## STATEMENT ON PAIN RELIEF DURING LABOR

Committee of Origin: Obstetrical Anesthesia

(Approved by the ASA House of Delegates on October 13, 1999 and last amended on October 20, 2010)

This is a joint statement from the American Society of Anesthesiologists (ASA) and the American College of Obstetricians and Gynecologists (ACOG). It has been designed to address issues of concern to both specialties.

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 anesthetic 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 anesthesia services during labor should not be deprived of these services based on their insurance or inadequate nursing participation in the management of labor anesthesia modalities. addition, third-party payers who provide reimbursement for obstetric services should not deny reimbursement for labor anesthesia services because of an absence of "other medical indications," Although the availability of labor anesthesia services 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 labor anesthesia services, 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.