

# Pain Relief Options When Having Your Baby

Cumberland Regional Health Care Centre

# Pain Relief Options When Having Your Baby

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

Every delivery is different, and not everyone will want or need the types of pain relief listed. If you have questions, talk with your doctor.

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

## Types of pain relief include:

- › A warm bath or shower
- › Relaxation and breathing methods
- › Nitrous oxide gas (laughing gas)
- › Opioid analgesics (painkillers) (like fentanyl)
- › An epidural (numbing medication injected near your spine using a needle to block the pain from contractions)

## Relaxation and breathing methods

- Relaxation and breathing methods help you to focus on your breathing instead of on your pain. This can help you save your energy for pushing during labour and may lower your need for pain medication.
- Methods include:
  - › Patterned breathing (like light or deep breaths) during different stages of labour
  - › Thinking of a picture or an object that is special to you
  - › Walking around or changing 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. You breathe it in through a 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 to hold the mask yourself.** If you get sleepy, you will drop the mask and you will not take in too much gas.

## Opioid analgesics

- Opioid analgesics can be:
  - › Injected into a muscle using a needle
  - or**
  - › Injected through an intravenous (I.V.) into a vein in your arm
- Opioids are easy to use, give a good amount of pain relief, and have a low risk of serious problems.
- While opioids are safe for you and your baby, they may have side effects, like:
  - › Dizziness
  - › Sleepiness
  - › Hallucinations (seeing or hearing things that are not there)
  - › Nausea (upset stomach)
  - › Vomiting (throwing up)
- You may need bedrest while taking opioids, 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 shorter and help get your baby in the right position.
- Opioids can also make your baby sleepy and affect their breathing when they are born. If your baby's breathing is affected, your health care team will help them breathe.
- Some opioids may affect how well your baby can suck for up to 24 hours (1 day) after they are born. This can make it harder to start breastfeeding or chestfeeding.

## Epidural

An epidural is often used if a person:

- › Has been in labour for a long time
- › Had their labour induced (it did not start naturally)
- › Has a certain medical condition (like high blood pressure)
- › Is having more than 1 baby

### Advantages:

- › Full pain relief without sleepiness, for as long as you need
- › May help your baby get more oxygen because it lowers your stress hormones
- › Helps you stay more alert during labour
- › If you need to have a forceps delivery or a cesarean section (c-section), the epidural can be used to give you full anesthesia (medication to relax you and stop you from feeling pain during surgery)

### Disadvantages:

- › Need to have an I.V.
- › May need a catheter (a thin, hollow tube) in your bladder to drain urine (pee)
- › May still feel some pain
- › Itchiness on your lower belly
- › A longer labour, if you need to stay in bed
- › The pushing part of labour may take 30 to 60 minutes (½ hour to 1 hour) longer

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 (your doctor will talk to you about this, if needed)

## **Possible side effects can include:**

- › Low blood pressure
- › A bad headache for a few days after delivery
- › A bruised feeling or discomfort in your back where the needle was put in. It is common to have back pain or discomfort in the months after delivery both if you have an epidural and if you do not have one.

## **Extremely (very) rare side effects include:**

- › Trouble breathing
- › Very low blood pressure
- › Seizure (electrical brain activity that can change how you act, move, or feel for a short time)
- › Infection in your spine and nerves
- › Paralysis (not able to move)

An epidural may sound dangerous, but it is very safe. **If you have questions about possible 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 in too much pain.

## **Common questions about epidurals**

### **If I have an opioid and I still have pain, can I also have an epidural?**

- Yes, you can still have an epidural if you have already had an opioid.

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

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

### **When is the best time to have an epidural?**

- It is best to have an epidural when you are in labour, but not pushing.
- An epidural is given by an anesthesiologist (a doctor who specializes in anesthesia and pain management). They may be caring for other patients, including emergencies, when you ask for an epidural. They will come as soon as it is safe to do so. While we try to give epidurals promptly, there may be delays if other patients need urgent care. If you think you may want an epidural, it can help to ask as soon as possible.

## 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 for you to feel comfortable.

## How is an epidural put in? Will it hurt?

- A member of your health care team will wash your back with an antiseptic (cleansing) liquid. This helps to stop germs from growing and lowers the risk of infection. The liquid usually feels cool.
- Your skin will be frozen with local anesthesia (numbing medication).
- Then the anesthetist will put in the epidural needle. You may feel pushing and pressure, but not pain.
- They will push an epidural catheter (soft, plastic tube) through the epidural needle near your spine. You may feel pressure or tingling as the catheter goes in.
- The anesthetist will then take the needle out and tape the catheter to your skin. Your back may feel cool as the epidural medications enter your body.

## Will the needle stay in my back?

- No. The needle will be taken out after the catheter is in place.
- **You will not be able to lie flat on your back.** This is not because of the epidural. Lying flat during labour may lower blood flow to your baby.

## What medications are in an epidural?

- Usually, the epidural is a mix of local anesthesia and opioids.

## Will the medications affect my baby?

- Any medication you take can go through your body to your baby. With an epidural, very little medication goes from your tissue into your bloodstream. This means that very little medication goes to your baby.
- When epidural medications have been found in a baby's blood, it has been in very low amounts. It has 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 have to leave the room or move to another part of the room. They may come back in the room after your epidural has been put in.

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

- Your health care team will try to give you a **walking epidural**. This means you will have a lower dose (amount) of medications, and your legs will not be numb. You will be able to stand and walk around.
- If a walking epidural cannot be done or does not work, or if the medication for a walking epidural is not available, your legs may feel numb. If this happens, you will need to stay in bed.

## Talking to your doctor

- Every delivery is different. Talk to your doctor to learn about what type of pain relief is right for you.
- 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 a medical condition. Some medical conditions can change what pain relief options are best for you and your baby.**

- You may want to make a birth plan. A birth plan lists your goals and wishes for 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 delivery?
  - › Do you want your support person(s) to cut the baby's umbilical cord?
  - › Do you want to breastfeed or chestfeed, or bottle feed your baby?
  - › What do you want to happen if there is a problem (like you need to have a c-section or you have a premature [early] birth)?

- Write your questions in your birth plan so you and your doctor can talk about what is best for you.
- While it is better to ask questions early in your labour, please ask your health care team 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.**

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:  
[www.nshealth.ca/patient-education-resources](http://www.nshealth.ca/patient-education-resources)

Connect with a registered nurse in Nova Scotia any time:  
Call 811 or visit: <https://811.novascotia.ca>

*Prepared by:* Women and Children's Unit, Cumberland Regional Health Care Centre  
*Designed and Managed by:* Library Services

WP85-2334 © June 2026 Nova Scotia Health Authority  
To be reviewed June 2029 or sooner, if needed.  
Learn more: <https://library.nshealth.ca/patient-education-resources>