

## Anesthesia Services

At St. Elizabeth's Medical Center, our team of obstetricians, midwives, physician assistants, nurses and anesthesiologists work together to create a birth experience that is comfortable and safe for you and your baby. With approximately 1100 deliveries annually, you can expect experienced providers for your care.

As a referral center, high-risk pregnancies are sent for advanced levels of maternal care to our hospital. Approximately 50 percent of our deliveries are considered high risk. As a result, we have clinicians who specialize in obstetric anesthesia, maternal fetal medicine, and neonatology that are readily available for your care. In addition, we offer women with complicated pregnancies and/or medical conditions access to higher levels of acute care such as cardiac and critical care services. With our multidisciplinary approach, all members of the team meet twice daily to discuss and review patients on the labor floor. Our goal is to make certain that we have a systematic plan of care for each patient.

St. Elizabeth's Medical Center Department of Anesthesiology, Perioperative Medicine and Pain offers staff with a wide range of clinical skills to provide comprehensive obstetric anesthesia services for patients 24 hours a day. There is always a dedicated anesthesia team available on the labor and delivery floor. Our anesthesia team comprises of fellowship trained physicians, staff anesthesiologists and anesthesia resident physicians.

Upon arrival at St. Elizabeth's for delivery, you will be admitted to a labor room where a member of the obstetric anesthesia team will come to speak with you and review your medical history. The goal of this interview is to help our team in taking care of you, especially if you require anesthesia urgently for any reason. It also gives you the chance to ask questions about different methods of pain relief. More than 90% of our patients receive anesthesia for their delivery.

With advances in regional anesthesia techniques including epidurals, newer local anesthetic medications and improved ways to administer them, a patient can choose anesthesia as a safe option for her delivery. Many medical organizations including the American College of Obstetricians and Gynecologists endorse the safety of epidurals for laboring women. It is their opinion we provide pain relief as soon as a laboring woman requests it.

Regional anesthesia has been shown in numerous studies as the most effective pain control method that allows mothers to be present and to participate in the birth of their child. We encourage all mothers to discuss with their obstetric providers their choices for childbirth and pain relief during delivery. An obstetric anesthesiologist is also available to provide outpatient consultation during your pregnancy for any delivery concerns or issues that may arise. Your provider can request an early consult with anesthesia as part of your prenatal care.

## Types of Anesthesia

**Analgesic Medications:** These are pain relieving medications that are injected into a muscle or vein. These medications reduce your pain, but do not completely eliminate it. Because these medications tend to make both you and your baby sleepy, they are usually given during early labor to help conserve the energy that you will need later.

**Regional Anesthesia:** When medications that are injected into one area of the body cause a larger portion of the body to be anesthetized, it's called regional anesthesia. In obstetrical patients, regional anesthesia refers to spinal blocks or epidural blocks. These blocks are administered by an anesthesiologist and involve the injection of local anesthetics and other medications into your lower back. These medications reduce or eliminate pain and other sensation in your abdomen and legs.

**Epidural:** Epidural analgesia has become very popular for pain control during labor and delivery, and it is by far the most common method chosen by women who receive anesthesia for childbirth. An epidural block provides pain control during labor and can be discontinued after delivery. The biggest advantage of epidural analgesia over other techniques is that it provides pain control without sedating the mother or baby. This allows the mother to participate more fully in the birthing process because she is neither sedated by drugs, nor exhausted from having to cope with the pain of labor.

**Spinal:** Spinal Anesthesia, like epidural anesthesia, is produced by injecting medication into your lower back. With spinal anesthesia, the anesthetic drug is injected directly into the sac that contains the spinal fluid. This quickly produces very intense numbness and muscle weakness in your legs and abdomen. Because of the rapid onset of numbness, spinal anesthesia sometimes is used when there is not enough time to establish an epidural block. Occasionally, a headache may develop after spinal anesthesia. These headaches can last a few days and can often be treated by simply lying flat, drinking fluids and taking oral pain medication.

**General Anesthesia:** When general anesthesia is used, your anesthesiologist injects medication into your IV that rapidly produces complete unconsciousness. Because it is so fast, general anesthesia is typically used for emergency Cesarean deliveries. General anesthesia has been proven to be quite safe for the baby.

**Anesthesia for Cesarean Section:** Epidural, spinal or general anesthesia may all be safely used for cesarean sections. The decision regarding the type of anesthesia to be used depends on your preference and on the circumstances. If you receive an epidural block during labor and ultimately require a cesarean section, your anesthesiologist can almost always use the epidural catheter to inject much stronger medication. This stronger medication will completely numb your abdomen up to the level of your breasts. You can then remain awake during the delivery. An additional advantage of epidural anesthesia over spinal or general anesthesia for cesarean delivery is that the catheter may be left in place to provide pain control for 24 to 48 hours after surgery.