Today we'll cover
- Facts about epidurals
- Emotional considerations for women with epidurals and their partners
- Popularity of epidurals despite their side effects
- How nurses can reduce undesirable effects

Epidural, i.e., Neuraxial Analgesia
- Neuraxial analgesia (“a term confusing to many”) Klein, ’06
  - Spinal anesthesia
  - Intrathecal analgesia
  - Epidural narcotics
  - Standard epidural
  - Segmental (light) epidural
  - Combined spinal-epidural

Epidurals Are Widely Used...
- ~ 89% in urban hospitals in USA (60+% overall)...
- Women tend to want them even if they know the trade-offs (risks & benefits)
- Can less risky interventions be used to reduce undesirable effects?
- Many such effects are results of the management that accompanies epidural
- This presentation reviews trade-offs and minimization of undesirable effects.

EMOTIONAL REACTIONS WHEN LABORING WITH AN EPIDURAL
Does absence of pain equal absence of distress?
Distress from pain shifts to concerns over other things

- Length of labor
- Numbness, other discomforts
- Feeling of helplessness, passivity
- Baby’s well-being
- Difficulty pushing
- Tension in room and rapid action (with drop in BP, fever, slow progress)


Study of nulliparas’ feelings about epidurals

- Pleased with pain relief and stress reduction
- Some felt unsettled and ambivalent afterwards, due to:
  - Attitudes, actions and treatment of care givers
  - Lack of knowledge of side effects & management
  - “Epidural does not guarantee a quality birth experience.”

(Hidaka, Clark-Callister. J Perinatal Education 21:24, 2012)

Two major concepts

1. “Losing her”— period before the woman receives the epidural
   - Woman becomes
     - Progressively less communicative
     - Exhausted
     - In greater pain

MEN AND EPIDURALS

Qualitative study of 17 fathers’ experiences during labors where their partners received an epidural
Two major concepts (cont.)

- Father feels increasingly
  - Anxious
  - Frustrated
  - Helpless

Chapman’s Conclusions

- Childbirth education should describe women’s responses to advancing labor to reduce the father’s negative feelings
- Labor nurses should remain in the room and explain what is happening and how to help


PAIN VS SUFFERING

Can you have one without the other?

Pain and Suffering

- Labor pain—an unpleasant physical sensation in abdomen or back, associated with contractions
- Suffering—an emotional response; being overwhelmed, worried, alone, helpless, afraid
- Labor pain does not mean suffering if she
  — Understands that it is a normal side effect of contractions
  — Knows how to work with it
  — Has reassurance, guidance, and companionship
  — Has access to medications when needed

Remember: Pain does not mean inability to cope.

Fig. 1 Pain Intensity Scale from 0 to 10

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Since Epidurals Are So Common...

- And are so highly desired by women who want them whether they know the trade-offs (risks & benefits) or not...  

- What can be done to reduce the undesirable effects?  

  The epidural package

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**Fig. 2 Pain Coping Scale from 10 to 0**

<table>
<thead>
<tr>
<th>No Need to Cope</th>
<th>Easy</th>
<th>Ability to Do 3 Rs</th>
<th>Needs Lots of Help</th>
<th>Can't Do It</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

Assess coping vs. distress

---

**Assessing Woman's Ability to Cope with the Pain**

<table>
<thead>
<tr>
<th>WHEN PAIN IS INTENSE</th>
<th>COPING RESPONSE</th>
<th>DISTRESS RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>She asks herself:</td>
<td>Handling it with</td>
<td>Can't cope, afraid,</td>
</tr>
<tr>
<td>Am I managing?</td>
<td>a rhythmic</td>
<td>hopeless</td>
</tr>
<tr>
<td>Can I go on?</td>
<td>ritual during</td>
<td></td>
</tr>
<tr>
<td>Am I suffering?</td>
<td>contractions.</td>
<td></td>
</tr>
<tr>
<td>Am I suffering?</td>
<td>Not helpless or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>overwhelmed</td>
<td></td>
</tr>
<tr>
<td>Caregiver:</td>
<td>Focusing on</td>
<td>Focus on fatigue,</td>
</tr>
<tr>
<td>What was going</td>
<td>calm, constructive activity, or</td>
<td>pain, time, worry,</td>
</tr>
<tr>
<td>through your mind</td>
<td>positive or</td>
<td>self-doubt, inability</td>
</tr>
<tr>
<td>during that</td>
<td>neutral</td>
<td></td>
</tr>
<tr>
<td>contraction?</td>
<td>thoughts</td>
<td></td>
</tr>
<tr>
<td>Caregiver observes</td>
<td>Rhythmic behavior</td>
<td>Tense, anxious,</td>
</tr>
<tr>
<td>her response to</td>
<td>during relaxing</td>
<td>crying out, pleading,</td>
</tr>
<tr>
<td>contractions.</td>
<td>between</td>
<td>no rhythm</td>
</tr>
<tr>
<td></td>
<td>contractions.</td>
<td></td>
</tr>
</tbody>
</table>

---

**Since Epidurals Are So Common...**

- And are so highly desired by women who want them whether they know the trade-offs (risks & benefits) or not...  

- What can be done to reduce the undesirable effects?  

  The epidural package

---

**Epidural Package** of Safety Measures

1. IV Fluids + Pitocin
2. Continuous BP Cuff
3. O2 Mask
4. Bladder Catheter + Bag
5. EFM–Electronic Fetal Monitoring
6. Pulse Oximeter
7. Thermometer
8. Epidural Catheter

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**IS IT THE EPIDURAL OR THE MANAGEMENT THAT CAUSES PROBLEMS?**

Can better supportive care lower cesarean rates, other problems?

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**Undesired effect of epidural** | **Usual treatment** | **Prevention, Alternative Tx**
---|---|---
Prolonged labor | High dose Pitocin, C/S | Light & late epidural, positions, movement
Maternal fever (4-5 X) | Antibiotics | Cool mother down? Shorten duration of epidural by delaying it till later in labor
Possible newborn sepsis | CBC, antibiotics | Prevent mother’s fever
Spinal headache (2.1%) | Horizontal position, Blood patch | ?
### Undesired Epidural Effects

<table>
<thead>
<tr>
<th></th>
<th>Usual Treatment</th>
<th>Prevention Alternative Tx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal hypotension, non-reassuring FHT</td>
<td>O2, reposition, vasopressors C/S</td>
<td>?</td>
</tr>
<tr>
<td>Inability to urinate</td>
<td>Catheterization</td>
<td>?</td>
</tr>
<tr>
<td>Inability to push effectively</td>
<td>Delay pushing Instrumental delivery</td>
<td>EFM as guide; Mimic spontaneous pushing</td>
</tr>
<tr>
<td>Fetal malposition (4X)</td>
<td>Delay pushing Surgical delivery</td>
<td>Change positions without injury to mother or nurse</td>
</tr>
</tbody>
</table>

### Long-term backache, other joint pain
- Prevent joint strain by ALWAYS respecting the limits of her joints; don’t strain, jerk, or twist her trunk or limbs.
- Support numb limbs, when assisting with position changes or with pushing.
- Protect your back & joints

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**DON’TS AND DOS WHEN MOVING OR SUPPORTING WOMEN WITH AN EPIDURAL**

To save her (and you!) from lasting pain

**DON’T!**
Pull on her upper body; it can unnecessarily twist her spine and injure yours. A woman with an epidural is able to use her arms to assist herself to roll over.

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**DO!**
Cue the woman to use the arm rail and turn while you pull the pad under her hips to turn her body without undue twisting. Elevate the bed so that you don’t bend forward. Keep your back in a neutral position, bend your knees and elbows, take up the slack in the pad and pull as she helps herself roll. Rather than just pulling with your arms, use your whole body by shifting your weight from your front leg to the back one.

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**DON’T!**
Hold the woman’s leg away from your body while she is pushing, which may last for hours. Doing so, especially if the bed’s elevation cannot be adjusted, puts you at risk of straining your back.

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DO!
*Hold her leg close to your body, lean against the bed, keep your knees slightly bent, with your feet apart and stable. Use a leg rest, if possible, as seen above to make it easier to maintain this position.*

**Holistic Care with an Epidural**
*Treat her as much as possible like a woman who does not have an epidural*

1. Keep her moving
2. Keep her cool
3. *[Never leave her alone]*
4. Delay pushing (passive descent)
5. Mimic spontaneous pushing when possible
6. Keep her skin-to-skin with baby

**Satisfaction**
*with epidural results from excellent pain relief, few side effects, and the feeling, “I did it!”*

**Primary Interventions to Prevent, Treat Slow Labor, Fetal Malposition**

- Change mother’s positions
  - Every 20 or 30 minutes when awake
  - Use positions that do not cause FHT decels
  - Fewer positions may be possible with very heavy epidural, with loss of all movement in lower body

**Positions with an Epidural: “Rollover”**

1. Semi-reclining
2. Side-lying, right side
3. Semi-prone, right side
4. Kneeling and leaning forward:
   - On a birth ball
   - Kneeling on foot of bed, leaning on “seat”
5. Semi-prone, left side
6. Side-lying, left side
Primary Interventions to Minimize Side Effects in 2nd Stage

1. Delay pushing 1–2 hours until baby’s head is visible or mother feels urge to push
2. Help mother push effectively
3. Change position
4. Be patient (ACOG Guidelines)

1. Why Delay Pushing with Epidural?
   - Reduction in –
     --Forceps or vacuum extractor deliveries
     —Episiotomies
     —Cesarean deliveries
   - Policies on delayed pushing vary among hospitals
   - Patience with longer 2nd Stage

2. How to Help the Mother Push
   - When head is visible or she feels urge to push, she may not push well due to lack of sensation
   - Watch the contraction monitor tracing. As contraction builds:
     —Guide her when (use EFM) and how long (5-6 sec) to push
     —Better for mother & baby than constant pushing
     —Give feedback: Note increase in contraction pressure while she pushes and tell her, “You added 50 points to the pressure! Great!”

Use the EFM tracing to
• guide bearing down efforts
• give incentive and “biofeedback”
• “I did it!”

A series of contractions shows effects of mother’s efforts

MAXES OUT AT 100!
2. How to Help the Mother Push (cont.)

- Turn down epidural so the mother feels contractions? (may assist with pushing)?
  - Mother may find this very painful and request epidural be restored
  - Epidural causes decrease in endorphins

3. Why Change Positions During Pushing?

- Changing positions causes changes in pelvic shape & effects of gravity
  - Both effects help baby find the “path of least resistance” through the birth canal
- Some or all of these may be possible, depending on density of epidural:
  - Side-lying on right or left side
  - Semi-reclining
  - Pull-to-push

Be very cautious with these positions

“Pull-to-Push” (Correct)

Why Change Positions During Pushing? cont.

These positions are possible only with a light epidural & mother can use her legs.

- Sitting upright or nearly upright
- Squatting
- Exaggerated lithotomy
**NITROUS OXIDE ANALGESIA**

Spreading rapidly across the USA
A reasonable alternative to epidural for many?

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Nitrous Oxide for the Management of Labor Pain


Agency for Healthcare Research and Quality (ahrq.gov)

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**Conclusions**

- Epidurals are here to stay
- They require a package of interventions in order to keep them safe
- Undesirable side effects exist, and many of these may be due more to management associated with the epidural
- A holistic, low intervention approach can prevent or treat side effects, and should be utilized to improve the epidural
- The emotional effects of the epidural on women and partners must be given serious consideration

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**THANK YOU!**