

Explanatory notes and consent for obstetric pain therapy and anaesthesia

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Patientenetikette

Dear mother-to-be,

The birth of a child is one of life's most beautiful experiences. We are happy to support you and want to make the experience unforgettable for you and your partner. Some methods to relieve labour pain are outlined in this information sheet. If you have any questions, please write them down to discuss with the anaesthetist. Please bring this information sheet to the hospital when you are about to give birth. Thank you. You can find more information at www.zgks.ch/anaesthesie.

LABOUR PAIN Labour pain is one of the most intense forms of pain. Pain receptors in the birth canal transmit stimuli to the brain. Positive emotions alleviate pain by releasing endorphins, while anxiety increases the pain. This is why extensive preparation for the birth and good support from midwives and gynaecologists during the birth are essential. In addition, there are various pain relief measures. Midwives and birth attendants use some of these methods, and anaesthetists use different ones. You can find information about this in this information sheet.

REGIONAL ANAESTHETIC IN OBSTETRICS Regional anaesthetic is pain relief for one part of the body while the patient remains fully conscious. The various procedures are outlined below.

❶ **Epidural anaesthesia (EDA):** This method is the standard form of pain medication during labour: after a local anaesthetic is applied to the skin around the lumbar spine, a hollow needle is used to insert a fine catheter (about 1 mm) into the epidural space (between the dura mater and the spinal cord). The injection fluid containing a local anaesthetic and opioids is injected into this catheter and then surrounds the nerves leading from the uterus and the birth canal to the spinal cord, which blocks the transmission of pain signals.

– **Benefits:** Rapid effect and easy to control through continuous adaptation of the quantity of medication. If a Caesarean section becomes necessary, the additional amount of local anaesthetic required can be administered through the epidural catheter. EDA has no negative effects on the newborn. On the contrary, by reducing the mother's stress, it can contribute to a better oxygen supply for the baby and have a positive effect on the birth process.

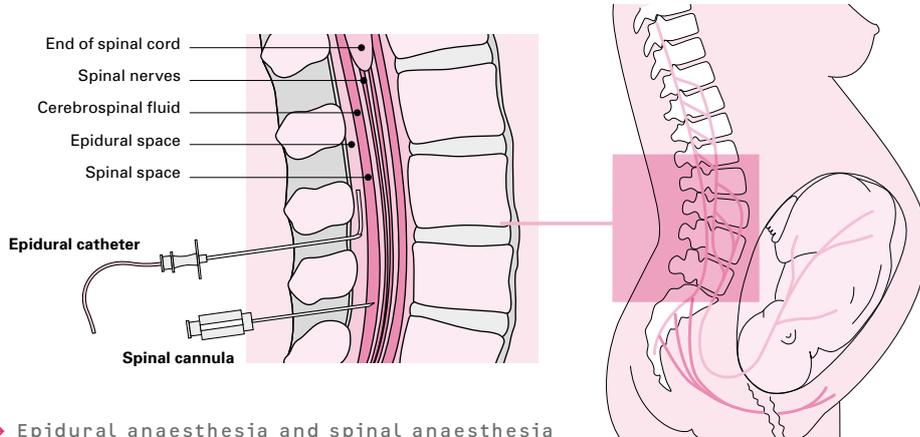
– **Risks:** Possible side effects include: Itching, lowering of blood pressure, weaker contractions and occasional severe headaches when getting up after the birth. Rare: Weakening of respiratory muscles, absorption of the medicine into the bloodstream. Extremely rare: allergic reactions, lasting nerve damage (1:13,000), epidural infections (1:50,000), epidural haematoma (1:170,000) and paralysis (1:250,000).

❷ **Spinal anaesthesia:** This method is used if the birth is imminent or if a Caesarean section is required. As with epidural anaesthesia, the procedure involves an injection, with a local anaesthetic and an opioid being injected directly into the cerebrospinal fluid that surrounds the nerves and spinal cord.

– **Benefits:** More straightforward and rapid injection, immediate pain relief.

– **Risks:** The same risks as for EDA. In addition, if the birth takes longer than anticipated the spinal anaesthetic will have to be repeated with another injection.

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→ Epidural anaesthesia and spinal anaesthesia

Illustration: Swiss Society for Anaesthesiology and Resuscitation (SSAR)

When should a regional anaesthetic not be administered?

A regional anaesthetic is not always possible when there are blood clotting disorders, nervous system disorders, increased intracranial pressure, skin infections and changes to the spine.

- ❶ **Remifentanil PCA:** If a regional anaesthetic is not possible, an opioid can be administered intravenously. With this method, you will be given a button that you can press at the beginning of a contraction to administer a dose of medicine. Remifentanil is a very short-acting opioid which has been used in obstetrics for 30 years, although it has not yet been authorised (off-label use).
 - **Benefits:** Rapid pain relief, rapid breakdown of the medication, no negative effects on the unborn child
 - **Risks:** Allergic reaction, fatigue, nausea, itching. As remifentanil is a strong opioid, it can also result in respiratory depression, which is why the oxygen saturation levels of your blood and other vital signs need to be monitored continuously.

- ❷ **Gas and air:** As another alternative, a mixture of 50% air and gas and 50% oxygen can be used.
 - **Benefits:** Rapid pain relief, simple and safe to use.
 - **Risks:** Cannot be used in the birthing pool, rarely causes dizziness or nausea.
- ❸ **General anaesthesia in obstetrics:** A general anaesthetic is used in exceptional cases during a Caesarean section if a regional procedure is not possible.
 - **Benefits:** Most rapid anaesthetic procedure if a Caesarean section has to be performed as a matter of urgency.
 - **Risks:** Allergic reaction, damage to teeth, aspiration, injury to vocal cords, swallowing difficulties, nausea and vomiting.

Questions/Comments _____

CONSENT FORM

I have discussed the anaesthetic procedures including the risks with the anaesthetist and consent to anaesthesiology treatment.

Place, date _____

Mother-to-be's signature _____

Doctor's signature _____