Pain Management in Labor

When you hurt, it usually means something is wrong. But pain during labor means something is right – your body is working hard to give birth to the baby. That is pain with a purpose.

Labor is different for every woman. How she handles it will also vary. It depends on many factors, such as how confident she is with her ability to cope with labor, cultural and popular beliefs about labor pain, previous experiences with pain and the labor environment. Environmental factors include the quality of labor support and comfort of the surroundings. All of these may contribute to your perception of pain and how you decide to handle it.

Some people are surprised to learn that pain relief doesn’t always mean that a mother will feel satisfied with her birth experience. Labor pain does not have to involve suffering, and it can bring a sense of satisfaction and accomplishment.

The follow are options for handling the pain of labor. Each of these will be discussed in more detail during your childbirth classes. Explore your options and ask questions of your instructor and health care provider.

**Labor support**
Regardless of what choices you make, having a companion who provides physical and emotional support throughout your labor can help you cope. Research shows many benefits to continuous labor support for you and your baby, including the likelihood that you will need less, if any, pain medications.

**Positioning**
Try a variety of positions to find the ones that make you most comfortable.

- Upright positions can decrease pain while using gravity to help the baby move down the birth canal. Examples are walking, squatting, or sitting on a chair or birth ball.

- Gravity-neutral positions like hands and knees or lying on your side can help the baby to rotate and are restful to you.

- Some women find that movement, as in chair rocking, swaying or slow dancing, decreases pain while helping your labor progress.

**Water therapy**
A warm shower or tub bath is often helpful. Be sure to talk with your care provider ahead of time.

**Breathing and relaxation**
Focusing on the breath, use of breathing techniques, visualization, affirmation, prayer or hypnosis can help you relax, reframe the pain, stay focused and centered, or distract you from painful sensations.

**Calm environment**
A quiet, non-stimulating environment can be soothing and helpful with pain management. Some ways to create a comforting environment include music, dim lighting, comfortable temperatures and aromatherapy. Distracting conversations and extra observers can sometimes be irritating to a laboring woman and may interfere with her ability to focus, relax and handle the pain.

**Comfort measures**
These include things like massage, cuddling, counter pressure to the lower back, ice packs, cool washcloths or warm blankets.

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Sterile water block (available at some locations)
Sterile water injections can bring good relief from back pain during labor. Very simple to perform, a sterile water block can provide relief for an hour or so and can be repeated. No medication is used. Tiny amounts of sterile water are injected just beneath the skin in four places on the lower back. The injections sting for about 20 to 30 seconds as they are given. Within one or two minutes, the back pain eases and sometimes goes away completely. For women who want to minimize their use of pain medications, but who have severe back pain, the sterile water block is a promising option.

Medications (Narcotics)
Narcotic medications are sometimes used to help lessen the pain during active labor. Examples are Nubain, Stadol, Numorphan and Demerol. They don’t take all the pain away, but will “take the edge off” and help you relax between contractions.

Narcotics can be used safely during labor; however, they may bring risks to mother and baby. The risks to mom include drowsiness, dizziness, euphoria, respiratory depression, nausea, vomiting and slowing of labor. The risks to the baby are changes in the fetal heart rate and decreased Apgar score at birth. Some studies have shown an increase in self-destructive or addictive behaviors later in life after fetal exposure to narcotics during labor and birth.

Regional anesthesia (epidurals, spinal blocks)
Spinal blocks and epidural anesthesia are procedures in which an anesthesiologist or anesthetist injects medication into an area in the spinal column. This blocks the feeling of pain, although pressure is still felt with each contraction.

If you are considering regional anesthesia, be sure to discuss this with your care provider before labor. You’ll want to know exactly how the procedure is done, the risks involved and costs of the procedure.

Anesthesia for delivery
Local: A numbing medicine is applied on or injected into the skin between the vagina and rectum to numb this area before birth.

Pudendal block: A numbing medication is injected into the pudendal nerve in the birthing canal. This is to numb the area where an episiotomy may be done. The block may be given just before or just birth to increase comfort if a repair is needed.

Anesthesia for Cesarean birth
Epidural/spinal block: As described earlier, a dose of medication is given into the spinal column. This takes away all but pressure sensations. Mom is then awake for the Cesarean birth and the anesthesia wears off gradually.

General anesthesia: Mom may be put to sleep if the baby must be delivered quickly by Cesarean birth.

How do I decide?
How do you decide what choice for pain control is right for you? It will help to gather information about each option – advantages, disadvantages, how well it will work, and how satisfied other women have been with each choice. Talk with you health care provider or childbirth educator.

You may want to visit these popular Web sites, which provide up-to-date and evidence-based information on choices for labor and birth:
www.lamaze.org; www.childbirthconnection.org

Your decisions during labor will often depend on how capable you feel of remaining “in control.” If you can no longer concentrate and feel as if you are not coping with the pain of labor, you may want to:
• Consider a new position or change something in the environment (music, visitors, lighting).
• Ask for an exam to know how dilated you are. The closer you are to being completely dilated and ready to push may affect your decision.

There is no way to predict what kind of pain you will have during labor. Try to remain open and not make decisions way ahead of time. Try not to talk yourself into the kind of fear that leads to a lack of confidence in your ability to handle things. Don’t lose sight of your goal—you’re in labor to have a baby. Keeping this in mind can sometimes make labor easier to handle.