

Epidurals

Epidurals are extremely popular among birthing women today. In many hospitals in the United States epidurals are used in 80% of all vaginal deliveries (1). Remarkable! Epidural analgesia is offered to all women in labor. An epidural allows the mother to be awake, gives her relief from the pain of labor and can prevent most of her negative or stressful physiological responses to labor pain, so that she can be more relaxed while giving birth. So, what's the problem?

The truth is there are plenty of problems associated with the use of epidural analgesia in labor. The saddest part is that the doctors are not telling women what the problems are.

First, let's look at how epidurals work. The majority of pain in labor results from uterine contractions and cervical dilatation. Pain during the pushing phase is primarily from the pressure of the baby moving down, involving the perineum and causing intense rectal pressure. Pain relief will be concentrated in these areas. For a woman to receive an epidural, she must have an i.v., continuous electronic monitoring and be confined to bed for the duration of her labor.

"Epidural" is actually a generic term that describes any number of medications being administered to the mother. The word "epidural" is used because the anesthesiologist inserts a needle into the "epidural" space surrounding the mother's spinal column. A catheter is put into place through which the pain-relieving medications will pass. The anesthesiologist will first administer a "test-dose" of medication to make sure the catheter is correctly placed. Then the drugs that make up the "epidural" will be administered, usually by a continuous pump mechanism. There are various combinations of local anesthetics or narcotics (or

both) used in the epidural mix. The drugs used most frequently are bupivaine, chloroprocaine and lidocaine. The woman will experience numbness from her belly down. Although, sometimes the medication is not evenly dispersed and this can create a “patchy” or lop-sided effect, allowing women to still feel pain in some areas while being numb in other areas. Pain relief is achieved in 85% of women (2) (3).

The three components used in the epidural: the needle, the catheter and the local anesthetics, are also the culprits when it comes to maternal complications. Although complications in the mother are rare, at about 1 in every 4,000 epidural placements, they include toxic intravenous injection with convulsions or cardiac arrest; infectious problems, including meningitis or epidural abscess and neurologic complications (4).

**“Anybody who tells a woman that epidural is safe is lying.”
Marsden Wagner, M.D. (5)**

There are hundreds of studies published in medical journals noting the risks of epidural anesthesia to mothers and babies. The research presented here represents a fraction of the information available to physicians and hospitals. Yet, women are constantly reassured by their ob’s and anesthesiologists that epidurals are safe. This is simply not the case. Epidurals pose great risks, but, more importantly, they rob women of their birth experience. Women have a drugged sense of reality when they give birth under the influence of epidural anesthesia. Women deserve more and their babies deserve a drug-free entrance into this world. Contrary to popular belief, there are many dangers involved with the use of epidurals in labor.

Epidural use, especially when placed early, is strongly associated with prolonged labor (6). When time in labor was compared, the epidural group had

significantly prolonged labor : over six hours compared with over three hours in non-medicated women (7). This lengthening of labor by an average of three hours was observed in both first time mothers and mothers birthing subsequent babies. The time frame from induction to delivery was also found to be longer in the epidural group.

When a woman has an epidural in place, she may have ineffective contractions (8). When nerve endings are blocked by epidural anesthesia, the woman no longer feels the pain of labor. However, by blocking these nerve endings, labor stimulation is also inhibited.

An oxytocin infusion (Pitocin) is provided to most women who receive epidurals, hoping that this will shorten the length of labor by counteracting the adverse effects of irregular uterine contractions (9). Epidurals decrease uterine performance, even in women who receive oxytocin to stimulate their labors (10). When oxytocin (Pitocin) is used to augment labor, the time in labor is still prolonged with an epidural in place. The amount of Pitocin required to enhance cervical dilatation was higher among women with epidurals. A medication as powerful as Pitocin can not overcome the effects of epidural analgesia.

When giving birth to their first babies, the need for augmentation of labor with oxytocin use was significantly greater in women receiving epidurals (11). In one hospital where 51.7% of women studied requested epidurals in labor, oxytocin was administered both prior to and after epidural placement. Epidural analgesia contributes to abnormal labor patterns, increasing the risk of operative delivery.

When the second stage of labor is slowed (the pushing phase) the mother is more likely to be given an oxytocin (Pitocin) drip to speed things up (12). This is especially true of women having their first babies. The use of epidurals was

