

PREGNANCY~BIRTH~OUTER WOMB

Epidural Anesthesia

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PREGNANCY - BIRTH - OUTER WOMB

ANIMAL STUDIES SUGGEST THAT EPIDURALS CAN PRODUCE EFFECTS OBSERVABLE LATER IN A CHILD'S DEVELOPMENT—EFFECTS RELATED TO EPIDURALS INTERFERING WITH VULNERABLE BRAIN PROCESSES DURING A SENSITIVE PERIOD.

epidurals. A growing body of research on pre- and perinatal psychology is demonstrating that birth experiences more strongly influence us in the months and years after birth than we realize. Birth is a critical period for brain development and is a period of rapid growth and change. Birth is not just a physical event, but a psychological one. Birth is a time when the brain is particularly vulnerable to stressors and when it is most receptive to information. Birth is a time when the brain is particularly vulnerable to stressors and when it is most receptive to information.

Influenced Children Register Outcomes

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to consider the impact of these events on both the mother and the fetus. Researcher indicates that pre- and perinatal psychology is demonstrating that birth experiences more strongly influence us in the months and years after birth than we realize. Birth is a critical period for brain development and is a period of rapid growth and change. Birth is not just a physical event, but a psychological one. Birth is a time when the brain is particularly vulnerable to stressors and when it is most receptive to information.

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Talking Points

- ❖ Alyssa Benedict compiles the most recent information on epidural anesthesia in order to facilitate informed choice for pregnant women. According to Benedict, 2/3 of births include the use of epidurals. Many health care practitioners discuss epidurals with expectant mothers as if they are inevitable routine obstetric practice. But not all practitioners discuss the risks involved with epidural anesthesia.
- ❖ A 2002 report in the *American Journal of Obstetrics and Gynecology* 7 states, “It is not known to what extent women are fully informed about all the possible unintended effects of epidurals, standard care practices that always include use of electronic fetal heart rate monitoring and IVs, potential interferences with normal labor progress, and the risk for more serious and even life-threatening complications.” (18) Alyssa Benedict includes the common and uncommon physical and psychological risks of epidural anesthesia.
- ❖ Benedict’s intentions are not solely to focus on the risks of epidural, but rather she focuses on the importance of “authentic decision-making” based on “conscious awareness of cultural influences on the decision making process itself.” (18)
- ❖ She explains the risks to mothers: interference with hormones normally produced by the body during labor, increase in instrumental deliveries, postpartum neck or back pain, dizziness, tingling, numbness, rare but serious risks including convulsions, respiratory paralysis, cardiac arrest, allergic shock and more. The risks to babies include: reduced muscle tone, increased incidence of jaundice, damage to the central nervous system, impaired sensory and motor responses and more.

- ❖ Benedict examines and explains the chain reaction that can occur after the initial intervention of an epidural. “The ‘epidural chain’ is the phenomenon whereby use of an epidural is accompanied by or leads to other interventions, each with its own risks, and causes a combined or cumulative risk effect.” (20) These additional interventions, including bed confinement, electronic fetal monitoring, use of Pitocin for labor stimulation, catheter and oxygen can be dictated by hospital policy rather than medical necessity.
- ❖ Benedict encourages women to talk to their practitioner about the “epidural chain” - “The epidural chain is virtually absent from discourse between practitioners and pregnant women and must be understood if you are to make an authentic decision about having an epidural.” (20) She also examines the even lesser known, but important, psychological effects of epidural anesthesia on mothers and babies, individually and in their early relationship.
- ❖ Informed choice, Benedict explains, can improve outcomes. “Obstetric interventions like epidurals used during routine, low-risk births are actually causing the very problems they are believed to prevent. There are higher rates of high-tech, unnecessary obstetric interventions in the United States maternity care system than in any country in Western Europe and these interventions are not leading to better outcomes.” (24)
- ❖ Addressing the culture of medicalized birth in the U.S. Benedict states, “The culture of birth in the United States suggests that birth is essentially unsafe, that technology outperforms the natural mechanics of the human body, and that women need help doing something that they have done with great success for millions of years. In countries where birth is viewed as a natural process, birth outcomes are far better. It is essential for women to consider the origins of their views on birth and the evidence-based information on the physiological and psychological effects of epidurals.” (24-25)
- ❖ Benedict makes a larger societal argument for increasing information to expectant mothers about epidural risks, explaining that “as more and more women truly take charge of their births, we are likely to see the United States improve its global ranking in birth outcomes and save millions of healthcare dollars, as expensive and unnecessary interventions decrease.” (25)

Resources

Further explanation of what [an epidural does \(and does not\) do, as well as an explanation of complications](#)

[Want more information on the risks?](#)

Epidurals in [Australia](#)

A VERY interesting [discussion between two doctors](#) over recent medical studies on epidural use (read article and scroll to comments)

Interested in the data of who got epidurals? [See Health and Human Services National Vital Statistics from 2011](#)

Get [rates of interventions on individual practitioners](#) in your state/region, and survey feedback on individual practitioners

In Fall 2011, Pathways printed an article discussing the chiropractic implications of epidural as well as some alternatives. Check out Kate Englehardt’s [“Epidurals: Facts, Implications, and Alternatives.”](#)