

Pain Relief During Labor

Common pain relief options

This chapter explains common pain relief options used during labor and delivery, when and how they are used, and what the risks are. Please talk with your healthcare provider if you have any questions.

What to Expect

Labor is a series of progressive, rhythmic contractions of the uterus. These contractions help the cervix open and become thinner, and this allows the baby to travel through the birth canal.

The process of labor and birth is hard work, and it involves discomfort. The level of this discomfort varies for each woman and for each pregnancy.

Each woman chooses her own way to go through labor. Some prefer not to have any medicine to relieve pain, and others choose to use pain medicine. Many decide to "see how it goes" and make choices as their labor progresses.

At UW Medicine, 75% to 80% (75 to 80 out of 100) of women who deliver their babies choose to have an *epidural*. See "Medical Pain Relief Used During Labor" on page 58.

The *anesthesiologist* (doctor trained to provide pain relief) will meet with you after you are admitted to the Labor & Delivery Unit to become familiar with your medical and obstetric history. This ensures that if you need *anesthesia* (the absence of all sensations and muscle strength) or choose *analgesia* (absence of pain) for any reason, we will be prepared to provide the best possible care for you. The anesthesiologist can also answer any questions you may have about the pros and cons of using medicine to ease pain during labor.

We want to give you the most complete information so you can make an informed decision for you and your baby. Here are the pain relief options that are used most often:



At UW Medicine, we use both medical and non-medical pain relief options during labor.



An anesthesiologist will meet with you when you are admitted to Labor & Delivery.

Non-Medical Pain Relief

Many non-medical techniques can help ease discomfort in labor:

- Relaxation and breathing techniques.
- Having family and friends with you.
- Other comfort measures you have learned from classes, books, or videos. Some of these resources are available through our childbirth education programs.

Please see the chapters “Planning Ahead” and “Comfort Measures During Labor” in this book for more information.

Features in Your Suite

Your Labor & Delivery has many features to help with your comfort during labor. These may include:

- Whirlpool tub for soaking (at some locations)
- Birth ball
- Rocking chair
- Bed that converts into different positions

Your nurse will help you stay as comfortable as possible by helping you use these features during your labor.

Medical Pain Relief Used During Labor

An epidural is a way of delivering pain medicine into a space in the lower part of your back. The medicine goes in through a *catheter* (flexible tube). It is used to reduce or take away pain during labor and delivery. The anesthesiologist will put your epidural in place.

The epidurals we suggest most often are *combined spinal-epidurals* (CSEs). A CSE provides faster and better pain relief with lower doses of medicine than an epidural alone.

In a CSE, the first dose of pain medicine is injected directly into the *cerebral spinal fluid*. Then the epidural catheter is placed. The anesthesiologist will decide whether to give you an epidural or a CSE.

With an epidural or CSE in place, you should not feel pain. You will still feel pressure and tightening in your belly from your contractions, and you will have the urge to push.



A PCEA allows you to control the amount of pain medicine you receive during your labor and delivery.

How do I manage my pain relief?

You will manage your pain relief and control the amount of pain medicine you receive by pressing a button that is connected to a *patient-controlled epidural analgesia* (PCEA). The PCEA delivers a constant small amount of pain medicine. Pressing the button delivers more medicine when you feel you need it. This allows you to control the amount of pain medicine you are receiving throughout your labor and delivery.

When can the epidural be placed?

An epidural can be placed early in the course of active labor. There is no need or advantage in waiting for your cervix to be dilated. You can ask for an epidural at any point in active labor, whenever you choose to have pain relief. Your nurse will confirm that you are in active labor.

How is the epidural placed?

Your anesthesiologist will explain all the steps and will talk with you throughout the entire procedure so you know what to expect.

- **Positioning:** First, we will help you get into a comfortable position. The preferred positions are sitting with your back slouched or lying on your side.
- **Cleaning and numbing your back:** We will clean the lower part of your back with a special antiseptic solution, and cover it with a large clear drape. Then, the area where the epidural will be placed will be numbed with a small injection of local anesthetic.
- **Epidural placement:** Between your contractions, your anesthesiologist will inject pain medicine into your epidural space. Then the epidural catheter will be placed. This catheter will be taped onto your back so that it will stay in place when you move around. The catheter will be connected to the PCEA.

Your nurse will remove your epidural catheter after your baby is born.

Common Questions about Epidurals

Will an epidural affect the course of my labor and delivery?

No. The epidurals and CSEs used today are very low-dose. They do not affect how your labor and delivery progress, even if they are placed very early in labor.

Will an epidural affect my baby?

No. The very small amount of medicine you receive through your epidural does not go to your baby and will not affect your baby's health. But, if your blood pressure drops after the epidural is placed, your baby's heart rate may slow down.

We will check your blood pressure often. If needed, we can give you medicine to raise it. Raising your blood pressure will also raise your baby's heart rate.

Will I be able to breastfeed my baby?

Yes. Your epidural will not affect *lactation* (milk production) or your ability to breastfeed.

Are epidurals painful?

Most women say the pain from placing the epidural is much less than the pain of having the *intravenous* (IV) line placed, and much less than the pain of their contractions. The numbing medicine (*local anesthesia*) you will receive before the epidural is placed will reduce the pain you might feel.

How long does the effect of an epidural last?

Pain relief from the epidural will last as long as you use the PCEA. Once you stop using the PCEA, the effect of the medicine will wear off in 2 to 3 hours. It should be all gone in 4 hours.

What are some reasons for NOT having an epidural?

Most women have no problems with an epidural. But, do **not** have an epidural if you have a severe infection or a blood-clotting disorder.

Will I need to see the anesthesiologist before my epidural?

Yes. When you arrive at the hospital in labor, you will see the anesthesiologist. You will be able to ask questions, and the anesthesiologist will ask you some questions, too.

What type of pain medicine is used for a Cesarean birth?

Most Cesarean births are done using a *spinal* (a single dose of medicine placed into the spinal fluid), a CSE, or the epidural that you may have received for pain relief during labor. Rarely, a mother's or baby's medical condition means the mother needs *general anesthesia*. This means you will be asleep during your Cesarean birth.

Are there other options for pain relief if an epidural cannot be placed?

If you cannot have an epidural because of an infection or blood-clotting disorder, the anesthesiologist will suggest these options:

- **Nitrous oxide (Entonox).** You will breathe through a mask that delivers 50% nitrous oxide and 50% oxygen. This provides some pain relief to about half of the women who have tried it. Common side effects with nitrous oxide are nausea and vomiting. Nitrous oxide should not be given for longer than 2 hours.
- **Intravenous (IV) remifentanyl with patient-controlled analgesia (PCA).** Remifentanyl is a short-acting *opioid* medicine that provides some pain relief to most women. Remifentanyl crosses the placenta, so your baby may receive some of the drug. The pediatricians will be told that you received remifentanyl so your baby can be monitored if needed after birth. If you choose this option, you will give yourself the drug by pressing a button that is connected to the PCA. This lets you manage your pain relief and control how much of the drug you receive.

Epidurals are very safe. They also work better than other pain relief options. We do not advise nitrous oxide or IV PCA remifentanyl, unless you cannot have an epidural.

What are the risks of having an epidural, CSE, or spinal?

More Common Risks

- Your blood pressure may drop a little. We will check it often. If needed, we can give you medicine that will raise it.
- You might feel some itching, mostly in the upper part of your body, caused by the pain medicine. This is not an allergy. Many women have itching from the medicine in the epidural. It is harmless and easy to treat if it bothers you.
- Not all epidurals work perfectly every time. Sometimes we decide to replace the epidural catheter if an area remains “patchy” with insufficient or incomplete pain relief.
- Sometimes women have trouble passing urine after they have had an epidural. If this happens, urine can be drained through a *catheter* (flexible tube). The catheter can be placed when needed, and can be left in place until it is no longer needed.

Rare Risks

These occur less than 1% of the time (1 time out of 100):

- Rarely, women get a headache. This headache usually starts 12 to 24 hours after the epidural. This headache is harmless and can be easily treated if is severe.
- Very rarely, the pain medicine may go too high in your body (above the level of your breasts). We will monitor the effects of your epidural and adjust the dose of the pain medicine, if needed.
- It is even more rare for epidurals to cause infections or any *neurological* (nervous system) problems.

Your Birth Plan

When you write down your birth plan, be sure to include the pain relief options you would like to use during labor. A birth plan tells your healthcare providers what you want and helps them meet your individual needs. See the chapters “Birth Choices” and “My Birth Plan” in this book for more information.

Questions?

Your questions are important. If you have questions about pain relief during labor, please ask your healthcare provider at your next clinic visit.