



The Truth about Epidurals

By *Katie Greeley, DC*

IN A TYPICAL HOSPITAL-BIRTHING PLAN, MOST NEW MOTHERS HAVE ALREADY MADE UP THEIR MIND ABOUT GETTING AN EPIDURAL. THIS DECISION IS USUALLY MADE WITHOUT ANY FACTUAL INFORMATION ABOUT EPIDURALS AND MOST NEW MOTHERS THINK THE EPIDURALS DO NO HARM TO THEIR BABY.

AS WOMEN AND MOTHERS, WE ARE LED TO BELIEVE THAT GIVING BIRTH IS SO UNBEARABLE THAT WE NEED OUTSIDE INTERVENTION EVEN IN HEALTHY, UNCOMPLICATED BIRTHS. New mothers may want to explore more natural forms of pain management and to shift their thinking of referring to pain as pain into thinking in terms of intensity and to be diligent in choosing their birth support team. Whatever the decision, be sure to get the facts before making any choices.

According to the American Pregnancy Association, epidural anesthesia is a regional anesthesia that blocks pain in a particular part of the body. The goal is to provide pain relief rather than complete anesthesia. Epidurals block the nerve impulses from the lower spinal nerves, resulting in decreased sensation in the lower half of the body.

Often delivered in combination with opioids or narcotics to achieve pain relief with minimal effects, epidurals are injected in your back. First you will be asked to arch your back and remain still while lying on your left side or sitting up. You must be in this position to help avoid problems and to increase the epidural's effectiveness. An antiseptic solution wiped on the waistline or mid back minimizes the chance of infection before a local anesthetic is injected to numb the area. After that, a needle will be inserted into the numbed area that surrounds the spinal cord in the lower back. A small tube is then threaded through the needle into the epidural space which can be found between the ligament flava and the dura

matter where the emerging nerve roots are located. The needle is then carefully removed leaving the tube in place so medication can be given through periodic injections or by continuous infusion. The catheter will be taped to your back to prevent it from slipping.

There are often two types of epidurals given. One is regular and the other is a combined spinal-epidural sometimes called a “walking epidural.” A regular epidural is a combination of narcotic and anesthesia administered through a pump or periodic injections into the epidural space. The walking epidural is an initial dose of narcotic, anesthetic or combination of the two injected beneath the outermost membrane covering the spinal cord and inward of the epidural space. This will allow you to move more freely in the bed and change positions with assistance.

Medical literature shows that epidurals and pain medication should not be taken lightly. According to a study published in Pediatrics in 1997: “Women who receive epidurals to ease labor pains may be increasing discomfort for their newborns.” The study shows that epidurals caused 34% of newborns to be tested for sepsis as compared to less than 10 percent of babies born to mothers who had no epidural. This study also showed that newborns whose mothers had received an epidural were four times as likely to be treated with antibiotics because of concern with sepsis.

Research from Gynecology and Obstetrics also shows that women who undergo epidural procedures tend to have a prolonged second stage of labor and a higher rate of episiotomy and increased use of oxytocin. Often times during labor mothers will be offered pain medication without discussing the complications to the newborn. It is important to think about what we are putting into our bodies so our newborn babies are not affected.

Still other studies show that women who take pain medication during labor may be upping their children’s odds of future drug dependency, and that epidurals can cause an increase in the production of hormones which can lead new moms to have difficulty producing breast milk and newborns to have problems latching on.

Some common side effects of epidurals in mothers include limited mobility, low blood pressure, increased risk of fever, urinary incontinence, shivering, vomiting, nausea, itching, postpartum backache, slower first and second stage of labor, severe headache, permanent nerve damage, incomplete pain relief, and the increased chance of other procedures such as vacuum, forceps, or C-section.

Possible side effects the baby could experience include fever, fetal distress, increased risk of C-section and difficulty breastfeeding during the first few days after delivery.

In some cases, epidurals prove beneficial to women, according to the American Pregnancy Association. Epidurals allow women to rest during prolonged labor, to stay awake and be alert during a C-section and to rest and recover to continue on with the second stage of labor when other types of coping mechanisms are no longer effective.

Alternatives

Studies show that most women can tolerate labors which are progressive, but medical intervention such as epidurals tend to come into play as the women's support team start to fade from exhaustion. The National Childbirth Trust also said that 40 percent of women are not advised to adopt a more comfortable upright position instead of lying on their backs or sitting on their bottoms. The National Childbirth Trust says standing up, sitting or squatting to give birth reduces pain, shortens the length of the first stage of labor and results in fewer assisted births or caesareans. Research also shows that women who adopt upright positions for labor have less need of an epidural and have less chance of developing an infection. In an upright position, the baby's head pushes on the cervix, aiding in dilation and providing better blood flow to the baby and placenta, thus reducing the risk of fetal distress.

Many natural coping mechanisms can help women during pregnancy and labor. Some of those include chiropractic care, acupuncture, acupressure, massage therapy, hypnotherapy, meditation and doulas. Incorporating these therapies often allows women to give birth naturally, without the use of epidurals.

6 Healthy Birth Practices

1. Let labor begin on its own.
2. Walk, move around and change positions throughout labor.
3. Bring a loved one, friend or doula for continuous support.
4. Avoid interventions that are not medically necessary.
5. Avoid giving birth on the back and follow the body's urges to push.
6. Keep mother and baby together — it's best for mother, baby, and breastfeeding.

Explore the many options for birthing, including home and water birthing. Feeling your baby being born provides great joy, as well as the best start for your baby who is able to enter into this world with as little harm as possible.

Dr. Katie Greeley is a board certified Doctor of Chiropractic and a mother of two. She has completed many extended courses on pediatrics that go above and beyond the regular doctorate degree. Her office, United Family Chiropractic Center, is located in Wood Ranch at 1070 Country Club Drive West, Suite #D in Simi Valley. Dr. Greeley can be reached at 805.522.2324 or www.unitedfamilychiropractic.com with any questions.

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