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Obstetrical Analgesia and Anaesthesia

Midwifery & Obstetrical Nursing

Pain during labour, non-pharmacological pain relief, pharmacological analgesia, epidural analgesia, spinal anaesthesia, general anaesthesia and nursing responsibilities.

For educational purposes only.

CHAPTER 17 / MIDWIFERY AND OBSTETRICAL NURSING 17. Obstetrical Analgesia and Anaesthesia

1. Labour pain and assessment

Pain arises from uterine contractions/cervical dilation and later stretching of pelvic floor/perineum; experience influenced by position, fear, support and prior experiences. Assess patient's report, coping, preferences, stage, maternal/fetal status and available options. Provide informed choice without coercion; support non-drug and pharmacological methods according to eligibility.

2. Non-pharmacological methods

Continuous support/birth companion, breathing/relaxation, movement and position changes, massage/counterpressure, warm water/temperature measures where safe, quiet environment and music/distraction. Explain that methods may reduce distress but response varies; avoid withholding analgesia from patients requesting it.

Method	Use and nursing considerations
Systemic opioids	Selected analgesia; monitor sedation, breathing, nausea and possible neonatal respiratory depression, timing near birth.
Inhaled nitrous oxide/oxygen	Where available, self-administered according to protocol; monitor dizziness, sedation and safe equipment.
Epidural analgesia	Local anaesthetic +/- opioid via epidural catheter; provides regional labour analgesia. Assess coagulation/contraindications by anaesthesia, monitor BP, motor/sensory block, fetal response and urine.
Spinal anaesthesia	Single intrathecal injection commonly for caesarean; rapid dense block, hypotension risk. Monitor BP, respiratory status and block level.
Combined spinal-epidural	Combines rapid onset with catheter-based continuation when selected.
General anaesthesia	Unconsciousness for selected operative indications, airway/aspiration and haemodynamic risks; specialist team.

3. Pre-, intra- and post-anaesthetic nursing responsibilities

Verify procedure, consent, allergies, medicines, fasting according to urgency and anaesthesia plan, baseline observations, vascular access and monitors. During regional block assess maternal BP and fetal status, support positioning, report hypotension, unexpected high block, dyspnoea or altered consciousness immediately. After procedure monitor airway, breathing, circulation, motor/sensory recovery, pain, nausea, bladder and bleeding;

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prevent falls until strength returns. Severe postural headache or neurological symptoms after neuraxial procedure needs anaesthetic review.

4. Safety and newborn considerations

Local anaesthetic systemic toxicity may cause neurological/cardiac symptoms; activate emergency response immediately, follow lipid rescue protocol by trained team. Monitor newborn if maternal opioids/general anaesthesia used. Do not prescribe or titrate anaesthetic drugs independently; support pain relief and respectful choice.

5. Important Examination Questions

Long Answer Questions

1. 1. Describe obstetrical pain relief and compare epidural, spinal and general anaesthesia with nursing care.

Short Answer Questions

1. 1. List non-drug methods
2. 2. explain regional anaesthesia monitoring
3. 3. discuss post-anaesthetic care.

Very Short Answer Questions (with answers)

1. 1. Where is spinal drug delivered? - Intrathecal/subarachnoid space.
2. 2. Common regional block complication requiring monitoring? - Hypotension.

6. Quick Revision

- Respect pain-relief preferences.
- Monitor mother and fetus during analgesia.
- Regional recovery requires fall prevention and assessment.

7. Conclusion

Respect pain-relief preferences. Monitor mother and fetus during analgesia. Regional recovery requires fall prevention and assessment.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which anaesthetic technique uses a single intrathecal injection?

A. Epidural catheter analgesia
B. Inhaled nitrous oxide
C. General anaesthesia
D. Spinal anaesthesia

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2. Which observations are needed after spinal anaesthesia for caesarean birth?

A. Blood pressure, respiratory status and block level

B. Pain score alone without haemodynamic monitoring

C. Fetal heart rate alone without maternal observations

D. Urine colour alone without motor or sensory assessment

3. Why is fall prevention important after neuraxial analgesia or anaesthesia?

A. Regional anaesthesia permanently prevents walking

B. Motor and sensory recovery must occur before safe mobility

C. Pain relief always eliminates the need for assessment

D. Urine output alone proves normal leg strength

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Answer key and explanations

1. D - Spinal anaesthesia

Spinal anaesthesia involves a single intrathecal injection and produces a rapid dense block.

2. A - Blood pressure, respiratory status and block level

Spinal anaesthesia can cause hypotension and requires monitoring of respiratory status and block level.

3. B - Motor and sensory recovery must occur before safe mobility

Mobility must be supported until strength and sensation recover.

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