

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. These choices include the 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 plans for pain relief during labour. Even if you plan to deliver without pain relief medication(s), it is good to have a backup plan.

How can I relieve my pain?

- 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 to block the pain from contractions)

Relaxation and breathing methods

- Relaxation and breathing methods can distract you from your pain. Relaxing saves your energy for pushing during labour. These methods may lower your need for pain medication.
- Some methods you can use are:
 - › 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, or moving into 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 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.

Opioid analgesics

- Opioid analgesics are:
 - › injected into a muscle using a needle.
- OR
 - › injected through an intravenous (IV) 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 opioid analgesics 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 (feeling sick to your 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 can 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 delivery. This can make it harder to start breast/chest-feeding.

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 certain medical conditions (like high blood pressure).
- › you are having more than one baby.

What are the advantages of an epidural?

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

What are the disadvantages of an epidural?

- › Needing to have an IV
- › May need a catheter to urinate (pee)
- › May still feel some pain
- › Itchiness on your lower belly
- › A longer labour (depending on whether or not you have a walking epidural)
- › The pushing part of labour may take 30 to 60 minutes (half an hour to an 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)

Side effects from an epidural can include:

- › Low blood pressure
- › A bad headache up to a few days after after delivery
- › A bruised feeling or discomfort where the needle was injected. Back pain or discomfort in the months after delivery is common, even if you do not have an epidural.

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 analgesic 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 analgesic.

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.

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

It usually takes 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 stops germs from growing and lowers the risk of infection. The liquid usually feels cool.
- Your skin will be frozen with local anesthesia (numbing medication).
- The anesthetist will inject the epidural needle. You may feel pushing and pressure, but not pain.
- The anesthetist will push an epidural catheter (soft, plastic tube) through the epidural needle near your spine. You may feel pressure or tingling as the catheter enters.
- 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 is removed 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 an epidural medication has 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. Your support person(s) may return to the room after your epidural has been inserted.

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 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, 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 is 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 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/chest-fed or bottle-fed?
 - › What do you want to happen if there is a problem (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.**

