

How do you get

If you want to give birth with an epidural you have to attend a briefing held by the anesthesiologist every Monday at 14.30 at the "Montini" classroom of the Civil Hospital of Brescia.

During the last trimester of pregnancy you will have to submit to a medical examination with the anesthesiologist, who will assess your medical condition and eventually will prescribe some clinical tests. On that occasion you will express your informed consent to the procedure.

Whenever you will go into the delivery room, you will be assigned to a midwife, who will follow you throughout labor. If you will decide to give birth with the analgesia, your midwife will notify the anesthesiologist.

Clinical tests

To receive the analgesia is necessary to have the following blood tests:

PT, PTT, Emocromo, Fibrinogeno.

It is appropriate that at birth these tests are not older than 30 days (they are not necessary at the time of the visit with the anesthesiologist).

Information and reservation

To book a visit to the anesthesiologist, you have to:

- Call number: 030224466 preferably after 14.00 pm, from monday to friday (7.30-19.30) and saturday (8.00-13.00)

OR

- Send an e-mail to (only active for this service): prenotazioni@cupbrescia.it with your name and phone number; you will be called within a week from 8.00 am to 17.30

If you will not receive the call, you are requested to make contact with the Office of Communications and Public Relations (030.3995808 from 9.00 to 12.30 and from 14.00 to 16.00)

More Information:

www.partoriresenzadolore.eu

www.facebook.com/PartorireSenzaDolore

1st Department
of Anesthesiology
and Intensive Care

Director:
DR. GABRIELE TOMASONI

by DR.SSA DANIELA RECUPERO
Head of Obstetric
Anesthesia and Analgesia



Presidio Ospedaliero
di Brescia

Sistema Socio Sanitario



Regione
Lombardia

ASST Spedali Civili



Give birth
without pain:
discuss with us.

Epidural Analgesia

How it does

Situations where it is contraindicated

Is it safe ?

Alternative methods

The birth of a child is an emotionally engaging event for the woman, both for the expectations developed during the previous nine months, and for the anxiety related to labor. Many women are able to deal peacefully with labor without any technical or analgesic therapy. For others, however, pain and anxiety can prevent from living this event in a serene way. Some women eventually choose to receive pain relief using a pharmacological analgesia.

Epidural analgesia is currently considered the most effective and safe technique to control the pain of labor. In few minutes it determines the disappearance or the reduction of pain. The uterine contractions are felt and in the second stage of labor you feel the urge to push.

Transitional changes in fetal heart rate are reported without any consequences for the child. Analgesia of childbirth usually shortens the dilating phase, and can prolong the duration of the second stage of labor. The use of cesarean section is not increased by this technique. Furthermore, the analgesia increases the cases where it is necessary to resort to the Kristellers' maneuver (compressions exerted by the midwife on the woman's abdomen), the use of the suction cup and the administration of oxytocin through a drip.

A small area on your back will be injected with a local anesthetic to numb it. A needle is then inserted into the numbed area surrounding the spinal cord in the lower back. After that, a small tube or catheter is threaded through the needle into the epidural space. The needle is then carefully removed, leaving the catheter in place to provide medication either through periodic injections or by continuous infusion. The catheter is taped to the back to prevent it from slipping out. The procedure takes a few minutes, is usually not painful, because it runs after anesthetized skin.

The presence of the catheter does not prevent the movements of the mother. If labor is in progress, analgesia can be initiated at any time you require it, regardless of cervical dilation. It should be noted, however, that because of anatomical details, the technique may be difficult to perform or achieve only a partial benefit. In our series, we found 2% of failures.

Epidural analgesia can be used on the vast majority of pregnant women. However, there are some contraindications, as in the presence of bleeding disorders, septic syndromes with fever, severe neurological diseases or in the presence of skin diseases or tattoos in the area where the catheter should be placed.

If properly performed, epidural analgesia is a safe technique, with rare drawbacks and side effects: paraesthesia (shock or tingling in the lower limbs), occurrence of dizziness and chills, unilateral or non-uniform analgesia.

Like all medical techniques, the analgesia has rare but possible complications:

- in 0.2 to 4% of cases, there may be, after childbirth, an annoying but not dangerous headache that can last a few days (it can be easily recognized and treated).
- low back or sciatic pain, stress-related is frequent in women who have given birth. Rarely, postpartum pain limited to the puncture site, with a duration of less than 3-4 days, can be attributed to the epidural puncture.
- In the literature have been reported serious neurological complications due to lesions of the spinal cord or nerve roots for direct trauma by the needle or catheter, for compressive phenomena from hematoma, for infections, for irritation to chemical type as part of the substances injected and for ischemic suffering from hypotension.

These complications are rare and exceptional: the incidence is 1 in 6,700 cases for transient damages and 1 in 240,000 cases for permanent **damages**.

As an alternative, in some particular clinical situations, it is possible to use the sub-arachnoid analgesia (always an injection into the spinal area) or the administration of analgesics intravenously. However, the latter technique is less effective and has possible repercussions on the fetus.

