted through the vertebrae into the epidural space just outside the Dura matter, a thick sac that protects the brain and the spinal cord. The catheter is then secured with a piece of tape. Then a small amount of medication is administered to test how it might affect the mother. If all goes well, the needle will be carefully removed and the medication will be periodically injected or continually infused through the catheter. After the Epidural is administered, the doctor and the nurse will monitor the mother's blood pressure and the infant's heart rate to be sure all goes smoothly. Epidural Anesthesia will take approximately twenty minutes to be administered, and then another ten to twenty

minutes till it takes effect. The purpose of Epidural is to provide total or partial loss of sensation in the trunk.

Epidural contains many benefits including labor relief to the mother without affecting her mental state (Simkin, 2009). It enables the mother to relax and rest if the labor is prolonged. By relieving sensation, an anxious woman can be calmed. And leaving the catheter in place, allows medication to be easily administered without puncturing skin for each additional dose. Though many studies seem to prove otherwise, some prove that a mother receiving epidural can be actively involved in labor.

Various cases of prolonged labor that were slowed by anxiety were sped up with Epidural Anesthesia. Epinephrine, Norepinephrine, and other stress hormones that are released in stressful situations help the body cope. But if they are excessively produced, they slow contractions. Blocking pain prevents over-production of stress hormones, keeping contractions at their natural strength and frequency (Simkin, 2009). In rare cases of the mother having hypertension, epidural could also be an advantage. High blood pressure could result in respiratory distress for both the mother and the baby. So in this case, Epidural might be helpful because of the high percentage possibility of lowering blood pressure (Cunningham & Rodger, 2007).

Epidural Anesthesia has many risks as well as benefits. While some of them happen rarely, others are fairly common. How much effect they have is hard to predict because it varies by many factors such as dosage, length of labor, and on each individual person. But what is proved is that the risks are three-fold: the risks

to the mother, the risks to the process of labor, and the risks for the baby. Here are some of the most common, minor side effects: shivering, nausea, vomiting, and disability to move about without external help (which happens 100% of the time). Though epidural anesthesia is considered one of the most effective pain relievers, some women complain of incomplete or uneven pain relief, numbing only one side of the body (Doula, date unknown).

Accidental spinal anesthesia or the puncturing of the Dura Mater is another risk to epidural. The difference between Epidural Anesthesia and Spinal Block is that Epidural medication is inserted outside the Dura Mater. A Spinal Block punctures the Dura membrane and injects medication into the spinal cord. Though it carries higher risks, Spinal Block administers smaller doses of numbing solution, because of its strength and speed. It is dangerous for Epidural Anesthesia accidentally becoming a spinal block because of the higher dosage of anesthetics delivered into the spinal cord than a normal spinal block would deliver. And if it occurs, there are many possible complications such as post-spinal headaches, dysfunction of the bladder, numbness, tingling in lower limbs and abdomen with occasional temporary loss of sensation to this area, increase of the already present risk of cesarean delivery, and accidental injection into the bloodstream (Mehl-Madrone & Mehl-Madrone, 2008).

Neglecting human error in administering this type of Anesthesia, there are many risks involved in receiving it. Some side effects are lowering of blood pressure, backache, headache (usually caused by leaking of cerebral fluid), slowed breathing, urinary retention, leg paralysis, loss of feeling to arms and legs. Most of these deplete the mother of energy that pushing would later require. Some of the major side effects

are allergic reactions, respiratory difficulty, loss of consciousness, septic meningitis, convulsions, cardiopulmonary arrest, allergic shock, nerve damage and feelings of emotional detachment, and in rare cases- death! Also, Epidural greatly increases the risk of needing forceps, vacuum extraction delivery, episiotomy, or cesarean section because enough anesthetic buildup weakens muscles to the point of ineffectiveness (Doula, date unknown).

Maternal fever is a common result of epidural. There is a fifteen percent chance for women receiving epidural infusion for over 4 hours to experience it. This percentage increases the longer the epidural is in place (Doula, date unknown). Epidural effects ability to sweat, and if you can't sweat, your body cannot easily dissipate excessive heat, so maternal fever initiates. Besides the uncomfortable feeling for the mother, maternal fever distresses the baby's heart rate. Because it can cause an infection in the baby's organism, the mother and the baby are separated right after birth to check the baby for an infection. If it is found, the baby is left at the hospital for several days for antibiotic treatment even though the mother goes home to recover.

Epidural-receiving mothers tend to experience more pain after birth and recover over a longer period of time as compared to natural-birthing mothers. Mothers who received epidural complain of horrible back pain from weeks to months from the injected catheter. Most experience numbing of legs which allows limited mobility. Epidural is also responsible for messing with oxytocin known as "the love hormone" which helps the mother bond with her baby by "falling in love" with her newborn. Studies successfully proved that sheep laboring with epidural reject their young due to the lack of oxytocin

(Laing, unknown date). So many believe that Epidural disadvantages the mother to easily bond with her child.

Not only do epidurals potentially harm the mother, but also the child. Risks to newborn are fetal distress, low blood sugar, respiratory depression, and decreased infant bonding and behavior such as drowsiness at birth, irritability and poor sucking reflects. Nurses reported more difficulty feeding epidural-treated infants than with non-epidural infants because they have a harder time “latching on” (Wightman, 2005). Some more risks to the baby are: newborn septic workup, fetal tachycardia or newborn fever, decreased responsiveness to stimuli such as ability to track an object visually and shut out noise or bright light.

There is substantial possibility of the infant receiving direct drug toxicity, because epidural anesthesia contains narcotics. Though doctors formerly believed that medication administered through epidural doesn't reach the baby's bloodstream, it is now proved to actually do so. Local anesthetics can be absorbed by the infant because it easily penetrates through the placenta. As a result, immediately after birth the infant must metabolize drugs with a not yet completely-developed liver. Children exposed to drugs in the womb are more prone to newborn jaundice (Way, 2009).

Studying the effects of labor epidural is very important in deciding whether to use it or not. Every mother should have the right to independently make this decision. But I would recommend avoiding epidural anesthesia. I believe the risks significantly outweigh the benefits. I understand the biggest factor of choosing Epidural to be the fear of pain. Epidural usually provides adequate pain relief during birth. However it also

causes unwarranted pain of recovery from epidural lasting a few weeks to a few months that non Epidural-treated mothers wouldn't face. When birthing pain seems unbearable to handle, it doesn't mean the only other option is to go purely with natural birth. For example, water birth is a good choice to consider. Only ten percent of women selecting water birth request any type of medication (Caron, 2009). I'm sure there are many safer methods of labor pain relief other than Epidural Anesthesia. So is Epidural really worth it? Every mother should make that decision on her own.

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