

STATEMENT ON PAIN RELIEF DURING LABOR

(Approved by the ASA House of Delegates on October 13, 1999 and reaffirmed on October 17, 2007)

Labor results in severe pain for many women. There is no circumstance where it is considered acceptable for a person 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.

Nonetheless, ASA and ACOG have received reports that some third-party payers have denied reimbursement for regional analgesia/anesthesia during labor unless a physician has documented the presence of a "medical indication" for regional

analgesia/anesthesia. Of the various pharmacologic methods used for pain relief during labor and delivery, regional 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 mother and alert neonate. It is the position of ACOG and ASA that third-party payers who provide reimbursement for obstetric services should not deny reimbursement for regional analgesia/anesthesia because of an absence of other "medical indications."

