

## -07- Frequently Asked Questions

### Q What kind of method is "epidural anesthesia?"

A method primarily for relieving the pain of contractions by injecting anesthesia through the back, into the neural pathways near the spine.

It is a method also normally used in various kinds of operations, and for the purpose of post-operative painkilling.

### Q What will happen after childbirth?

The effect of the anesthesia will wear off a few hours after the injection is stopped. Afterwards, you will spend the time with your baby on the same schedule as with natural childbirth.  
 ※ The length of the hospital stay will vary by clinic, so please check with the staff.

### Q Can anyone receive painless delivery?

Generally, anyone can receive it, but some mothers may not be able to depending on their condition. In the Bell Network, we will confirm patients' desire for painless delivery, and explain the details to them, during the outpatient midwife consultation. If you would like to receive painless delivery, or are considering it, please feel free to consult with the midwife.

#### Out-patient Midwife Consultations

**1st time** | Explanation of painless delivery to those considering it, or are unsure of it.

**2nd to 3rd times** | We will give further explanations if there is any uncertainty or unclear issues. The final decision for painless delivery will be made here.  
 ※ The doctor will explain and provide a consent form.

※We are also happy to address any other concerns about issues other than painless delivery, such as life during pregnancy, admission into the hospital, or childbirth.

#### Voices of Mothers Who Selected painless Delivery



- I chose painless delivery because, unlike with my first child, I was worried about my physical fitness.
- It took time for the anesthesia to take effect, and there was still some pain, but when I think that the pain could have been even worse, I feel glad to have chosen painless delivery.
- I was scared of the pain, and chose painless delivery after much deliberation. The staff were all so kind, and I was able to give birth calmly, without panicking.
- The concerns I had about possible side-effects were carefully addressed.
- Among the few clinics offering painless delivery, I was reassured by the system being supervised by an anesthesiologist.

We would like everyone to know...

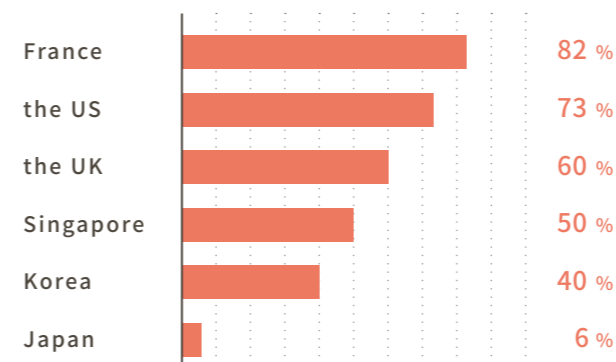
## Seven Things About Painless Delivery



Painless delivery is a method to reduce pain as much as possible while retaining the sense of giving birth.

In western countries it is often chosen as a matter of course, but even in Japan more and more people are learning about it, and we offer the option of painless delivery at our clinic.

### -01- Painless delivery in Japan and Overseas



※Taken from "Painless Delivery Q&A" by the Japan Society for Obstetric Anesthesia and Perinatology (JSOAP).

The cultural background and obstetric medical system in Japan is different from overseas and so the widespread usage of painless delivery has not been as rapid. However, in recent years, as the culture itself has begun to change and the government has actively been working to improve the safety of painless delivery, the number of facilities offering this service is also increasing.

The topic was widely discussed in Japan when in 2018, Duchess Kate Middleton gave birth by painless delivery.



### -02- Painless Delivery in the Bell Network



※Numbers for all clinics in the Bell Network group.

While the percentage of women using painless delivery is still low in Japan, in the Bell Network the number of painless delivery births is increasing every year. The reasons are various, such as painless delivery itself becoming more widely known from public figures using it to give birth, or women giving birth later in life and being unsure about their physical fitness for childbirth, or wanting to conserve their energy so that they can get used to life with their baby in the hospital before returning home. We hope you will add "painless delivery" to your childbirth options, and talk with your doctor or midwife/nurse if you any questions or concerns.

## -03- Characteristics of Painless Delivery in the Bell Network

### Point 1

### Management system by anesthesiologists

We give our staff technical training in painless delivery under the management of anesthesiologists. We have a fully prepared management system to respond in case of emergencies.

### Point 3

### Less taxing, quick recovery.

The burden of labor pains can sometimes be too much on mothers. By maintaining their energy over a long period by reducing pain, mothers can be more at ease in body and mind.

### Point 5

### Cost is 100,000 yen in addition to the regular delivery cost.

There may be some additional charges depending on length of hospital stay or time of labor. Please inquire at reception for more details.

### Point 2

### Regulation of pain during childbirth

Because painless delivery is done with local anesthesia affecting only the lower body, rather than general anesthesia, the mother retains full awareness.

While it is called "painless delivery," because labor will stop if the sensation of pain or bearing down is completely eliminated, we manage the amount of anesthesia so that the mother can give birth calmly while regulating the pain.

### Point 4

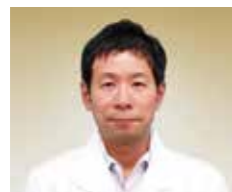
### Virtually no affect of the medication on the baby.

Because it is a local anesthetic rather than a general anesthetic, the blood concentration of anesthesia in the mother is quite low, with virtually no affect on the baby.

We are dedicated to training our staff so that mothers can give birth with peace of mind.



## -04- For safe painless delivery



Kishokai Medical Corporation  
Chief Anesthesiologist  
Eiichi Sato

I believe there are some mothers who, after reading of recent incidents related to painless delivery, may have a fearful impression of the procedure. In almost all cases of emergencies immediately following administration of anesthesia, it is the result of local anesthesia entering the subarachnoid cavity, or local anesthetic poisoning from anesthesia being administered directly into a blood vessel. In the Bell Network, we work to prevent such incidents in advance by maintaining a thorough manual of the procedure that guides the close observation of the patient's awareness, blood pressure, and effectiveness of the anesthesia while administering it a little at a time.

## -05- Cautions regarding painless delivery

Because contractions will get weaker the more pain is reduced, the progress of childbirth (time of labor) will increase. As a result, there is increased frequency of ultimately needing vacuum/forceps delivery or use of contraction inducing agents. The rate of cesarean sections remains unchanged. While the anesthetic has no direct effect on the baby, there is a chance the baby may experience increased strain from the prolonged labor.

Painless delivery cannot be done (or will be discontinued) in the following situations:

- If the baby loses vitality
- If there is a possibility of infection
- If the mother is severely physically exhausted or dehydrated
- If tests indicate there is a chance of excessive bleeding
- If the mother has some forms of heart disease (e.g., aortic stenosis or hypertrophic cardiomyopathy)
- If the cervix is already fully or nearly fully dilated and delivery is in progress
- If severe lumbago is already present before delivery
- If the catheter cannot be inserted due to patient being overweight, or a curve in the hipbone

※ In addition to the above, depending on the hospital situation, such as emergency cases, we may not be able to accommodate you.

Furthermore, it is possible that the below complications may occur for the mother.

- Temporary complications: low blood pressure, headache, lumbago, nausea, diminished sense of needing to urinate, abnormal feelings in the legs, etc.
- Severe complications (extremely low frequency): Aforementioned anesthesia in subarachnoid cavity, local anesthetic poisoning (in these cases, emergency measures will be taken, and in some cases it may be necessary to do a cesarean section delivery.) Paralysis from nerve damage or compression, etc.

We will explain these in detail during your midwife consultation.



## -06- How exactly is it done?

### Timing of Commencement

We generally begin the procedure when contractions become strong and regular.

### Epidural Anesthesia

- ① Because typically you will be fasting, we will start an IV before beginning anesthesia.
- ② You lie on your side on the delivery table, and after applying a local anesthetic, a needle is inserted in your back, and a catheter is affixed to the epidural cavity.
- ③ Some anesthetic will be introduced as a test, and the situation will be monitored for ill effects.
- ④ If there are no ill effects, then a fixed amount of anesthetic is injected.
- ⑤ The anesthetic will be continuously administered via a machine (injection pump). The anesthetic will be adjusted in a timely manner according to its effectiveness.

Planned delivery is one option, to reduce the chance of missing the right timing for painless delivery.

In the case of a planned delivery, the above ① to ③ are done, then induction of labor is done using contraction inducing agents, and when contractions become full-fledged, ④ to ⑤ are carried out. In the case of a planned delivery, it may take some time before the contractions become full-fledged. Because contraction inducing agents are used, you will be given a separate consent form on the risks accompanying induction of labor.

### During Labor

- ① To reduce the risk of complications, there will be limitations on meals. Because there is also the risk of falling down, we will have you lie in bed; as you will not be able to go to the toilet, a catheter will be inserted into your bladder.
- ② You will lie on your side, changing facing at times so that the anesthesia does not all go to one side, and wait until the cervix is fully dilated.
- ③ When the cervix is fully dilated, you will lie face-up, breathe as instructed by the midwife, and push. Pushing is done just as in typical childbirth.
- ④ After the baby is born, you will be able to be in contact with the baby normally.
- ⑤ When childbirth is complete, the catheter will be removed from your back. The process afterward is as usual.