

# EPIDURAL

Dr. Bradley maintained that all drugs given to the mother (regardless of the route of administration) reached and injured the baby. He was criticized and ostracized for this 'radical' belief. Then came the era of science, it turned out that he was right all along. Back in 1947 Dr. Bradley had no evidence, no proof, no support among obstetricians or anesthesiologists. Then proof began to be available but, of course it was (and is) largely ignored, denied or attacked.

Way back in 1966 at UCLA Dr. Robert O. Bauer applied the gas chromatograph to the question of the possible transfer of drugs from regional anesthesia. Spinal, epidural, pudendal and paracervical blocks are examples of regional anesthesia. The Los Angeles Times reported:

"A UCLA research team has found that nerve blocking anesthetics ... get into the unborn baby's system and could harm some infants. ... Doctors have known for a long time that general anesthetics affect the baby. However, until recently nobody had looked to see whether agents used for regional anesthesia affect the baby ... If the baby is a high risk baby and the mother is hyperventilating and undergoing other stresses, the effect of even small amounts of anesthetic on the fetus may be enough to produce some degree of brain damage, the physician said." (61)

Dr. Howard Fox, of the University of Kansas Medical Center, Division of Neonatal Medicine wrote:

"...regional anesthetic agents do not remain regional in their distribution. Measurable levels of these drugs appear in maternal blood from 1-7 minutes after instillation and measurable levels appear shortly thereafter in fetal blood regardless of the type of regional anesthesia or the agent employed." (62)

The British Journal of Obstetrics and Gynaecology reported:

"Bupivacaine is widely used as the local analgesic agent of choice for epidural analgesia in labour ... it is known to enter the maternal blood stream rapidly from the epidural space, and from there cross the placenta so that a measurable concentration is present in the fetal circulation within ten minutes of epidural injection ... Significant and consistent effects of bupivacaine throughout the assessment period can be demonstrated. Immediately after delivery, infants ... were more likely to be cyanotic and unresponsive to their surroundings. Visual skills and alertness decreased significantly ... on the first day of life but also throughout the next six weeks... These results show that the neonate differs from the adult in respect of both the nature of effects of the drug and sensitivity to it." (63)

So now you know, the rest of the story. Or do you? Epidurals cost a lot, sometimes many hundreds to several thousands of dollars. Epidurals can cause death - in either the mother or the baby or both. Epidurals can cause severe excruciating headaches. Epidurals can cause seizure disorders. Epidurals can cause quadriplegia and paraplegia. Epidurals can cause respiratory embarrassment (the patient stops breathing). Epidurals can cause severe blood pressure changes. Epidurals lead to a high rate of forceps and vacuum extraction deliveries. Epidurals can cause a fever, which may result in aggressive treatment to the baby like spinal taps and separation. Epidurals are associated with a high incidence of breastfeeding problems. Epidurals rob a woman of the pride-of-accomplishment and the joy of giving birth.

Epidural anesthetics do "get to the baby ..." says Henci Goer in her book *The Thinking Woman's Guide to a Better Birth*. She also states "...epidurals can cause profound disturbances of the fetal heart rate." and "...epidurals may have adverse effects in the newborn." (64)

As early as 1968 the journal *Anesthesia* reported "...anesthetic was absorbed from the sites of injection into the maternal arterial circulation within three to five minutes, and was transmitted across the placenta to the fetus." (65)

But the American College of Obstetricians and Gynecologists put out a pamphlet a few years later in support of regional anesthetics (like epidurals) stating "I personally am in favor of using a regional anesthetic whenever possible, principally because it does not ordinarily enter the blood stream and cannot reach the baby's system." (66) This was known to be false then, and it is still a lie today.

Doris Haire, president of the American Foundation for Maternal and Child Health stated "The epidural is a one-way ticket to a cesarean." Many studies support and explain this fact.

Sure epidurals may cause hideous effects, but most women don't die of epidurals. Although years ago when the FDA learned of 16 deaths from .75% bupivacaine epidurals - they contraindicated their use. I guess 16 deaths was too many, I wonder what is the politically correct number?

While death of mother and/or baby, blood pressure disorders, terrible headaches, paraplegia, seizure disorders, inadequate

pain relief, long-term postpartum backache and a host of similar joys are possible, they are also somewhat rare. Cesarean following epidural is not rare, it is common, why not?

A study from Boston found: "Conclusions: Epidural analgesia may increase substantially the risk of cesarean delivery. ..." (67) A study from Kansas City found: "Conclusions: In a randomized controlled, prospective trial epidural analgesia resulted in a significant prolongation in the first and second stages of labor and a significant increase in the frequency of cesarean delivery..." (68) A study from Chicago found: "Conclusion: The management of epidural analgesia during labor was associated with the potential for increased risk of cesarean delivery." (69) A study from San Antonio found: "Conclusion: After epidural analgesia .... the ability of the uterus to dilate the cervix is reduced significantly." (70) Another study from Boston found: "Conclusions: ... the supine position is associated with a significant postepidural decrement in cardiac output, not identified by a change in heart rate." (71)

There is, of course no sense trying to argue with a woman who wants her epidural - in the parking lot, as some women joke. Some women feel frightened of their bodies and of the overwhelming work of labor. They often claim to be cowards. Marjie has an interesting technique when she is confronted by an 'epidural chauvinist' she merely looks the woman in the eye and says "You are so brave!" Their reactions are priceless, there is no arguing with this obvious truth. Brave they may be, but if they only knew the truth, they might be cowardly and opt for natural childbirth.

We all know someone whose birth story goes ... everything was fine, they gave me my epidural and for several hours everything was OK. Then either this person simply ceased making 'progress', or her baby 'went into distress', or some other tragic-sounding potential event occurred. Like it just happened. It just fell out of the sky or something; and the cesarean saved the day, or the baby, or the mother, or whatever. Never does anybody explain to the victim that the epidural caused the malfunction. It is always blamed on the mother ... my cervix didn't work, my baby was dying, I was too tired, I couldn't take any more. Almost never do they say the darned epidural almost killed me, that wouldn't be politically correct.

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