

Pain Relief Options When Having Your Baby

Yarmouth Regional Hospital

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As you get ready for the birth of your baby, you will have to make many choices. One of these choices is what type of pain relief you want to use during labour and delivery. This pamphlet will give you information to help you choose what is right for you.

Every delivery is different, and not everyone will want or need all of the types of pain relief we describe. If you have any questions, please talk with your primary health care provider (family doctor or nurse practitioner).

If you plan to deliver vaginally, it is important to think about your plans for pain relief during labour. Even if you plan to deliver without pain relief medications, it is a good idea to have a backup plan.

Types of pain relief:

- › A warm bath or shower
- › Relaxation and breathing techniques
- › Nitrous oxide gas (laughing gas)
- › Narcotic analgesics (painkillers) (like Dilaudid®)
- › An epidural (numbing medication injected in the space around your spine to block the pain from contractions)

Relaxation and breathing techniques

- Relaxation and breathing techniques help you to focus on your breathing instead on your pain which helps you save your energy for pushing during labour. These techniques can lower your need for pain medication.
- Techniques include:
 - › Patterned breathing (like light or deep breaths) during different stages of labour
 - › Concentrating on a picture or an object that is special to you
 - › Walking and moving to different positions
 - › Listening to music
 - › Having your support person(s) massage you

Nitrous oxide gas

- Nitrous oxide gas is a mix of half nitrous and half oxygen. It is inhaled (breathed in) through a special mask.
- To get the best results, breathe in and out deeply at the start of each contraction. Keep breathing in and out until the contraction ends. Your nurse will teach you how to do this.
- **It is very important that you hold the mask yourself.** If you get sleepy, you will drop the mask and you will not take in too much gas.

Narcotic analgesics

- Narcotic analgesics are given by intramuscular injection (injected into a muscle using a needle), or through an intravenous (IV) injection into a vein in your arm.
- Narcotic analgesics are easy to use, give a good amount of pain relief, and have a low risk of serious problems.
- While narcotic analgesics are considered generally safe for you and your baby, they may have side effects. Possible side effects include dizziness, sleepiness, hallucinations (seeing or hearing things that are not there), nausea (feeling sick to your stomach), and vomiting (throwing up).
- You may need bedrest while taking narcotics, which will limit how much you can get up and move around. This may make your labour longer. Moving around and changing positions may make your labour faster and help get your baby in the right position.
- Narcotics can also make your baby sleepy, and can affect their breathing when they are born. If your baby's breathing is affected, we will help them breathe.
- Some narcotics can affect how well your baby can suck for up to 24 hours (1 day) after delivery. This can make it harder to start breast/chestfeeding.

Epidural

Epidurals are often used if:

- › you have been in labour for a long time.
- › your labour was induced (did not start naturally).
- › you have a certain medical condition (like high blood pressure).
- › you are having more than one baby.

Advantages:

- › Full pain relief without sleepiness
- › Safe for you and your baby
- › Pain relief for as long as you need it
- › May help with how much oxygen your baby gets because it lowers your stress hormones
- › You may be better able to take part in the birth because you have less pain
- › If a forceps delivery or a cesarean section (c-section) is needed, it is already in place and can be used to give full anesthesia (medication to relax you and stop you from feeling pain during surgery)

Disadvantages:

- › You will need to have an IV
- › You must stay in bed, which can make your labour slower
- › You may need a catheter (thin, hollow tube) to pass urine (pee)
- › Can cause the lower part of your abdomen (belly) to be itchy
- › The pushing part of labour may be about 30 to 60 minutes (half an hour to an hour) longer than without an epidural
- › It may not take away all of your pain

You should NOT have an epidural if you:

- › are in shock because of blood loss.
- › have poor blood clotting.
- › have an infection.
- › have certain other conditions.

Problems that may happen with an epidural include:

- › Lowered blood pressure
- › A bad headache after delivery, or even a few days after
- › A bruised feeling or discomfort where the needle was inserted (put in) in your back. Back pain or discomfort in the months after delivery is common in people who do and do not have an epidural.

There are also some possible side effects that are extremely (very) rare:

- › Trouble breathing
- › Very low blood pressure
- › Seizure (a short release of electrical energy in the brain)
- › Infection in your spine and nerves
- › Paralysis (not able to move)

These side effects are rare. An epidural may sound very dangerous, but it is very safe. If you have any questions about side effects, talk with your doctor before you go into labour. During labour is not the best time to talk about possible side effects, as you may be too in too much pain.

Common questions about epidurals:

If I have a narcotic analgesic and I still have pain, can I also have an epidural?

Yes, you may still have an epidural if you have already had a narcotic analgesic.

If I have nitrous oxide and I still have pain, can I also have an epidural?

Yes, you may still have an epidural if you have already had nitrous oxide.

When is the best time to have an epidural?

When you are in active labour, but not pushing.

How long does it take for an epidural to start helping?

It usually takes about 15 to 30 minutes from the time the anesthetist (doctor who gives you medication to relax) starts the epidural until you feel comfortable.

How is the epidural put in? Will it hurt?

- We will wash your back with an antiseptic (cleansing) liquid. This helps stop or slow germ growth and lowers the risk of infection. The liquid usually feels cool.
- Your skin will be frozen with local anesthesia (numbing medication).
- Then the epidural needle will be put in. You will likely feel pushing and pressure, but not pain.
- An epidural catheter (soft, plastic tube) will be put in through the epidural needle, into the space around your spine. You may have a feeling of pressure or tingling as the catheter is put in.
- The needle will then be removed and the catheter will be taped to your skin. The skin on your back may feel cool as the epidural medications are injected.

Will the needle stay in my back?

No, once the catheter is in place, the needle will be removed. You will be reminded not to lie flat on your back, but **this is not because of the epidural**. Lying flat during labour is not good for the baby as it may lower blood flow to your baby.

What medications are used in an epidural?

Usually the epidural is a mix of local anesthetics and narcotics.

Will the medications affect my baby?

- Any medication you take can go through your placenta to your baby. With an epidural, very little medication crosses from your tissue into your bloodstream. This means that very little medication crosses to your baby.
- When an epidural medication has been found in a baby's blood, it has been in very low amounts and appears to have had no effect on the baby's breathing, feeding, or alertness.

Can my support person(s) stay in the room while I am getting my epidural?

Since getting an epidural is a sterile (no germs) procedure, your support person(s) may be asked to leave the room or move to another part of the room.

Will I be able to get out of bed and move around if I have an epidural?

No, it is not safe. Because the epidural will cause your legs to be numb, this raises your risk of a fall. You will have to stay in bed, which can slow labour. With some epidurals, you may not be able to move at all.

Talking to your health care provider

- Every delivery is different. You can get ready to choose what type of pain relief works best for you by talking to your health care provider, getting ready to give birth, and learning about the different types of pain relief.
- There are many ways to relieve pain during labour. While each way has some disadvantages, all of them are safe. If you have questions or concerns about pain relief, talk with your doctor, nurse, or childbirth educator (midwife, doula). **This is very important if you have another medical condition(s). Some medical conditions can change what pain relief options are best for you and your baby.**
- You may want to consider writing a birth plan. A birth plan is your goals and wishes to help you with your labour and delivery. For example:
 - › What are your wishes during a normal labour and delivery (like pain relief, who you want in the room, birthing positions)?
 - › How are you hoping your baby will be treated right after birth and for the first few days after they are born? Do you want your support person(s) to cut the baby's umbilical cord? Do you want your baby to be breast/chestfed or bottlefed?
 - › What do you want if something happens (c-section, premature birth)?
 - › Write down your questions in your birth plan so you and your doctor can talk about what is best for you.
- Although it is better to ask questions early in your labour, please feel free to ask questions about pain relief at any time. **Delivering a baby is a very personal experience. Choose the type of pain relief that feels right for you.**

