

Pethidine

Narcotics are administered as an injection directly into the muscle. They act systemically – meaning they affect the whole body. They act by blocking the opoid receptors in the body, preventing the normal transmission of pain messages reaching the brain.

Commonly used opioids include stadol (butorphanol titrate, pethidine or demerol (meperidine), diamorphine (heroin), nubain (nalbuphine hydrochloride), and meptid (meptazinole).

These drugs all have a similar action to morphine. The drug is intended to distance the mother from the pain of contractions.

Once the drug is administered it will take effect within 3-20 minutes, depending on the medication type. The length of time it is effective for will depend on the drug, the amount given, and the body mass of the mother.

A dose of 100mg of pethidine, e.g example, usually lasts for about 4 hours.

A woman with a smaller frame will be affected for longer than one with a larger frame taking the same dose.

Due to the time it takes for the baby to metabolize these drugs, it is best not to have it within four hours of the birth. It is difficult to assess how long before the birth will occur, but as a guideline, it is better to take pethidine before 7cm dilatation.

Benefits to the mother

Mother may have an opportunity to rest since narcotics have a sedative effect

After the narcotic wears off, she can continue with the labor

If she is very tense, it may relax her and then result in labor speeding up

Benefits to the baby

If the mother is more relaxed this may have a beneficial effect on the baby

Risks to the mother

Many women do not like the distancing feeling that narcotics give

Some women find that the drug did not remove the pain

It can make her feel out of control and unable to move or communicate

She may sleep for the beginning part of a contraction, only being aware of the peak of each contraction

The drugs may cause nausea, so are often given with an anti-nausea drug

Because she is less able to remain upright and mobile after having narcotics, it may slow labor down

Once she has taken it, the effect cannot be turned off. She must wait for it to wear off

The mother's respiratory rate may be slowed, leading to less oxygenation of the blood

Narcotics slow emptying of the stomach (gastric emptying) which may increase the risk of aspiration if the mother goes on to have a general anesthetic

Risks to the baby

Babies whose mothers had narcotics are sometimes sleepy, have difficulty in breastfeeding, and are fractious in the early days

The drugs cross the placenta and take some time for the baby to metabolize. This can result in the baby being born with breathing difficulties. In this case, the baby will probably be given an antidote (Narcan) to help him

The antidote has a shorter half life than the narcotic, so the reversing effect of the antidote may stop working as the baby's respiration can again be compromised

There is an increased risk of jaundice developing as the baby's liver is working to excrete the narcotic in the early days after the birth

PETHIDINE & EPIDURALS



Ripple Effect Yoga

Primary Benefits of Epidurals

Effective pain relief (for 90-95% of women).
Reduced pain related to contractions and to interventions such as Syntocin, forceps, episiotomy, caesarean.

Mother can remain clear-headed, think and converse normally, and can rest, often even sleep for a few hours while her cervix continues to dilate.

How is an epidural administered, and what equipment is involved?

When an epidural is requested, mum should get up and use the restroom. Then, an IV is started and intravenous fluids are given. Mum is confined to bed, and has placed on her: electronic foetal monitor, automatic blood pressure cuff, electrodes to monitor her heart rate (sometimes), and often a catheter to empty her bladder.

Mum may need oxygen mask at times during labour (unusual in the UK)

Placing an epidural can take 15-25 minutes from the time the anaesthesiologist arrives.

Mum sits, (or lies on her side – unusual in UK), with her back arched.

Her back is cleaned, local anaesthetic is injected, the epidural needle is placed, then the catheter is placed, and the needle removed. Mum must remain completely still for insertion, even through contractions. The catheter is taped to her back, and medication begun.

Pain relief begins to take effect in 5 minutes. May take 15-45 minutes to reach full effect, then will remain in effect until the baby is born and the catheter is removed.

What are the potential side effects of epidurals on mum?

Contractions may slow and labour may be longer. Syntocin augmentation may be used to counteract this: Syntocin is three times more likely in epidural labours.

Blood pressure drops for 12% of women: treated with extra fluids and oxygen.

14.5% chance of fever over 100.4°; chance increases after 4 hours with epidural.

Mum might experience itching, nausea, vomiting and shivering.

Mum may not be able to feel urge to push, may not be able to push as effectively.

12 of 15 studies show a significant association between epidural and c-section.

Risk of c-section generally 2-3 times more likely with epidural. This is influenced by what point in labour the epidural was administered. One study found caesarean rates were 26% when epidural given at 4 cm dilation, increased to 33% at 3 cm, and 50% when given at 2cm. So, the longer you can wait to have an epidural, the better.

What are the potential side effects of epidurals on baby?

If mum has Syntocin, contractions can be long and strong, can reduce baby's heart rate

If mum's blood pressure drops: decreased foetal heart rate, decreased oxygen supply.

If mum develops a fever, baby's heart rate may become rapid. Baby may develop a fever (30% chance.) If baby develops fever, may be treated for infection.

Mild to severe foetal distress is diagnosed in 10-15% of babies after epidural.

Generally these changes don't affect the baby's health at birth (as measured by APGAR scores), but signs of foetal distress can lead to c-section.

Baby may not be able to rotate as well into the correct position for birth. May be an increased risk of forceps, vacuum extractor, or caesarean birth.

After the birth, there *may* be subtle side effects on the baby, such as decreased sucking ability, poor latch during breastfeeding, more difficult to soothe.

For more information, see discussion on the following website, www.transitiontoparenthood.com, or .So you Want an Epidural. by Kim James, <http://www.kimjames.net/epidural%20main%20page.htm>