

Pain relief in labour

(Analgesia nel travaglio)

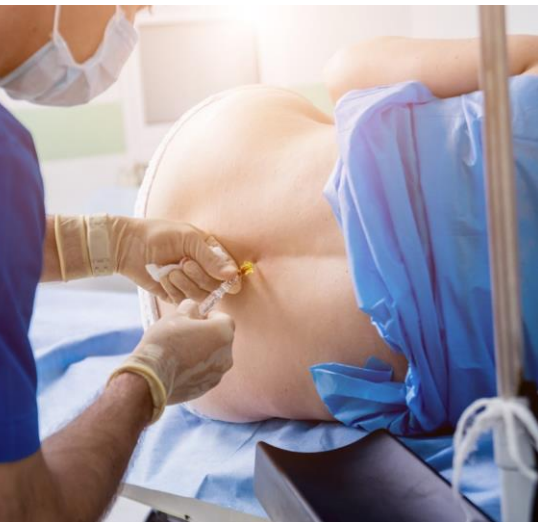
WHAT IS IT AND WHY IS IT PERFORMED?



Pain perception, management, and tolerance during childbirth are extremely subjective factors.

For some women, pain can be a strongly negative event, and if intense, prolonged, or psychologically unaccepted, can produce negative effects on the well-being of mother and baby.

Analgesia in the peridural space is considered the most effective method to counteract it.



WHAT IS IT?

(Cos'è?)

It is a method aimed at **reducing the pain** that naturally occurs during labour through the use of analgesic drugs.

The procedure involves **introducing a needle into the lumbar intervertebral space**. A very thin catheter of soft plastic material is then inserted through the needle, through which the drugs are administered.

WHAT ARE THE BENEFITS?

(Quali sono i vantaggi?)

Peridural analgesia produces the **reduction of pain** during labour while maintaining skin sensitivity and the sensation of contraction and pushing. You will be **conscious and relaxed**, able to walk and cooperate with the obstetrician, **actively participating in the delivery**.

TO WHOM IS IT ADMINISTERED?

(A chi si esegue?)

To women who wish to actively deliver with help in pain control, except in cases where contraindications exist, such as, for example, coagulation alterations, severe infections, the presence of extensive tattoos in the lumbar area, or special obstetrical conditions.

It may be recommended in women suffering from conditions as obesity, hypertension, diabetes, some heart diseases, and severe myopia, subjects who

are at greater risk of complications during the stress of labour.

WHEN IS IT ADMINISTERED?

(Quando si esegue?)

Whenever you want, at any time of active labour, you can request to contact the anaesthetist, who positions the catheter and performs the first administration of medication. Later you can request additional administrations of analgesic boluses, thus prolonging pain control throughout labour and delivery as needed.

Should it become necessary to perform a caesarean section, the presence of the catheter can be taken advantage of by administering an anaesthetic dose of the drugs.

ARE THERE ANY SIDE EFFECTS?

(Ci sono effetti indesiderati?)

- Sometimes there may be widespread itching (never intolerable and always transient), and a modest rise in temperature (especially in prolonged labour).
- Accidental puncture of the dura mater during the peridural catheter placement manoeuvre is very rare. It may result in the onset of an intense but benign and transient headache. This can interfere with your normal life in the early postpartum days and thus making necessary to extend the length of hospital stay. Only very rarely it requires,

in addition to rest, further therapeutic measures.

- Severe neurological complication (peridural hematoma) is an occurrence described as possible but is so remote as to be considered an exceptional event.
- There is a possibility of failure in the performance of the procedure, which may occur if there are anatomic changes of the spine, obesity, or in case of poor cooperation of the parturient. Other pharmacological options may be considered in these cases.

IS IT DANGEROUS?

(È pericoloso?)

No. It is not dangerous for you or the child. On the contrary, it can contribute to your well-being during childbirth.

IS IT PAINFUL?

(È doloroso?)

No. The needle is introduced after performing local skin anaesthesia.

WILL I ACTIVELY PARTICIPATE?

(Parteciperò attivamente?)

Yes. The loss of painful sensation does not exclude the perception of contractions and push and does not reduce expulsive force.

On the contrary: pain control can enable your more peaceful participation and collaboration.



CAN I CHANGE MY MIND?

(Posso cambiare idea?)

Yes. You will be able to withdraw consent at any time, even if a catheter has already been placed: simply discontinue medication.

WILL I HAVE TO STAY IN BED?

(Dovrò stare a letto?)

No. Apart from the short periods of observation following the administration of medication, you will be able to move freely.

WILL THE OBSTETRICIAN OR THE GYNECOLOGIST BE AROUND ME?

(Avrò vicino l'ostetrica o il ginecologo?)

Yes. Analgesia will be performed by the anaesthetist directly in the delivery room unit, with the entire team at your disposal.

THE ANESTHESIOLOGICAL EXAMINATION

(La visita anestesiológica)

The anaesthesiologic examination is of great importance for the safety of the mother, the baby, and the anaesthetist who will then have to perform the procedure. **It can be performed from the 36th week** of pregnancy and **can be booked by calling the Centralized Booking Centre,**

in possession of the medical request and health insurance card.

On this occasion, the anaesthetist, at the end of the interview, will ask for informed consent to the agreed procedure (required by law).

At the anaesthesiologic examination, bring with you:

- a recent and complete Blood count test with platelet count and coagulation profile (PT, PTT, INR and fibrinogen);
- all examinations performed during the pregnancy;
- the referral from the general practitioner or gynaecologist for "Analgesic therapy examination - Question: pregnancy";
- any documentation of clinical significance prior to pregnancy.

BIRTHING CLASS

Scan the QR code and follow the link to view a video tutorial on analgesia in labour.

