Pain Relief in Labor and Delivery

- There are many ways to lessen pain during labor. Methods of relaxation called prepared childbirth may help you have your baby with very little or no pain medicine. Several kinds of medications can reduce labor pain. The type of pain relief that is right for you depends on your physical condition, childbirth training, the length and stage of your labor, whether this is your first baby, how bad the labor pain is, and the condition of the baby.
- During prenatal visit talk with your health care provider about the kind of childbirth experience you would like to have. Ask about ways to relieve pain. Also discuss any fears you have about labor and delivery. Your health care provider will try to provide maximum comfort for you without hurting the baby.

How can pain during labor be relieved without drugs?

Some ways to cope with labor pain without drugs include:
- Methods of prepared childbirth: You and your partner can take classes to learn about childbirth, body conditioning exercises, and methods of relaxation. Breathing exercises are an important part of the Lamaze method. Forms of medication are emphasized in the Bradley method. Many mothers who use these methods are able to go through childbirth with less or no medicine for pain.
- Hypnosis: The usefulness of this procedure varies from person to person. Hypnosis requires a lot of time and training before your delivery date.
- Acupuncture: Small needles are applied to special areas of the body to lessen the pain of contractions.
- Transcutaneous electric nerve stimulations (TENS): Mild electric impulses are used to stimulate nerves to block pain.

All of these techniques can be used with other treatments for labor pain. If interested, check with your health care provider about the availability of these techniques.

What are other ways to reduce labor pain?

- Medications such as Demerol or Nubain may be used during the first stage of labor to help you relax, and are usually injected into a vein (IV) or a muscle. They affect the entire body. These medications do not cause a complete loss of feeling, but they do lessen the pain.
- Sometimes special IV pumps (PCA) can be used to deliver these medications. Usually this technique is reserved for women who cannot have regional analgesia (e.g., previous major back surgery, bleeding problems.)
- Regional analgesia lessens or blocks the pain in a specific part of the body. It works like the shot a dentist uses to numb a tooth. The epidural block is the most common type of regional analgesia for labor (see below). Other types of blocks are sometimes used, including pudendal block, spinal block, and addle block. The injection sites and areas that are numbed are different for each type of block. For example, a pudendal block is given just before delivery of the baby. It relieves pain around the vagina and rectum as the baby comes down the birth canal. It is also helpful just before an
episiotomy. (An episiotomy is a procedure where your provider makes a small cut to allow the baby’s head to exit the birth canal.) The medicine for a pudendal block is injected inside the vagina. Pudendal blocks are one of the safest forms of pain medication.

- For labor, spinal and saddle blocks are used when there isn’t enough time to do an epidural, or when an epidural is too difficult to do (e.g., in obese women). These blocks use a very small needle to inject medications into the fluid that bathes the nerves coming from the spinal cord. A spinal or saddle block is usually a “single-shot”, in that no tube or catheter is left in place to allow additional doses of medication to be given.
- With either narcotic pain relief or regional analgesia, you can stay awake and play an active role in the birth.

What are the risks of using medications for pain relief during labor?

- Because narcotics and sedatives affect all of your body, both you and your baby can have side effects. You may feel drowsy or dizzy. You may have trouble concentrating and it may be harder for you to push during delivery. More serious possible side effects are a slowing of your breathing or heart rate or a slowing of the baby’s reflexes and breathing at birth. To reduce such problems, narcotics and sedatives are given only in small doses. They are usually not used when you are about to deliver, to avoid affecting the baby.
- The medicines used in most methods of regional analgesia are less likely to affect the baby because the medicine does not enter your bloodstream directly. However, regional analgesia can make it harder for you to push. Or it may cause the baby’s head to not turn normally during delivery. In these cases your provider may have to use forceps or vacuum extraction to guide the baby out of the birth canal.

What is an epidural?

- Epidural analgesia is very safe and reliable when done by an experienced anesthesiologist, and in appropriate circumstances. It was developed by anesthesiologists in the 1960’s to relieve the severe pain that many women experience with childbirth. It is very successful; more than 80% of women in labor at St. Peter Hospital have an epidural for relief of labor pain.
- The epidural space lies just outside the special covering or dura, which enclosed the spinal canal. An ‘epidural’ is a type of regional analgesia in which a needle is positioned between the bones of the spine to allow the anesthesiologist to insert a small plastic tube (or catheter) into the epidural space. The needle is then removed and the medication is injected through the catheter. Usually a mixture of a weak local anesthetic and a narcotic (e.g. fentanyl) is used; the 2 medications enhance each other’s effect so less medication overall is needed. The epidural catheter is not uncomfortable to lie on.
- The medication moves across the dura into the spinal canal and temporarily stops the spinal nerves from working. The weak local anesthetic is used so only painful sensations are blocked. This is very useful for controlling pain and is called epidural
analgesia. Often continuous infusions of medications are given with a special pump; this allows the effect to be maintained as long as needed. Sometimes other sensations are blocked too, causing hip or leg numbness. Occasionally the medication will make the leg muscles weak. When the local anesthetic wears off, sensation and movement will return to normal.

- Ideally, you will still feel your contractions with an epidural block, so that you can help deliver the baby by knowing when to push. If you are very numb, your provider may need to use forceps or vacuum extraction to deliver the baby. Another choice is to slow the epidural pump to increase sensation, so you can push the baby out.

- Once the epidural is stated you will stay in bed. Your legs may be too weak to support you and you could fall. Sometimes the sensation of a full bladder is blocked and your nurse will place a catheter to drain it. A full bladder can prevent the baby’s head from moving into the birth canal.

- The epidural is usually stopped as soon as you deliver. It will take 1-2 hours for feeling to return and for your legs to feel strong again; sometimes it takes longer. Once you have normal feeling and strength you can safely go out of bed.

What are the risks form an epidural?

- *An epidural block can cause your blood pressure to drop. This may slow the baby’s heartbeat. To help stop this from happening, you will be given fluids through your vein (an IV) before you are given the epidural.

- You may feel some minor discomfort when the epidural is inserted; local anesthetic in the skin minimizes the discomfort. You may have a reaction to the medication, causing itching, nausea, or vomiting. Your legs might feel weak or too numb. All these side effects can be treated. An anesthesiologist will visit you regularly, ask about side effects, and adjust your medications as needed.

- Occasionally you can get a headache or backache.

- You may have long-term damage to the nerves (this is very rare).

- The anesthetic can reduce sensation from your chest wall or can slow your breathing. Rarely, you may react by having seizures, cardiac arrest, dizziness, or loss of consciousness. These complications are unlikely to happen with the weak solutions used for epidural analgesia for labor. Your nurse knows what complication to look for while you have an epidural, and will check on your frequently.

- Anytime the skin is broken there is a risk of bleeding and infection. Bleeding into the epidural space is very rare, but could result in permanent paralysis.

- Pain at the injection or catheter site. This can take several days to resolve. If you see swelling or redness, contact your physician.

Is there an anesthesiologist present in the Labor and Delivery area?

- Anesthesiologists are involved around the clock in the care of pregnant women in the Labor and Delivery unit. Your physician or midwife will consult the anesthesiologist to provide pain relief in labor, anesthesia for cesarean section, and to assist with unexpected neonatal resuscitation or other complications.
What about anesthesia for Cesarean section?

- About 20% of deliveries at St. Peter Hospital are performed by cesarean section (C-section). Most are planned, elective procedures. The usual indications are a history of previous C-section, or a baby not in the ‘head-down’ position (breech). Most elective C-sections are now done with spinal anesthesia. The anesthesiologist uses a very small needle and makes only one injection. The risks are similar to those described above for an epidural block. A C-section can also be done with epidural anesthesia.

- Because the mother is awake we allow on support person to be with her during the delivery; usually this is the baby’s father. We cannot allow more than one person because the staff is concentrating on the mother and baby.

- Some C-sections are done urgently because the concerns about the well being of the mother or baby. When an urgent or emergency C-section is needed, the anesthesiologist must insure the safety and comfort of both the mother and the baby, while the obstetrician delivers the baby as soon as possible. Sometimes there is time to use an epidural that is already in place, or to give a spinal anesthetic.

- Women in labor who already have an epidural in place often can have their C-section using the epidural. A different local anesthetic medication is used that will make you numb up to your chest, and will make the leg muscles too weak to move. You may feel pressure and touch during the C-section, but not pain. Medication for pain control after the C-section is often given through the epidural before it is taken out.

- When there is an emergency that cannot wait general anesthesia is used. General anesthesia relaxes your muscles, puts you to sleep, and prevents you from feeling pain. General anesthesia may be necessary for a C-section or a difficult vaginal delivery (for example if you are bleeding too much or the baby is having problems and you need a quick delivery with forceps or vacuum extraction). When a general anesthetic is used there is no support person allowed in the OR since the mother will be unconscious.

Your health care provider can answer many of your questions about pain relief during childbirth. If you are considering a labor epidural, or you are having an elective cesarean section, your anesthesiologist will answer your questions after you are admitted. If you have serious medical problems complicating your pregnancy, or you have had scoliosis (curvature of the spine) surgery, you may be scheduled for an anesthesia consultation at a date well before your due date. This allows for you to have your pain relief options reviewed and a plan of action prepared ahead of time. If you still have concerns, please call Olympia Anesthesia Associates at 360-438-6400 during regular office hours.

Additional Information

Additional information regarding anesthesia/analgesia can be obtained at our website, [https://www.olympia-anesthesia.com](https://www.olympia-anesthesia.com). Click on For Patients and check out the links under Pain Relief during Labor or C-section.