

ACOG

Committee on
Obstetric Practice

Reaffirmed 2008

American Society of
Anesthesiologists

Committee Opinion



Number 295, July 2004

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Pain Relief During Labor

ABSTRACT: *Pain management should be provided whenever medically indicated. The American Society of Anesthesiologists (ASA) and the American College of Obstetricians and Gynecologists (ACOG) believe that women requesting epidural analgesia during labor should not be deprived of this service based on their insurance or inadequate nursing participation in the management of regional analgesic modalities. Furthermore, in an effort to allow the maximum number of patients to benefit from neuraxial analgesia, ASA and ACOG believe that labor nurses should not be restricted from participating in the management of pain relief during labor.*

Labor causes severe pain for many women. There is no other circumstance where it is considered acceptable for an individual to experience untreated severe pain, amenable to safe intervention, while under a physician's care. In the absence of a medical contraindication, maternal request is a sufficient medical indication for pain relief during labor. Pain management should be provided whenever medically indicated.

Of the various pharmacologic methods used for pain relief during labor and delivery, neuraxial analgesia techniques (epidural, spinal, and combined spinal-epidural) are the most flexible, effective, and least depressing to the central nervous system, allowing for an alert participating woman and an alert neonate. The American Society of Anesthesiologists (ASA) and the American College of Obstetricians and Gynecologists (ACOG) believe that women requesting epidural analgesia during labor should not be deprived of this service based on their insurance or inadequate nursing participation in the management of regional analgesic modalities. In addition, third-party payers who provide reimbursement for obstetric services should not deny reimbursement for labor analgesia because of an absence of "other medical indications." Although the availability of various methods of labor analgesia will vary from hospital to hospital, within an institution the methods available should not be based on a patient's ability to pay. Furthermore, in an effort to allow the maximum number of patients to benefit from neuraxial analgesia, ASA and ACOG believe that labor nurses should not be restricted from participating in the management of pain relief during labor. Under appropriate physician supervision, labor and delivery nursing personnel who have been properly educated and have demonstrated current competence should be able to participate in the management of epidural infusions, including adjusting dosage and discontinuing infusions.