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## Women expected to tolerate pain of childbirth with “epidural injustice” the result, conference hears

“Epidural injustice” is denying some women timely and much needed pain relief during childbirth, a conference of anaesthetists and specialist pain medicine physicians will hear today. (Sunday 1 May)

Obstetric anaesthetist Dr Ian Maddox will tell the Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting that the “severe pain of childbirth for many women is regarded differently from other causes of acute severe pain”.

This prevents some women from receiving pain-relieving spinal injections when they most want it.

“We must consider the value we place upon the relief of the pain of childbirth. The acute severe pain of childbirth is implicitly regarded differently from other causes of acute severe pain,” he says.

“There exists in Australia an attitude towards the pain of childbirth that is not consistent with attitudes to other causes of severe pain. This can manifest itself in delays in providing the most effective treatment for the pain - delays that do not occur in situations outside childbirth. That many women decline analgesia in labour should not influence its provision to those who *do* desire it.”

Dr Maddox, a specialist anaesthetist at the Fiona Stanley Hospital in Perth said guidelines stated that women should be given an epidural for pain relief during labour within 30 minutes of asking for one.

However, he believes the “half-hour” target has “become, in some minds, an acceptable timeframe in *all* cases, rather than the limit of acceptability in the face of competing priorities.”

Dr Maddox notes that hospital resources “may be limited so that with the best of intentions neither midwife nor anaesthetist can always promise timely epidural pain relief.” A 2020 UK investigation cited by Dr Maddox claimed that some women were denied or delayed being given epidurals during childbirth by the National Health Service despite severe and prolonged pain.

“While in Australia and New Zealand midwives and anaesthetists generally provide an excellent labour analgesia service, we can expect, and my experience in Australia confirms, that similar issues to those in the UK exist,” he says.

“Explicit and paternalistic denial of a woman’s request for labour epidural analgesia, based upon both claims of safety and the benefit of pain to the mother and child, still persist today. The result is a deprioritising of labour epidural analgesia manifested in, occasionally, outright denial of analgesia, and, more commonly, a tolerance of delays and under-resourcing.”

However, Dr Maddox said unlike the UK experience, Australian regional hospitals usually offered 24-hour epidural services. Western Australia’s Esperance Hospital, for example, which is located 700 kilometres from Perth, delivers 200-250 babies a year and offers a 24-hour epidural service.

The ANZCA 2022 Annual Scientific Meeting is being held from 29 April - 3 May. More than 1200 Australian, New Zealand and international anaesthetists and specialist pain medicine physicians have registered for the virtual meeting.

**For more information or to request interviews, please contact ANZCA Media Manager  
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