Labor analgesia is more than a technique: a call for holistic and respectful care

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Abstract

Neuraxial labor analgesia has improved pain control and childbirth outcomes. Yet, pain is a multidimensional experience requiring more than technical skill. This article calls for a holistic, woman-centered model in which the anesthesiologist plays a key role. The purpose is to promote a cultural shift: making labor analgesia not only effective, but also respectful and meaningful.

Background

In recent decades, the evolution of labor analgesia techniques has marked an extraordinary advancement in improving the childbirth experience and reducing its complications.[1,2] The introduction and progressive adoption of neuraxial techniques – particularly epidural analgesia (EA), combined spinal-epidural (CSE), dural puncture epidural (DPE), and continuous spinal analgesia (CSA) – have enabled effective and safe pain control, while promoting positive clinical outcomes for both mother and newborn.[3] Among these, epidural analgesia is widely considered the gold standard in many hospital settings.[4]

However, technical benefits must be interpreted within a complex reality that includes emotional, relational, cultural, and organizational dimensions. The literature highlights that labor pain is not only a physical experience, but also a psychological one, often influenced by fear, expectations, socio-cultural context, and the quality of care received.[5] Therefore, effective pain management cannot rely solely on technical execution; it must be integrated into a woman-centered model of care.[1,6]

The 2018 World Health Organization (WHO) recommendations on intrapartum care for a positive childbirth experience emphasize the importance of dignity, respect, effective communication, privacy, and continuous support.[1] These principles are especially relevant today, in a time when women are increasingly asserting their right to actively participate in their childbirth journey.

Opinion

To be truly effective and acceptable, labor analgesia must be an integral part of a holistic approach focused on the woman and her experience. A woman's request for pain relief should be sufficient to initiate analgesia, regardless of cervical dilation or obstetric opinion.[7,8] This stance is supported not only by the WHO, but also by leading scientific societies such as the American College of Obstetricians and Gynecologists (ACOG) and the American Society of Anesthesiologists (ASA), which have recognized since 2000 that the patient's request is, in itself, a valid clinical indication.[9,10]

Labor pain is intense, multidimensional, and variable: each woman experiences it uniquely.[6] Our role as professionals is to offer options, attentive listening, and tools to help women cope with it. It is not merely about deciding which drug to administer or which technique to employ; it is about creating a safe, welcoming, and supportive environment. In this sense, labor analgesia must begin well before the administration of medication – it should start as soon as the woman enters the unit, with an empathetic welcome, clear information, and ongoing support.

In this framework, the anesthesiologist must move beyond a purely technical role to assume a broader and more central function in the childbirth process. They should be involved in decision-making, communication with the birthing woman, expectation management, and continuity of care. Reducing their role to that of a "pro-

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Key words: epidural analgesia, labor analgesia, maternal-fetal safety, labor pain.

Conflict of interest: the author reports no conflict of interest.

Ethics approval and consent to participate: not applicable.

Availability of data and materials: not applicable.

Received: 9 July 2025.
Accepted: 1 September 2025.

Advances in Anesthesia and Pain Medicine 2025; 3:55
doi:10.4081/aapm.2025.55

Figure 1. Holistic approach to labor analgesia integrates empathy, support, and clinical expertise to enhance the childbirth experience.

cedure executor" limits the quality of care and risks trivializing the entire childbirth process (Figure 1).

Furthermore, labor analgesia should be understood as a dynamic process, not a one-time intervention. Analgesia should be administered *via* top-up doses – sequential and personalized – tailored to the progression of labor and the woman's needs. This approach ensures effective and progressive pain control, preserves motor function, and allows active maternal participation. Timely top-ups can also avoid late spinal anesthesia and ensure rapid conversion to surgical anesthesia if needed.

Conclusions

Labor analgesia is not merely a technical matter; it is a cultural, organizational, and ethical choice. To truly ensure a positive childbirth experience for women, we must move beyond a procedural paradigm and embrace a holistic and respectful model. This requires better training for professionals in communication, empathy, and respecting women's preferences, as well as a reorganization of care models to fully integrate anesthesiologists into the birth team.

Healthcare systems should also implement specific quality indicators for labor analgesia and recognize the anesthesiologist's crucial role in birth pathways. Continuous presence, personalized care, informed decision-making, and respect for the rights of birthing women must become essential pillars.

Ultimately, high-quality childbirth care requires the integration of technical skills, appropriate tools, and relational competence. Neuraxial analgesia becomes truly the "gold standard" only when it is offered to an informed, respected, and empowered woman, in a setting where all professionals work together to promote the well-being of both mother and child. This is the challenge of the future: uniting science with humanity, technique with care, and expertise with connection.

References

1. World Health Organization. WHO recommendations: intrapartum care for a positive childbirth experience [Internet]. Geneva: World Health Organization; 2018 [cited 2024 Feb 23]. Available from: https://iris.who.int/handle/10665/260178
2. Seijmonsbergen-Schermers AE, Van Den Akker T, Rydahl E, et al. Variations in use of childbirth interventions in 13 high-income countries: A multinational cross-sectional study. Stock SJ, editor. PLoS Med 2020;17:e1003103.
3. Coviello A, Iacovazzo C, Frigo MG, et al. Technical aspects of neuraxial analgesia during labor and maternity care: an updated overview. J Anesth Analg Crit Care 2025;5:6.
4. Halliday L, Nelson SM, Kearns RJ. Epidural analgesia in labor: A narrative review. Int J Gynaecol Obstet 2022;159:356-64.
5. Callahan EC, Lee W, Aleshi P, George RB. Modern labor epidural analgesia: implications for labor outcomes and maternal-fetal health. Am J Obstet Gynecol 2023;228:S1260-9.
6. Labor S, Maguire S. The Pain of Labour. Rev Pain 2008;2:15-9.
7. ACOG Committee Opinion #295: pain relief during labor. Obstet Gynecol 2004;104:213.
8. Zha Y, Gong X, Yang C, et al. Epidural analgesia during labor and its optimal initiation time-points. Medicine (Baltimore) 2021;100:e24923.
9. Practice Bulletin No. 177: Obstetric Analgesia and Anesthesia. Obstet Gynecol 2017;129:e73-89.
10. ACOG Committee Opinion No. 766: Approaches to Limit Intervention During Labor and Birth. Obstet Gynecol 2019;133:e164-73.