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**Preparing for Labor: Pain control in Labor Options**

Many women are concerned about the pain experienced in labor. It is important to anticipate this and learn about all of the ways you can manage it. It is very helpful for your labor support people to also educate themselves so they can support you in your labor and with your decisions.

This handout will introduce you to the options for managing pain in labor. Feel free to continue your education about these options on your own and as always, ask us if you have any questions or need clarification!

It is helpful to have a plan for pain management in your birth plan, but remember that it is always healthy to keep an open mind. You may have an experience that is much easier than you anticipated or a labor that is longer and more involved. Decisions often need to be made at the time and ‘playing it by ear’ is often a great approach.

The options we will discuss in this handout are: self-help, hydrotherapy (being in water), narcotics, nitrous, TENS, epidural anaesthesia, and alternative methods of pain relief.

**Self-help**

The following techniques can help you to be more relaxed in labor, which can help you to cope with the pain.

* Learn about labor. Being educated about labor can make you feel more in control and less frightened about what's going to happen. You can read a pregnancy book, take prenatal classes, talk to our nurses or your doctor about concerns you may have.
* Practice relaxation techniques IN pregnancy. Clearing your mind and breathing deeply can be practiced!
* Keep moving: your position can make a difference, so try kneeling, walking around or rocking backwards and forwards. We have birthing balls and many ideas for how you can use our amazing birthing beds for this.
* Bring a partner, friend or relative to support you during labor. Talk to them beforehand about what is important to you and what you might need from them. Practice, practice, practice!
* Ask your labor support person to massage you. Remember, though, that some women do NOT like to be touched during contractions.

**Hydrotherapy (being in water)**

Water can help you relax and make the contractions feel less painful. When you are at home in early labor, spend time in a warm bathtub or shower. Tylenol can be helpful too.

When you are in labor in the hospital, ask to use the shower.

We do recommend NO baths once your membranes have ruptured.

**Gas and air (Entonox)**

This is a mixture of oxygen and nitrous oxide gas. Gas and air won't remove all the pain but it can help to reduce it and make it more bearable. Many women like it because it's easy to use and they control it themselves.

You breathe in the gas and air through a mask or mouthpiece, which you hold yourself. The gas takes about 15 to 20 seconds to work, so you breathe it in just as a contraction begins. It works best if you take slow, deep breaths.

There are no harmful side effects for you or the baby but it can make you feel light-headed. Some women also find that it makes them feel sick, sleepy or unable to concentrate. If this happens, you can stop using it.

**Narcotics**

Another form of pain relief is the injection (into the muscle of your thigh, buttock or into an intravenous) of a drug, such as morphine, nubain or Demerol. This can help you to relax, which can lessen the pain.

It takes about 20 minutes to work and the effects last from 2 to 4 hours. You can have repeat injections.

There are some side effects to be aware of:

* It can make some women feel woozy, sick and forgetful.
* If it hasn't worn off towards the end of labor, it can make it difficult to push: you might prefer to ask for half a dose initially to see how it works for you.
* If a narcotic is given too close to the time of delivery, it may affect the baby's breathing: if this happens, an antidote can be given.

**TENS**

This stands for transcutaneous electrical nerve stimulation. It has been found to be most effective during the early stages of labor, especially in women who experience low back pain in labor.

The TENS machine works by stimulating your body to produce more of its own natural painkillers, called endorphins. It can also reduce the number of pain signals that are sent to the brain by the spinal cord.

Electrodes are taped onto your back and connected by wires to a small battery-powered stimulator. Holding this, you give yourself small, safe amounts of current through the electrodes. You can move around while you use TENS.

There are no known side effects to you or your baby.

**Epidural anesthesia**

An [epidural](http://www.nhs.uk/Conditions/Epidural-anaesthesia/Pages/Introduction.aspx) is a special type of [local anesthetic](http://www.nhs.uk/conditions/Anaesthetic-local/Pages/Introduction.aspx). It numbs the nerves that carry the pain from the birth canal to the brain. For most women, an epidural gives significant pain relief.

An anesthesiologist will use a needle to carefully insert a soft thin catheter in your back. It will rest between the bones of the spine in a layer just before the spinal canal. Medicine is then administered that target the nerves that sense pain. The goal is to relieve pain with a minimum of weakness of your muscles.

The medicine can be added continuously or topped up as needed for as long as your labor lasts.

If a cesarean section is needed later on, the catheter can also be used to inject stronger medicine to provide the anesthetic for the surgery.

How it works:

* An intravenous is started in your arm
* An anesthesiologist, once available, will review your medical history and examine you and answer any questions you have.
* You will be asked to sit up and curl over forwards.
* A cold antiseptic solution will clean your back and sterile drapes will be applied.
* Local anesthetic will be injected to numb the skin. This may sting briefly.
* You may feel a pushing sensation while the needle and catheter are being inserted.
* You may feel a brief ‘electric shock’ in your back or legs when the catheter is first inserted.
* The needle will be removed and the catheter will be taped to your back.
* The medication will be given in small doses at first to test the proper placement of the catheter
* Once the full dose is in, pain relief will start quickly and the epidural will likely be working fully by 20 minutes.

There are several problems or side effects that may be encountered after an epidural.

These include:

* drop in blood pressure, failed epidural (can’t insert catheter or epidural doesn’t work)
* brief change in fetal heart rate, ‘spinal tap’ headache (risk approx. 1/100) which
* may require bed rest, medical therapy or a blood patch
* back pain (about the same frequency seen in mothers without epidurals!)

There are several rare or serious problems that may be encountered after an epidural including seizures, nerve injury, high block, infection or blood clots but these are very rare!

**Alternative methods of pain relief**

Some women prefer to avoid the types of pain relief listed on this page, and choose alternative treatments such as acupuncture, aromatherapy, homeopathy, hypnosis, massage and reflexology.

If you'd like to use any of these methods, you can discuss them with your doctor and sometimes we let the hospital know beforehand. Though we do not offer them for pain relief during labor, we are happy to support you in your plans. Make sure any practitioner you use is properly trained and experienced!