

Epidural Analgesia

Epidural analgesia is the most safe and effective technique to control the pain during labour and delivery. It is practiced by an experienced anesthetist. After a few minutes it determines pain relief without affecting all the other sensorial perceptions such as the uterine contractions. The patient is free to move, walk and push properly during the expulsion stage. Thus delivery remains natural and if desired the patient can give birth by taking different positions, such as squatting.

Epidural analgesia is compatible with storage or donation of stem cells. Women can start to breastfeed whenever they wish. The anesthesia service in our Institute is structured in order to ensure the presence of a full-time anesthesiologist dedicated to the delivery room. Therefore epidural analgesia can be done 24 hours a day and is performed after the request of the woman in labour, in the shortest time possible and not more than thirty minutes.

Epidural analgesia in labour is a free service. The procedures and techniques of analgesia and epidural anesthesia are performed in line with the international guidelines (Obstetric Anesthetists Association, the European Society of Anesthesiology, American Society of Anesthesiology). In our structure, 52% of pregnant women request and receive epidural analgesia. The service is active 24 hours a day.

Analgesia can be requested at any time of labour, regardless of cervical dilation, in accordance with the obstetrical and gynecological team. The technique is not only used to eliminate the pain during labour, but it is also suitable for certain situations such as premature labor, prolonged and induced labour and also during labour after previous caesarian section. The epidural is recommended also when it is necessary to reduce stress in mother's with cardiovascular or respiratory diseases, diabetes and severe myopathy. During labour the gynecologist can decide to perform a caesarian section. The anesthetist will transform the labour analgesia in anesthesia for cesarean by injecting into the epidural catheter a dose of local anesthetic in order to allow after a few minutes to perform the surgical procedure.

In our hospital we also practice the combined spinal-epidural anesthesia, which combines the strength of the spinal anesthesia to the analgesic flexibility of the epidural analgesia in order to allow a fast post-operative recovery and an optimal pain control. The used drugs do not interfere with breastfeeding.

Also who hasn't planned to give birth without analgesia may still decide to request an epidural during labour or require it for a caesarean section or other surgical procedures immediately after birth; for this reasons we encourage all patients assessing our structure to undergo a preoperative anesthesiology evaluation, possibly after the 34th week of gestational age. For this visit only the analysis prescribed by the gynecologist are sufficient. For reservations women must contact the Reservation Center - Regional Call Center, without medical prescription.

Our facility is equipped with a neonatal and maternal intensive care unit.

This Institute is a university hospital therefore the mentioned procedures may be carried out by doctors in training under direct supervision of the Specialists. The anesthetists regularly attend to courses approved by the Ministry of Health.

Are there any circumstances in which regional anesthesia is contraindicated?

In cases of maternal diseases such as: coagulation and bleeding disorders, infectious and neurological diseases.

Are there any undesired effects and complications?

In a small number of cases there may be modest and short term side effects: reduction of blood pressure, chills, skin itching, difficulty in urinating.

In rare cases, and only if there was a technical problem (accidental dural puncture), headache can occur after childbirth and could last for a few days. This type of headache is usually benign, transient and reversible, but may interfere with the normal life of the mother. Usually it heals spontaneously with bed rest. The anesthesiologist will prescribe the most effective treatment. This complication does not interfere with breastfeeding or have side effects on the newborn.

Literature reports an incidence of 1/200,000 of serious maternal complications. No complications correlated with the technique have ever been described on the newborn. For newborn babies analgesia does not cause additional risks compare to those without.

The 10 points of excellence of childbirth without pain are:

Quality indicators:

- 1- Free 24 hours epidural analgesia
- 2- 24 hours on duty anesthesiologist
- 3- Presence of dedicated personnel who give information and prepare patients for childbirth, anesthetic evaluation and informed consent
- 4- Quality control after child delivery outside the structure
- 5- Teaching and research activities

Indicators of technique:

- 6- Undergo the procedure within 30 minutes after a patient requires it
- 7- Position the catheter independently to the cervix dilatation
- 8- Continuous administration of the drugs during all labour
- 9- Presence of written protocols that guarantee the standards of the analgesia
- 10- Presence of documentation showing the incidence of complications