

Epidural talks at National Women's

By Hassanah Rudd

Last year I attended the antenatal epidural talk at Auckland hospital, which could be considered odd by people who know me as I had absolutely no plans to have one. I was booked for Birthcare where the ability to have an epidural is zero.

But as I was an 'elderly multigravida' – pregnant with my 3rd child and over 42 - I am also sensible and had researched enough to know that if something goes 'wrong', it's statistically more likely to happen to me. And "wrong" would probably mean a caesarean section. So for my own knowledge around spinal epidurals and to actually have the information to give "informed" consent, I went along.

On one level I can totally see why it is good to do this talk beforehand. It would be nigh on impossible for a doctor to be certain he has covered everything and obtained proper informed consent from a woman in strong labour who may be in need of an emergency procedure. So for that – a big tick.

So all of us gathered at reception, giving each other that nod pregnant women do which is always so nice. We were then taken upstairs for the presentation given by a very nice anaesthesiologist.

First we watched probably the oldest video in obstetric history - for which he did apologise. It did cover the pain relief options but must have been made in the early 80's out of the UK. (Be great to know if anyone has an updated version, but it's probably the only one around).

Before he got on to epidurals he covered the various pain relief options available, TENS, water, entonox, pethidine. He was honest about the downsides to the drugs and the risk factors. He also suggested building up on the pain relief options as required. Not reaching straight for the epidural, because you could find that as labour progresses, you cope okay.

The use of water as a means of pain relief is a problem at Auckland Hospital, because not all of the 14 delivery suites have birth pools in the room – less than half I think. So if you turn up and those rooms are occupied you are out of luck. He did suggest using water at home before coming in. But in my experience, although that helps, it's actually when you are in strong labour that water is most effective...and 9 times out of 10 you will be in hospital by then. (Particularly if it's your first, because you really have no idea how this whole labour/birth thing is going to go).

He talked about how to use entonox for the best effect, (i.e. to start breathing in at the start of the contraction to have the effect at its height), and ran over the pros & cons of pethidine. Interestingly many in the audience were turned off using pethidine when the possible side effects on the baby were discussed.

The epidural information was good and informative. He was honest about the risk factors including the main one that shows up for them – really bad headaches from the misplacement of the epidural. They then have to bring women back to "patch" – which is basically another epidural with a blood clot placed over the leaking spinal hole. He was also honest that it doesn't always work the first time and they have had to do it twice, and rarely, three times.

What did concern me, was the nature of the questions from the audience. Fear sat in that room like a toad. I'd place bets that I was the only one who already had children. These were all first time mums, with first time mum fears.

I get that beforehand you do think about how you are going to cope in labour and how it's going to go. I've been there too & I was probably ridiculously well informed & still anxious. But over half the questions asked were around information that is covered in any good childbirth education (CBE) class. But these were (somewhat unfairly) being asked of an anaesthesiologist. And let's be honest, he isn't going to know. He isn't a trained child birth educator, he is a doctor trained in anaesthetics.

So my immediate thought was "have none of you booked CBE classes?" I then wondered how many would in fact labour and birth without an epidural. Odds are high that it won't be many of this group. One woman even asked whether she could have an epidural just in case she needed a caesarean section.

Fear is labour's worst enemy, and there is more research evidence on what fear and the associated hormones do to labour than you can shake a stick at. Yet there was no one there at this presentation to say "Its ok, even if you think you won't be able to handle, it you will. Don't let fear dictate how you think you will cope in labour."

Sometimes fear can be all pervading in the life of a pregnant woman. Think about the response when you ask a pregnant woman where she plans on giving birth. If she says the hospital, and you ask why, I guarantee the reply will be "well it's just in case something goes wrong"Hello, that's fear again.

This is what I felt like saying to everyone there...but I didn't:

"Yes labour hurts - its labour. And it's physically all-encompassing and can take everything you have and will expose you to your core...but you can do it and your body is going to do it with or without your input! The pain will not kill you, honest."

"Yes it's painful - but it's not constant pain. After the contraction goes away THERE IS NO PAIN. Rest, relax take deep breaths. Each of the contractions is one less and one more towards you seeing your baby. You could 'lose it' at transition – personally I start weeping – but that's a very important time as the hormone cocktail in the driving seat of labour changes then so you can birth your baby."

I just felt so sad that there was no one to talk through these completely understandable fears that a primagravida woman has, and I wish that there had been a childbirth educator with the anaesthesiologist who could have taken these particular questions. That way information can flow and fear can leave the building.

I'm glad I went for my own information. If anything had gone pear shaped and I needed to transfer to the Hospital and needed an epidural/spinal, I would have been informed and been able to say "I understand the risks - I have attended the epidural talk." But my recommendations are:

For pregnant mums:

- If you are going to go to this presentation, do, but don't make the decision about an epidural ahead of time because you aren't certain you can handle the pain. That's the fear talking. It's ok if you reach the end of your tether and want to ask for one, but don't think you can't cope before the contractions start... because you can... You are pretty bloody powerful.

- There are things that make it harder to cope, like the contractions of an induction or being on your back. But for proper information about that, and everything else that can make labour pain cope able, book and go to good childbirth education classes. They are taken by trained and qualified CBEs and they will present the information to you honestly for you to make an informed choice about.

And for the hospital:

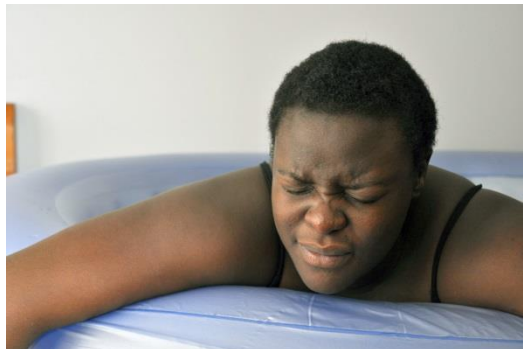
- Get a childbirth educator in for those presentations so they can answer the questions that will help allay the fears these women and their partners will have. Only then can an informed choice really be made.
- I'd also recommend that it might be best for the LMC to make the referral to these talks, that way discussion can be had around the pain relief options.

There is an African proverb that I was told when pregnant with my first child that I always remembered when labour got going.

"Childbirth is like walking a narrow bridge. People can be with you to the bridge and meet you on the other side, but you walk that bridge alone"

I always interpreted that as a proverb positive; it's not that you are alone, but you need to go into yourself, to trust your body to finish the job it started nine months ago.

So I wish you a good crossing of that bridge, however you get across!



Postscript

Hassanah had a beautiful baby girl weighing 7lb 15oz who was born at Birthcare in the pool after a 40min labour. Mum and baby thriving and are very happy.