


MODULE 8

Coping With The Pain of Labor





Childbirth is challenging. It requires our greatest strength, confidence in our innate ability to give birth, and trust in a timeless natural process. When laboring, people experience the intensity of childbirth pain in their own unique ways.

The Level of Pain Is Influenced by Mental and Emotional Factors:

- ☛ Your past birth experience(s).
- ☛ Your previous experiences of trauma or sexual abuse.
- ☛ The availability of continuous support during labor and birth.
- ☛ The physical environment, attitude and level of support of your caregivers, and the extent you participated in making decisions about your care.

P. Simkin, L. Hanson, & R. Ancheta. (2017). The labor progress handbook: Early interventions to prevent and treat labor dystocia (4th ed.). Wiley-Blackwell.

There Are Many Ways to Help Reduce the Pain of Labor:

Find out as much as you can about your options and decide which ones you prefer.

For Your Birth, Consider Hiring a Doula, Who Is:

“... a trained professional who provides continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.”

What Are the Benefits of Having a Doula?

A doula can guide and support you and your partner through the process of birth, help communicate with your caregivers, and provide knowledge about the many ways to cope with pain and help labor progress.

What Are the Benefits of Having a Doula?

- ☞ You are more likely to have a spontaneous vaginal birth.
- ☞ You are less likely to have negative feelings about your birth experience.
- ☞ Your labor will likely be shorter.
- ☞ You are less likely to have a cesarean or instrumental vaginal birth.
- ☞ You are less likely to need pain medication and to ask for an epidural.
- ☞ You are less likely to need Pitocin for your labor to progress.

Bohren, M. A., et al. (2017). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, 7. doi: 10.1002/14651858.CD003766



Complementary (Non-Drug) Methods of Pain Relief:

- ☞ Consider using non-drug pain relief initially, as they do not cause complications and can be effective for at least part of your labor.
- ☞ You may find these options give you the pain relief and confidence you need.
- ☞ You may also try these options and decide you want opioids or an epidural.

Suggestions for Non-Drug Methods of Pain Relief That May Be Helpful:

- ☞ Focused breathing and relaxation techniques.
- ☞ Massage.
- ☞ Acupuncture.
- ☞ Aromatherapy.
- ☞ Audio analgesia (music).
- ☞ Yoga.
- ☞ Hypnosis.



American College of Obstetricians and Gynecologists. (2019). Committee opinion No. 766: Approaches to limit intervention during labor and birth. *Obstetrics and Gynecology*, 133(2), e164-e173. doi: 10.1097/AOG.0000000000003074

Smith, C. A., et al. (2018). Relaxation techniques for pain management in labour. *Cochrane Database of Systematic Reviews*, 3(3). doi: 10.1002/14651858.CD009514.pub2

Levett, K. M., et al. (2016). Complementary therapies for labour and birth study: A randomised controlled trial of antenatal integrative medicine for pain management in labour. *BMJ Open*, 6(7): e010691. <https://bmjopen.bmj.com/content/6/7/e010691>

Comfort Measures Can Help Reduce Your Pain.

Consider the benefits of:

- ☞ Warm packs.
- ☞ Ice packs.
- ☞ Cool compress.
- ☞ Counter pressure or rolling pressure for back pain.



Smith, C. A., et al. (2018). Massage, reflexology and other manual methods for pain management in labour. *Cochrane Database of Systematic Reviews*, 3. doi: 10.1002/14651858.CD009290.pub3

Try a Warm Shower or Bath.



Water Immersion:

- ☞ Laboring in water is a safe and effective way to reduce the pain of labor. It helps with relaxation and promotes the physiologic process of birth.
- ☞ You are less likely to need Pitocin to strengthen your contractions and less likely to need medications.
- ☞ You are less likely to need a spinal or epidural for pain relief.
- ☞ You are more likely to have a vaginal birth.
- ☞ For these reasons, you may want to spend part of your labor in a tub or birthing pool.

American College of Obstetricians and Gynecologists. (2019). Committee opinion No. 766: Approaches to limit intervention during labor and birth. *Obstetrics and Gynecology*, 133(2), e164-e173. doi: 10.1097/AOG.0000000000003074

Dekker, R. (2018). The evidence on: Waterbirth. *Evidence Based Birth*. <https://evidencebasedbirth.com/waterbirth/>

American College of Obstetricians and Gynecologists. (2016). Immersion in water during labor and delivery [committee opinion number 679]. ACOG. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/11/immersion-in-water-during-labor-and-delivery>

The Downside to Laboring in Water:

- ☞ Infection is a possible risk.
- ☞ To reduce this risk, a birthing pool should be disinfected and filled as soon as possible to the time it is needed.
- ☞ Testing the water supply source and hoses in a hospital setting can be helpful.

Dekker, R. (2018). *The evidence on: Waterbirth*. Evidence Based Birth.
<https://evidencebasedbirth.com/waterbirth/>

American College of Obstetricians and Gynecologists. (2016) *Immersion in water during labor and delivery* [committee opinion number 679]. ACOG.
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/11/immersion-in-water-during-labor-and-delivery>

Sterile Water Injections for Back Pain:

- ☞ Intradermal sterile water injections for back pain (back labor) are often effective and easy for a health professional to administer.
- ☞ The procedure requires four injections—given at the same time—and can be repeated.
- ☞ They do not restrict your movements nor cause drowsiness, though they do not ease the pain of contractions.

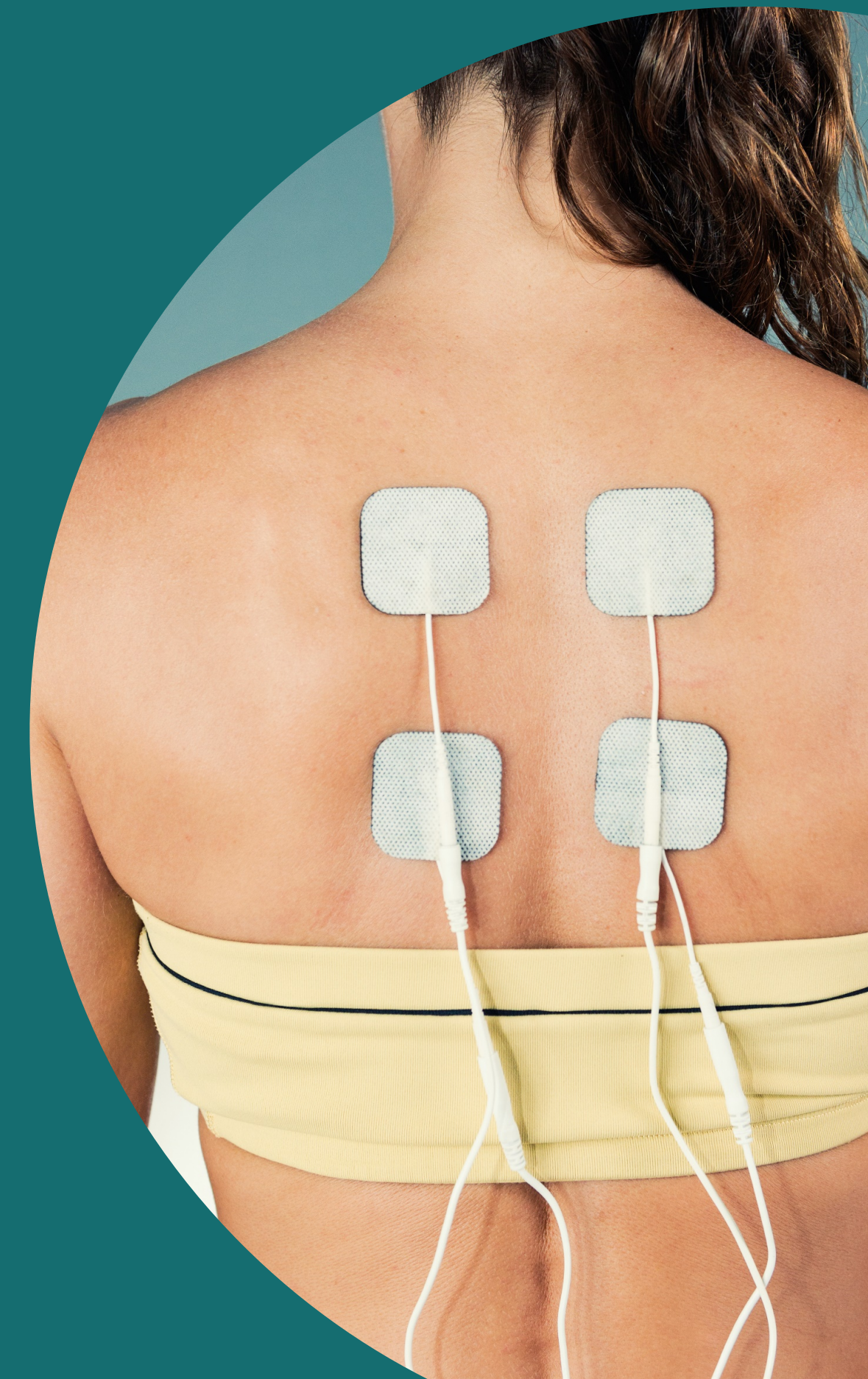
Lee, N., et al. (2020). Cesarean delivery rates and analgesia effectiveness following injections of sterile water for back pain in labor: A multicentre, randomized placebo controlled trial. *EClinicalMedicine*, 25. doi: 10.1016/j.eclinm.2020.100447



Transcutaneous Electrical Nerve Stimulation (TENS):

- ☞ TENS is a noninvasive method of pain relief applied by a health professional.
- ☞ It uses low-voltage electrical currents to ease pain. A small, battery-powered device stimulates nerves and blocks or changes your perception of pain.
- ☞ The intensity, frequency, duration, and type of impulse can be adjusted.
- ☞ TENS helps to relieve pain for both the first and second stages of labor.
- ☞ Some people may have an allergic reaction to the adhesive used to place the electrode pads on the skin.

Shahoei, R., et al. (2017). The effect of transcutaneous electrical nerve stimulation on the severity of labor pain among nulliparous women: A clinical trial. *Complementary Therapies in Clinical Practice*, 28, 176-180. doi: 10.1016/j.ctcp.2017.05.004



Nitrous Oxide:

- ☞ Nitrous oxide is a colorless gas commonly used for sedation and pain relief.
- ☞ It does not actually reduce pain or take away the sensation of a contraction (like an epidural). Instead, it relieves anxiety, which helps in the tolerance of pain.
- ☞ The gas is self-administered via a facemask you hold in place.
- ☞ It does not affect uterine contractions and does not affect the baby's heart rate nor cause sedation of the newborn.
- ☞ With nitrous oxide, you maintain control of your airway and ventilation, and your movements are not restricted.

Broughton, K., Clark, A. G., & Ray, A. P. (2020). Nitrous oxide for labor analgesia: What we know to date. *Ochsner Journal*, 20(4), 419-421. doi: 10.31486/toj.19.0102

The Downside of Using Nitrous Oxide:

- ☞ You may experience nausea, dizziness, or vomiting.
- ☞ You may have a medical condition that prevents you from using nitrous oxide.



Intramuscular and IV Opioids for Labor Pain:

- ☞ Many kinds of opioids are used for pain relief during labor.
- ☞ They can help you relax and, if you are feeling exhausted, rest for a while.
- ☞ It is not clear which opioids are best and their effectiveness varies.
- ☞ Opioids used for labor include pethidine, Demerol, fentanyl, remifentanyl, meperidine, and tramadol.

The Downside for Mothers of Using Opioids During Labor:

- ☞ Opioids cause drowsiness, nausea, itching, and sometimes vomiting.
- ☞ They can affect your heart rate.
- ☞ You will need to have electronic fetal monitoring.
- ☞ Your movements may be significantly restricted, which may make your labor longer or more painful.

Smith, L. A., Burns, E., & Cuthbert, A. (2018). Parenteral opioids for maternal pain management in labour. Cochrane Database of Systematic Reviews, 6, CD007396. doi: 10.1002/14651858.CD007396.pub3

The Downside for Babies:

- ☞ Opioids cross the placenta and directly affect the baby in utero.
- ☞ It may take as long as three to six days for pethidine to clear the newborn's system.
- ☞ Opioids may decrease alertness, inhibit the sucking reflex, and delay effective breastfeeding.



Smith, L. A., Burns, E., & Cuthbert, A. (2018). Parenteral opioids for maternal pain management in labour. *Cochrane Database of Systematic Reviews*, 6, CD007396. doi: 10.1002/14651858.CD007396.pub3

Can I Have an Epidural to Help with Labor Pain?

Yes. It's an effective method of pain relief.

The Benefits of Epidurals Compared to Injected Opioids:

- Epidurals are a more effective form of pain relief.
- You are less likely to experience nausea and vomiting.
- You are less likely to need oxygen for difficulty with breathing.
- Your baby is less likely to need drugs to counteract the effects of the opioids.

Anim-Somuah, M., et al. (2018). Epidural versus non-epidural or no analgesia for pain management in labour. *Cochrane Database of Systematic Reviews*, 5(5), CD000331. doi: 10.1002/14651858.CD000331.pub4

Routine Safety Procedures with Epidural Analgesia for Labor:

Administering an epidural has potentially serious side effects for mothers and babies. To ensure their safety, hospital policies include:

- ☛ Continuous fetal monitoring.
- ☛ Intravenous fluids.
- ☛ Amniotomy (breaking the bag of waters).
- ☛ Use of bladder catheter.
- ☛ Blood pressure monitoring.
- ☛ Oxygen levels monitoring.
- ☛ Possible use of oxytocin to increase the strength of contractions.
- ☛ Limitations to your movements.



P. Simkin, L. Hanson, & R. Ancheta. (2017).
The labor progress handbook: Early
interventions to prevent and treat labor
dystocia (4th ed.). Wiley-Blackwell.

The Downside of Epidurals for Labor:

- ☞ You are more likely to experience hypotension, fever, urinary retention, and have difficulty moving.
- ☞ You may experience itchiness, drowsiness, shivering, or fever.
- ☞ You are more likely to have a longer first and second stage of labor.
- ☞ You are more likely to need Pitocin to augment the strength of your contractions.
- ☞ You are more likely to need an instrumental delivery.

Anim-Somuah, M., et al. (2018). Epidural versus non-epidural or no analgesia for pain management in labour. Cochrane Database of Systematic Reviews, 5(5), CD000331. doi: 10.1002/14651858.CD000331.pub4

An Epidural Can Make Labor Longer:

- ☛ With an epidural, your baby is up to four times more likely to be in the occiput posterior (sunny side up) position for birth. This is where the back of the baby's head is against the spine.
- ☛ A posterior baby usually makes for a longer and more painful labor.

California Maternal Quality Care Collaborative.
(n.d.). Introduction to the toolkit to support vaginal birth and reduce primary cesareans [webinar].
[https://www.cmqcc.org/sites/default/files/Intro to SVB Toolkit_Webinar081716.pdf](https://www.cmqcc.org/sites/default/files/Intro%20to%20SVB%20Toolkit_Webinar081716.pdf)

To Maintain Your **Ability to Move** After Getting an Epidural:

- ☞ Many anesthesiologists use a low-dose local anesthetic in combination with an opiate.
- ☞ With a lower-dose epidural, you are more likely to move in labor and participate in your birth.
- ☞ With a low-dose anesthetic, you are less likely to have a cesarean or an assisted instrumental birth.

Anim-Somuah, M., et al. (2018). Epidural versus non-epidural or no analgesia for pain management in labour. *Cochrane Database of Systematic Reviews*, 5(5), CD000331. doi: 10.1002/14651858.CD000331.pub4

To Minimize the Labor-Slowing Effects of An Epidural:

- ☛ You can lie on your right or left side to help prevent malposition of the baby or to turn it to an anterior position. Your caregivers can help you change positions every 30 minutes.
- ☛ You can recline semi-upright against the back of the bed.
- ☛ You can use a peanut ball between your legs while on your side or in a semi-sitting position.
- ☛ You can lean over a pile of pillows or a birth ball while on the bed.
- ☛ See the Module on Helpful Positions for Labor and Birth for a variety of ways to help your labor progress.

P. Simkin, L. Hanson, & R. Ancheta. (2017). The labor progress handbook: Early interventions to prevent and treat labor dystocia (4th ed.). Wiley-Blackwell.



Pushing with A Low-Dose Epidural

- ☞ Epidural analgesia in labor may lengthen the pushing phase, increasing the odds for the use of forceps or a vacuum.
- ☞ Pushing while being on your right or left side, as opposed to being on your back, increases your chances of having a spontaneous birth.

Walker, K. F., et al. (2018). Maternal position in the second stage of labour for women with epidural anaesthesia. *Cochrane Database of Systematic Reviews*, 11(11), CD008070. doi: 10.1002/14651858.CD008070.pub4

To Reduce the Disadvantages of an Epidural:

- ☞ Try using non-drug methods of pain relief as long as you can.
- ☞ Try waiting until you have established a strong labor pattern of contractions.
- ☞ Ask for a low-dose epidural.
- ☞ Try to rest or sleep until you feel enough rectal pressure to push your baby out on your own.

Panda, S., Begley, C., & Daly, D. (2018). Clinicians' views of factors influencing decision-making for caesarean section: A systematic review and meta synthesis of qualitative, quantitative and mixed methods studies. *PloS One*, 13(7), e0200941. doi: 10.1371/journal.pone.0200941

What Is the **Downside** of Epidurals for Babies?

- ☛ Epidural medications cross the placenta.
- ☛ In the first hour after birth, when placed skin-to-skin, babies follow a series of organized innate behaviors (Widström's nine stages) that ultimately naturally lead to suckling and initiating breastfeeding.

Widström, A.-M., et al. (2019). Skin-to-skin contact the first hour after birth, underlying implications and clinical practice. *Acta Paediatrica*, 108(7), 1192-1204. doi: 10.1111/apa.14754

With an Epidural, Babies Are Exposed to Fentanyl.

When fentanyl, a common anesthetic, is in an epidural the following innate newborn behaviors are more likely to be negatively affected:

- ☛ Babies are less likely to fully complete the nine stages of breastfeeding initiation.
- ☛ Newborns are more likely to score lower on neuro-behavioral tests after birth.



Brimdyr, K., et al. (2015). The association between common labor drugs and suckling when skin-to-skin during the first hour after birth. *Birth*, 42(4), 319-328. doi: 10.1111/birt.12186

Brimdyr, K., et al. (2019). The effect of labor medications on normal newborn behavior in the first hour after birth: A prospective cohort study. *Early Human Development*, 132, 30-36. doi: 10.1016/j.earlhumdev.2019.03.019

Healthy Children Project, Center for Breastfeeding. (2015, October 26). Important findings published about common labor medications and breastfeeding success [Video]. YouTube. <https://www.youtube.com/watch?v=gX44xcS995k>

Takahashi, Y., et al. (2021). Epidural analgesia with or without oxytocin, but not oxytocin alone, administered during birth disturbs infant pre-feeding and sucking behaviors and maternal oxytocin levels in connection with a breastfeed two days later. *Frontiers in Neuroscience*, 15, 673184. doi: 10.3389/fnins.2021.673184

The Effects of Epidural Analgesia Can Linger for Two Days In Your Baby's Body:

- ☞ Babies exposed via epidurals to the anesthetic bupivacaine and the opiate sufentanil spend less time exhibiting rooting behavior, an important pre-feeding behavior.
- ☞ Babies also exhibit poor sucking behavior, which affects the mother's oxytocin level and milk letdown.
- ☞ Babies may have a more difficult time establishing successful breastfeeding.

Takahashi, Y., et al. (2021). Epidural analgesia with or without oxytocin, but not oxytocin alone, administered during birth disturbs infant pre-feeding and sucking behaviors and maternal oxytocin levels in connection with a breastfeed two days later. *Frontiers in Neuroscience*, 15, 673184. doi: 10.3389/fnins.2021.673184



An Epidural Can Indirectly Affect the Baby:

- ☞ It can interfere with your body's ability to eliminate heat, bringing on a fever.
- ☞ Make it more likely that you and your baby will be given antibiotics due to a fever that was caused by an infection.
- ☞ It can affect your baby's heart rate.
- ☞ It can make it more likely that your baby will need admission to a special care nursery.

Klein, M. (2011). Epidural analgesia for pain management: the positive and the negative. In S. Donna (Ed.), *Promoting normal birth: Research, reflections & guidelines* (1st ed., pp. 20-29). Fresh Heart Publishing.

If You Want an Epidural:

- ☾ Try to wait until your cervix is dilated to 4-5 centimeters.
- ☾ To help the baby move through your pelvis and rotate for birth, try changing positions slowly while in bed every 20 to 30 minutes during labor. You may need some help.
- ☾ When you are fully dilated, you may need to wait an hour or more before you feel you're ready for active pushing.

If You Want an Epidural:

- ☛ You may want to rest or sleep until you feel rectal pressure strong enough to push on your own.
- ☛ You may want to wait until the numbness of the epidural wears off before pushing.
- ☛ With an epidural, you may need up to three hours to push your baby out.



Key Points to Review:

- ☞ Every mother has her own way of coping with the pain of labor.
- ☞ Every laboring person's choice for pain relief in childbirth should be respected.
- ☞ An epidural is an effective method of pain relief—but it can also complicate labor.
- ☞ Using a variety of comfort measures helps mothers cope with the pain of labor.

Checklist for Parents:

- ☞ What options for pain relief are you considering?
- ☞ Do you think you'd like to try non-drug methods of pain relief?
- ☞ Remember that you may change your mind during labor. Stay flexible and you'll find the best way to ease your pain.

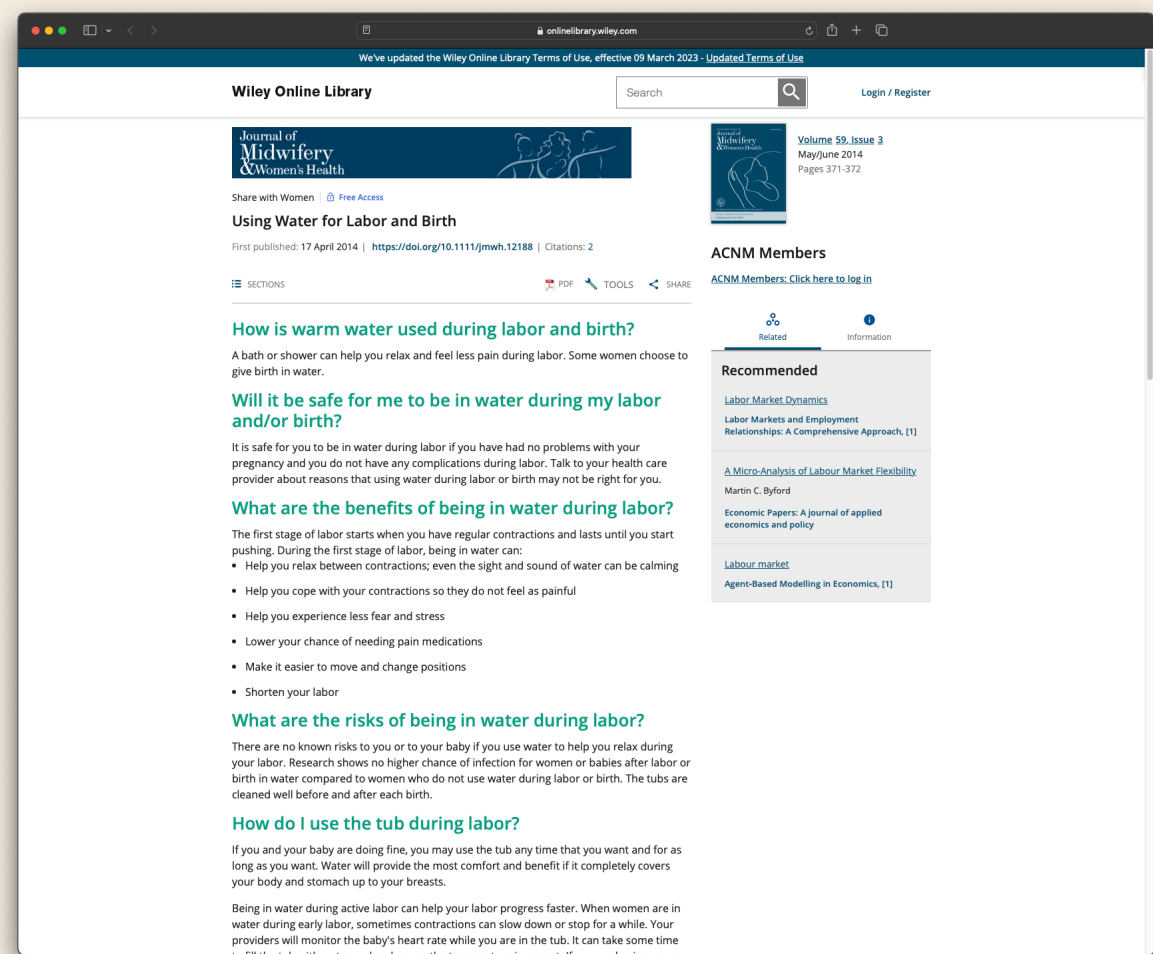
Checklist for Parents:

- ☛ Try to use non-drug methods and comfort measures before using drugs for pain relief.
- ☛ You may want to use music, aromatherapy, visualization, rhythmic breathing, relaxation, yoga, or hypnobirthing techniques.
- ☛ Find out about touch therapy, massage, acupressure or acupuncture, water injections, and TENS (electrical stimulation).

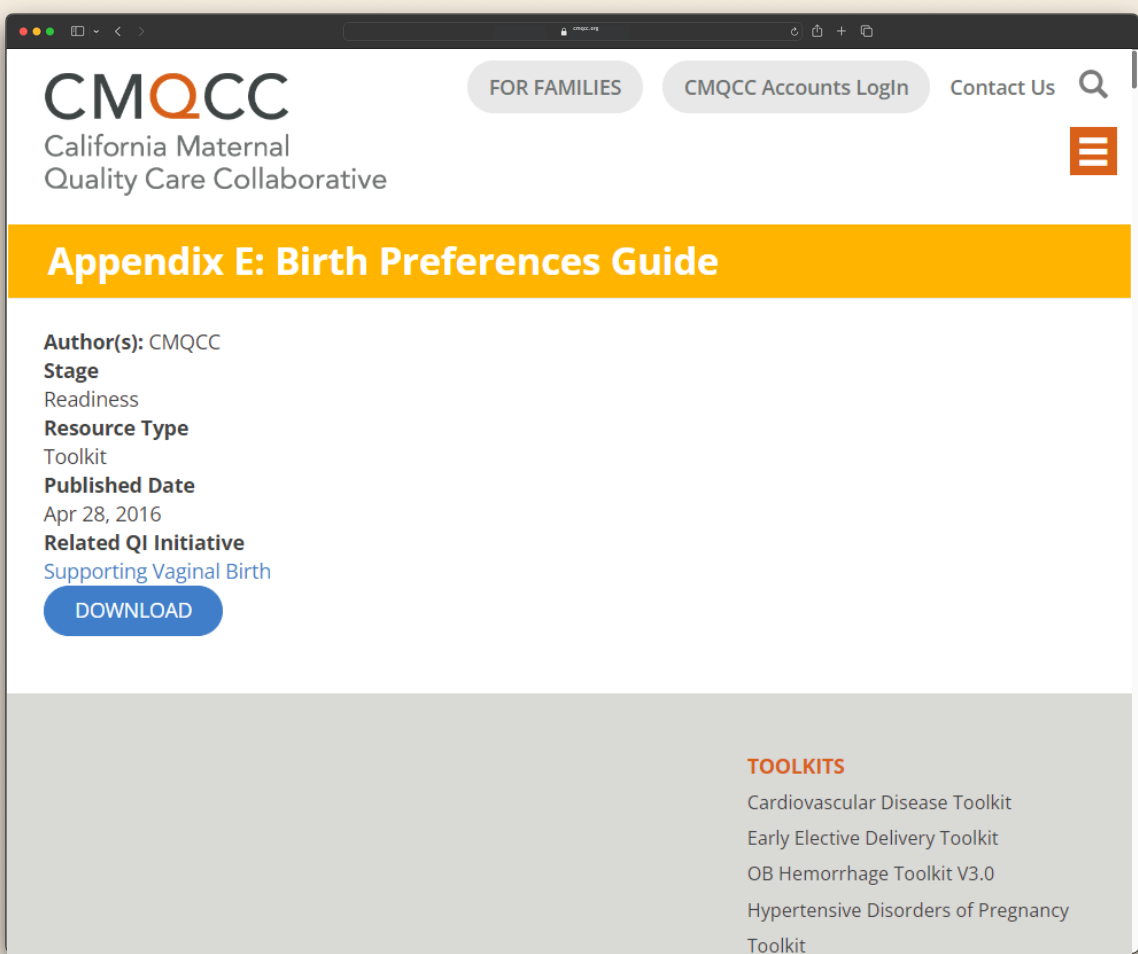
Dekker, R. (2018). *The evidence on: Waterbirth*. Evidence Based Birth.
<https://evidencebasedbirth.com/waterbirth/>

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<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/11/immersion-in-water-during-labor-and-delivery>

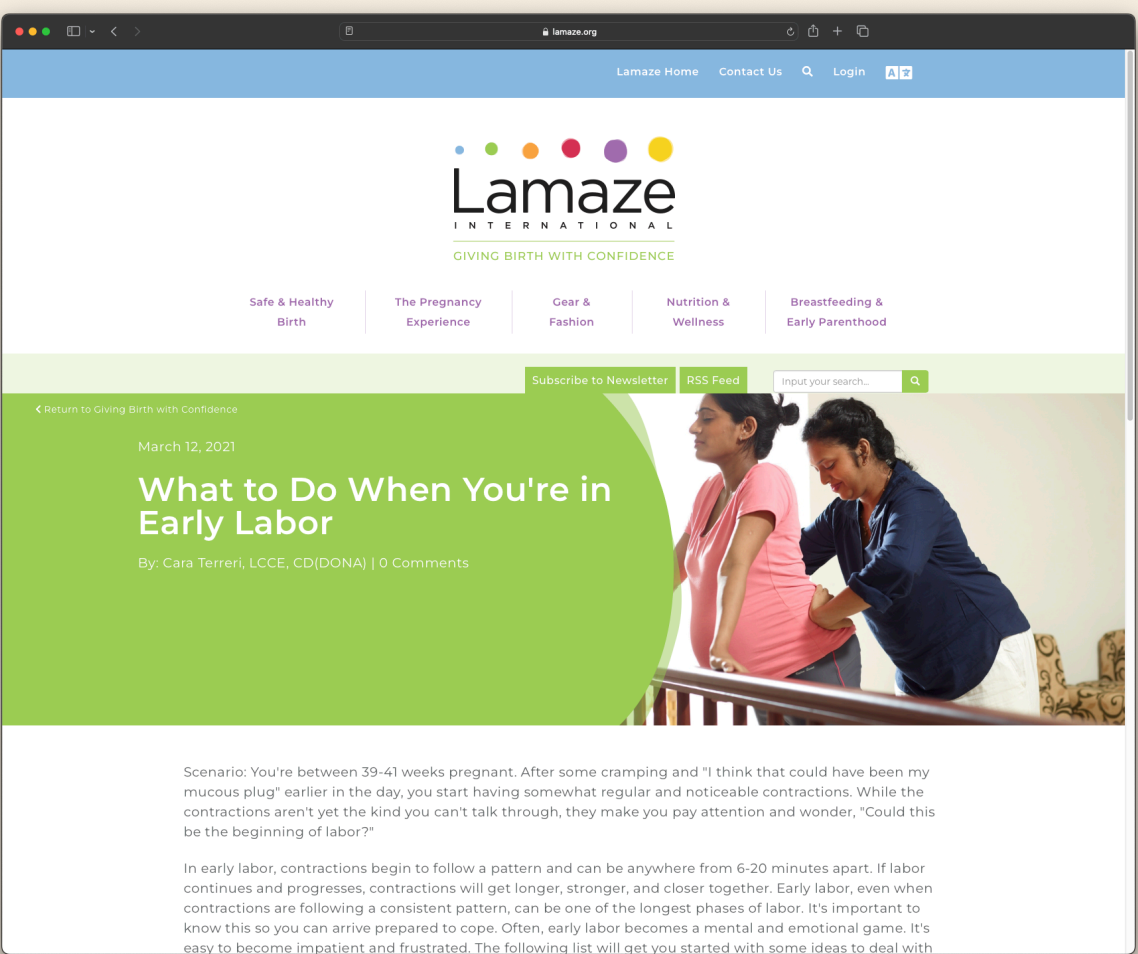
Resources:



Using Water for Labor and Birth



CMQCC Birth Preferences Guide



What to Do When You're in Early Labor