

# Pain Relief Options When Having Your Baby

## Yarmouth Regional Hospital

As you get ready for the birth of your baby, you will face many decisions. One of these decisions is what pain relief options you want to use during labour and delivery. This guide will give you information to help you choose what is right for you. Every delivery is different, and not all women will want or need all of the options we describe. If you have any questions, please talk with your primary health care provider. If you plan to deliver vaginally, it is important to think about your plans for pain relief in labour. Even if you plan to deliver using non-medicated pain relief options, it is a good idea to have a backup plan just in case.

### Options for pain relief:

- A warm bath or shower
- Relaxation and breathing techniques
- Nitrous oxide gas (often called 'laughing gas')
- Narcotic analgesics (painkillers), such as Dilaudid®
- An epidural (numbing medication injected in the space around your spine to block the pain of your contractions)

### Relaxation and breathing techniques

- Relaxation and breathing techniques help you to focus on your breathing instead of your pain.
- Techniques include patterned breathing (e.g., light or deep breaths) during different stages of labour, concentrating on a picture or object that is special to you, walking and moving to different positions, listening to music, or having your support person massage you.
- These techniques can lower your need for pain medication and help you save your energy for the pushing stage of labour.

### Nitrous oxide gas

- Nitrous oxide gas is a mix of 50% nitrous and 50% 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 and keep breathing in and out until the contraction ends. Your nurse will teach you how to do this breathing.
- It is very important that you hold the mask yourself. That way, if you get sleepy you will drop the mask and you won't take in too much gas.

## Narcotic analgesics

- Narcotic analgesics are given by intramuscular injection (injected with a needle), or through an IV (intravenous tubing).
- Narcotics are easy to use, give reasonable pain relief, and have a low risk of serious problems.
- While narcotic pain relievers are considered generally safe for both mother and baby, they may have side effects. Possible side effects include dizziness, sleepiness, hallucinations, 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 speed up labour and help with getting 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 interfere with how well the baby can suck for up to 24 hours after delivery, making it harder to start breastfeeding.

## Epidural

- Sometimes medication is delivered by an epidural
- Advantages:
  - › effective and full pain relief without sleepiness
  - › safe for mother and baby
  - › pain relief for as long as you need it
  - › may help with how much oxygen the baby gets by lowering the mother's stress hormones
  - › you may be better able to take part in the birth experience because you have less pain
  - › if a forceps delivery or a cesarean section ("c-section") is needed, the epidural is already in place and can be used to give full anesthesia
- Disadvantages:
  - › you will need to have an IV
  - › you must stay in bed, which can slow labour
  - › you may need a catheter (thin tube) to pass urine (pee)
  - › possible itchiness on the lower part of the abdomen (stomach area)
  - › the pushing part of labour may be longer (by about 30-60 minutes) than for women without an epidural
- Epidurals are often used if:
  - › you have been in labour for a long time
  - › your labour was started by your doctor (you were induced)
  - › you have a certain medical condition(s), such as high blood pressure
  - › you are having multiples

- **Women should not have an epidural if they have shock due to blood loss, poor blood clotting, infection, or certain other conditions.**
- Problems that may happen with epidurals include:
  - › a decrease in blood pressure
  - › a bad headache after delivery
  - › a bruised feeling where the needle was inserted in your back. Back pain in the months after delivery is common in both women who do and do not have an epidural.
- There are also some possible side effects that are extremely rare:
  - › trouble breathing
  - › very low blood pressure
  - › seizure
  - › infection of the spine and nerves
  - › paralysis (not able to move)

These side effects are possible, but not likely. Epidurals may sound very dangerous, but are in fact very safe. The chance of any of these side effects happening is very small. However, you should talk about them with your doctor before you go into labour. Talking about possible side effects while in labour is not the best time, as you may be too uncomfortable to listen fully.

## **Common questions about epidurals:**

### **If I have a narcotic painkiller 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 painkiller. You should know that an epidural may not take away all of your pain.

### **If I have had 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. You should know that an epidural may not take away all of your pain.

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

When you are in active labour, but not actually delivering the baby.

### **How long does it take for an epidural to start helping the pain?**

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

### **How does the procedure work? Will it hurt?**

- We will wash your back with an antiseptic solution; this usually feels cool.
- Your skin will be frozen with local anesthesia (numbing medicine).
- Then the epidural needle will be inserted (put in). You will likely feel pushing and pressure, but not pain.
- An epidural catheter (soft plastic tube) will be inserted through the epidural needle, into the space around your spine. You may have a feeling like hitting your funny bone as the catheter is inserted.

- The needle will then be removed and the catheter taped to your skin. The skin on your back may feel cool as the epidural medications are injected.

### **Does the needle stay in my back?**

No, once the tube is in place, the needle will be removed. You will be reminded not to lie flat on your back, but this isn't because of the epidural. It is because it is not good for the baby if you lie flat during labour.

### **What drugs are used in an epidural?**

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

### **Will the drugs affect my baby?**

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

### **Can my support person stay in the room while I'm getting my epidural?**

Since it is a sterile procedure, support persons are often asked to leave the room or move to another location in the room for infection control reasons.

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

No. It is not safe for you to get out of bed and move around due to the risk of falling. You will have to stay in bed, which can slow labour. During some epidurals, the mother cannot move at all.

### **Remember:**

- Every delivery is different. Some women have strong, fast labours and don't need much pain relief.
- There are many methods for pain relief in labour. While each method has some drawbacks, all of them are safe. If you have questions or concerns about pain relief options, talk with your doctor, nurse, or childbirth educator (e.g., midwife, doula). This is especially important if you have another medical condition(s).
- We encourage you to write your questions down in your birth plan so that you and your health care provider can talk about what will work best for you.
- Although it is better to ask questions early in your labour rather than later, please feel free to ask questions about pain relief options at any time. **Delivering a baby is a very personal experience. Choose a pain relief plan that feels right for you.**

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