

The Epidural Epidemic

By: Jeanne Ohm, D.C., F.I.C.P.A.

Originally Printed in: I.C.P.A. Newsletter March/April 1999

Epidurals during birthing have become so routine, as mothers are being convinced that pain during labor is unnatural. Convinced that they should not endure pain during the birth process, mothers are set up to believe in a drug instead of their bodies' own natural capabilities. Sixty four percent of certified nurse midwives reported concern over the increased number of their clients who desire epidural anesthesia, and a majority of certified nurse-midwives surveyed (53%) reported a negative attitude toward the increased use of epidurals. ¹

We started including questions about births years ago on our children's case history and 9 times out of 10, mothers will check off that they had a "natural childbirth" and in the next question, they check off that they had an epidural. In other words, if they delivered vaginally, and their eyes were open, they are being led to believe that they delivered naturally.

What is not being provided to the parents is the increased complications which are a result of epidural usage. The PDR2 cautions that "local anesthesia rapidly crosses the placenta...and when used for epidural blocks, anesthesia can cause varying degrees of maternal, fetal and neonatal toxicity." It continues, "this toxicity can result in the following side effects: hypotension, urinary retention, fecal and urinary incontinence, paralysis of lower extremities, loss of feeling in the limbs headache, backache, septic meningitis, slowing of labor, increased need for forceps and vacuum deliveries, cranial nerve palsies, allergic reactions, respiratory depression, nausea, vomiting and seizures." Many of these side effects result in multiple complications. For example, maternal hypotension causes bradycardia (decreased heart rate) in the fetus. This altered heart rate can lead to fetal distress and operative deliveries.³ This has led doctors to warn "a high concentration anesthetics and epinephrine should be avoided, as they may influence labor."

Things To Know About Epidurals:

1. Causes longer labors with slower progress.^{5 6}
2. Can cause fevers in mothers during childbirth. ⁷
3. Increase use of pitocin by as much as 3 ½ times, which causes slow and irregular contractions. ^{5 8}
4. Increases use of antibiotics in your baby by as much as 4 times. ⁴
5. Increases use of forceps by as much 4½ - 20 times.⁵
6. Causes neonatal jaundice due to altered red blood cells. ⁹

7. Increases the incidence of birth trauma due to the use of mechanically assisted deliveries. ^{10 11}
8. Causes adverse behavioral effects of the neonate. ¹²

In order to bring about a reversal in epidural usage, mothers must become educated not only on its potential side effects, but on their bodies' own ability to give birth naturally. The overwhelming fear associated with birth has become a learned behavior in our culture. Fear causes additional muscular tension in the body, resulting in decreased blood supply to organs and therefore impaired uterine function. It is our privilege and obligation as Chiropractors to care for these women throughout their pregnancies, offering them encouragement and educating about choices for their upcoming experience. I have been told by many chiropractors (and have heard it in our own practice) how women look forward to their visit with us because we treat the process of pregnancy with respect, and we enhance the mothers confidence in her own innate abilities.

References:

1. Graninger EM; McCool WP. Nurse-midwives' use of and attitudes toward epidural analgesia. *J Nurse Midwifery* 1998; 43(4):250-61
2. 1996 Physicians Desk Reference
3. Stavrou C; Hoffmeyr GJ; Boezaart AP. Prolonged fetal bradycardia during epidural analgesia. Incidence, timing and significance. *S Afr Med J* 1990; 77(2):66-8
4. Thompson TT; Thorp JM Jr; Mayer D; Kuller JA; Bowes WA Jr . Does epidural analgesia cause dystocia? *J Clin Anesth* 1998; 10(1):58-65
5. Studd JW; Crawford JS; Duignan NM; Rowbotham CJ; Hughes AO. The effect of lumbar epidural analgesia on the rate of cervical dilatation and the outcome of labour of spontaneous onset. *Br J Obstet Gynaecol* 1980; 87(11):1015-21
6. Alexander JM; Lucas MJ; Ramin SM; McIntire DD; Leveno KJ. The course of labor with and without epidural analgesia. *Am J Obstet Gynecol* 1998; 178(3):516-20
7. Lieberman E, Lang JM, Frigoletto F Jr, Richardson DK, Ringer SA, Cohen A, Epidural analgesia, intrapartum fever, and neonatal sepsis evaluation. *Pediatrics* 1997; 99(3): 415-9
8. McRae-Bergeron CE; Andrews CM; Lupe PJ. The effect of epidural analgesia on the second stage of labor. *AANA J* 1998; 66(2):177-82
9. Clark DA; Landaw SA. Bupivacaine alters red blood cell properties: a possible explanation for neonatal jaundice associated with maternal anesthesia. *Pediatr Res* 1985; 19(4):341-3
10. Town A. Latent spinal cord and brain stem injuries in newborn infants *Develop Ed Child Neural* 1969, 11; 54-68
11. Menticoglou SM; Perlman M; Manning FA; High cervical spinal cord injury in neonates delivered with forceps: report of 15 cases. *Obstet Gynecol* 1995; 86(4 Pt 1):589-94
12. Murray AD; Dolby RM; Nation RL; Thomas DB. Effects of epidural anesthesia on newborns and their mothers. *Child Dev* 1981; 52(1):71-82