

Providing High Quality Anesthesia Services for Labor and Delivery



Congratulations, you're expecting! Childbirth is a life changing event and we want to help you have the best possible experience. We respect everyone's right to choose how they would like this experience to occur. With that in mind we would also like to present some information in order to answer questions you may have prior to your arrival in the delivery suite.

Introduction

Pikes Peak Anesthesia Associates (PPAA) is one of the largest and most respected independent anesthesia groups in Colorado. Our group consists of over 40 board certified/eligible anesthesiologists dedicated to the highest levels of care for our patients during childbirth. Our specialist doctors provide the full range of medical service for adult and pediatric surgery, acute trauma, labor and delivery, cardiology procedures, gastroenterology procedures, radiology procedures and the diagnosis and treatment of acute and chronic pain. Pikes Peak Anesthesia has provided high quality, safe, efficient, cost-effective and cutting-edge anesthesia services to the Pikes Peak area for decades.

Our physicians are committed to helping you have the best possible experience. We will meet with you individually to make sure you understand everything about your care before your anesthetic, provide you with all available options and alternatives, tailor the anesthetic to your specific needs and ensure that you receive the safest possible treatment. At our facilities, you will always be cared for by an American Board of Anesthesiology certified (or eligible) physician anesthesiologist, meeting or exceeding the highest national standards.

Anesthesiologist's Role in Childbirth

While the anesthesiologist is most commonly associated with relieving labor pains with an epidural, our job in the labor and delivery suite is a bit more complex. Most of the time we are a peripheral portion of your experience but there are times when we need to be more involved. We want you to be comfortable, but your safety trumps everything.

A pregnant woman has had many changes in her body in the time leading up to delivery. In addition to physical changes, the body's hormones and basic physiology have made some gradual, but significant changes in preparation for the delivery. At the time of delivery your body goes through fairly rapid changes that normally proceed without significant problem. However, your individual health situation may make it easier or harder for you to handle those rapid changes at delivery. For this reason many anesthesiologists like to know a little about your overall health situation even if you don't plan on using our pain-relieving services. In the event that anything were to go contrary to the original plan we would be better prepared to help.

There are some circumstances when we will advocate for a certain labor plan for your safety. We will discuss this with you and your obstetrician/midwife if your health situation requires that we be more heavily involved.

Pain Relief During Childbirth

There are many ways for a woman to handle pain during her delivery. These include no pharmacological intervention ("going natural"), IV narcotics, epidurals and spinals. Each have their risks and benefits. Here we will present some facts about epidurals and spinals to answer some questions you may have and "debunk" a few common myths.

Briefly, an **epidural** is performed by placing a needle in the patient's back between the back bones into the epidural space. Once the needle is in place a small bit of plastic tubing (similar in size to angel hair pasta) is inserted through the needle and left in place while the needle is removed. The plastic tubing remains in place for the duration of your labor and through it we administer medicine to help reduce your pain. Some anesthesiologists will elect to also perform a short-acting **spinal** once the epidural needle is correctly placed and before the plastic tubing is put into place. The spinal provides near immediate relief from pain and involves only a little more effort. The epidural takes 15-30 minutes to reach full effect, so the spinal helps bridge the pain relief until the epidural is fully functioning.

All medical interventions carry some level of risk - epidurals and spinals included. We rarely encounter a complication from the epidural; however, you should be aware of them before agreeing to have one placed. Some of these include a poorly functioning epidural, "one-sided" epidural (only one side gets the pain relief) or a spinal headache. If we encounter any of these with you we will do our best to fix it. Most of these side effects have simple fixes, some require us to pull out the epidural and put a new one in.

Common Myths about Epidurals in Labor

- *Epidurals will slow down my labor* - In the past ten years there have been four major studies regarding this subject. Three of these studies showed that epidurals help shorten labor while the fourth study showed no difference in labor time.
- *Epidurals will increase the chance that I will need a Cesarean/C-Section* - Studies performed throughout the world have shown this myth to be untrue. Epidurals have been associated with C-sections because the same women who have difficult and painful labors are also more likely to have C-sections. The epidural placed to help them through their difficult delivery did not cause the need for C-section.
- *Epidurals are dangerous for my baby* - Most effects of epidurals are beneficial to your baby including lowering mother's stress level allowing the baby to get more blood supply and better oxygen. Epidurals can have some side effects that can be bad for your baby like a significant lowering in the mother's blood pressure. We monitor closely for these types of side effects and are ready to prevent and correct them.
- *Epidurals will prevent breast feeding* - This myth stems from the concern that some of the medication from the epidural will cross into mother's milk. The truth is that the amount of medication given through the epidural is much lower than if we were to give the medication through your IV. The uptake of epidural medication into mother's milk is virtually nonexistent.



Final Thoughts Regarding Epidurals in Labor

We respect everyone's choice to handle labor in the manner they feel best. Do not feel guilty in asking for an epidural. Between 50 and 70% of pregnant women in the U.S. choose to have an epidural. This does not mean you have to have one, but it is not wrong to get one. The American College of Obstetrics and Gynecology (ACOG) made this official statement, "Labor results in severe pain for many women. There is no other circumstance where it is considered acceptable for a person to experience severe pain, amenable to safe intervention, while under a physician's care. Maternal request is sufficient justification of pain relief during labor."

We are excited to help you in this life changing experience. If you have any other questions regarding your labor please feel free to ask us. If there is anything else we can do, please let us know. We look forward to helping in any way we can.

Please note that charges for your anesthesia services will come separately from your hospital bill. For billing questions, call: 844-900-7722. You may also make payments at our website:

www.ppaa.com



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