

# Pain During Childbirth

## How Painful Is Giving Birth?

You've probably heard a lot of stories about giving birth. The experience is very different for each woman. The amount of pain is different for everyone. The kind and amount of pain you have changes throughout your labor. How you cope with the pain changes how you experience the pain.

#### Why Is Labor Painful?

During labor, your uterus pushes the baby down and stretches your cervix (the opening of your uterus). Each time the uterus muscles flex, you may feel pain like a strong cramp. As your cervix and vagina stretch and open, you may feel a stretching, burning pain. Most contractions last 30 to 60 seconds, and you will be able to rest in between.

#### Is There Medicine I Can Take for Pain if I Need It?

There are many types of pain relief available in a hospital. The most common pain medications are narcotics and epidural anesthesia.

#### What Are the Pros and Cons of Narcotics?

Pros:

- They give fast pain relief (you will usually feel a decrease in pain within 2 to 10 minutes).
- Most can be given directly into your bloodstream through an IV.
- They may help you relax and be more comfortable.
- They don't usually slow your labor.

Cons:

- Narcotics do not last long (usually between 20 and 90 minutes).
- They may cause nausea.
- They may cause you to feel really "out of it" or sleepy.
- If narcotics are given within an hour of the birth, they may make the baby sleepy and make it harder for him or her to breathe right after birth or start breastfeeding; otherwise, the medicine is metabolized quickly in your and your baby's body and does not seem to have any harmful effects.
- Narcotics don't take away all of the pain or make your body numb. They mostly make each contraction less painful.

#### What Is an Epidural?

An epidural numbs your body from the waist down, including your entire uterus. It involves putting a needle and then a small flexible tube into a space near the spine in your lower back. The pain medication flows through the tube and you lose feeling in your abdomen and legs. The medication will not make you or your baby feel sleepy or "out of it." However, you will not be able to walk or get up to go to the bathroom. You may have a harder time pushing your baby out, because you won't be able to feel the contractions (see our handout "Epidural Analgesia" for more information).

## How Will My Choices affect Breastfeeding?

Un-medicated, spontaneous vaginal birth with immediate, uninterrupted ski-to-skin contact with baby leads to the highest rates of breastfeeding initiation and the milk coming in within a three day time frame. Many studies have been performed to answer the question of whether medications used in labor impact breastfeeding. With IV pain medication (narcotics), there may be an effect on the baby being ready to suckle right after birth which may, in turn, cause a delay in the milk to come in. With epidural, some of the narcotic used as part of the combination, can cross into the baby's system to a small degree. The higher the dose and the longer the epidural is active, the more likely the chance of seeing the effect of decreased suckling in the first hour of life. The use of Pitocin to stimulate labor also seems to have some effect as well in the immediate suckling behavior. Even though more research is needed, women can factor some of these concepts into their plan for labor and be as close as she can with the baby after birth to help support the natural process of breastfeeding and bonding. Besides just the effect of medications themselves on baby's behavior at the breast and milk production, there are factors like long labors, how the baby is born and mother and baby separation that also play a part in early nursing. It is clear from research that the more a baby can have skin-to-skin time with its mother, the more successful the nursing will be.

## How Can I Tell Before Labor Starts What Is Right for Me?

If you plan to give birth in a hospital, you can choose to use pain medicines. First, learn all you can about how much help and what possible problems can occur if you use the pain medicines that are offered where you are going to have your baby. Then ask yourself the questions listed here. The answers will help you decide on the best way for you to keep yourself comfortable during your labor.

1)How strong is my desire to give birth without using pain medicines?

- 2) Will I be happier with my birth after it is over if I go through labor without using medicine or will I be happier afterward if I use pain medicines?
- 3)If my labor is normal and I am in more pain than I expected, do I want my helpers to talk me through it or do I want them to offer me pain medicine?

Remember that nobody knows ahead of time how painful or difficult your labor will be. Knowing your desires is the best place to start. Then when you are in labor, you need to be flexible and trust your support persons and caregivers to help you make decisions that are right for your experience. The following are some tips for coping with pain in labor:

## I Would Like Help With the Pain, But I Don't Want to Use Medicine. What Can I Do?

This handout gives lots of tips for coping with the pain of labor. The less tense and afraid you are, the less painful your labor will be. Three things can help you labor successfully without using medications: knowledge about what to expect, belief in yourself, and emotional support and coaching during your labor.

# COPING WITH PAIN IN LABOR WITHOUT THE USE OF MEDICATION

## What Can I Do Before Labor?

- Stay active all during your pregnancy. You will have more strength to get through labor.
- Take childbirth classes. The more you know, the less you fear. Fear makes pain hurt more.
- Arrange for a birth coach or doula. Having a person whose only job is to support you will help you cope during labor and feel more satisfied with the experience.

#### What Can I Do During Early Labor?

- In early labor go for a walk or dance. The more you move, the less you hurt!
- Drink lots of fluids so you don't get dehydrated and eat lightly if you are hungry.
- Take a warm shower or bath.

## What Can I Do During Active Labor?

Find your rhythm! All women who cope well during labor go back and forth between resting in between the contractions and making movements that help cope with pain during the contraction. Each person has their own rhythm that works. You may

- Rest between contractions by being still or by rocking gently.
- Focus on your natural breathing. Awareness of breath relaxes you.
- Change positions often.
- Don't be afraid to make noise. You might moan, hum, or repeat comforting words over and over as you go through each contraction.
- Believe you can do it. You can!
- Remember why you are doing this. Your baby will be here soon!

## What Can My Birth Partner Do During Labor?

- Help you find your rhythm and then help you during each part.
- Give you a back rub or hold your hand quietly.
- Offer you ice chips, water, or juice.
- Help you change positions and support your body.
- Keep the lights low and play soft music.
- Put a cold washcloth on your forehead.
- Put a warm washcloth on your lower back.
- Talk you through each contraction, supporting your movements and your noises.
- Cheer you on!

## What Can My Health Care Provider Do During Labor?

- Answer your questions.
- Check your progress and give you direction.
- Assure you that things are going normally.
- Provide pain medication if needed.

# For More Information

*Childbirth.org*: Articles on pain and pain relief methods

http://www.childbirth.org/articles/labor/painrelief.html

#### Childbirth Connection:

- Labor Support: http://www.childbirthconnection.org/article.asp?ClickedLink=257&ck=10178&area=27
- Labor Pain: <u>http://www.childbirthconnection.org/article.asp?ClickedLink=262&ck=10191&area=27</u>
- Physiologic Labor and Birth: <u>http://childbirthconnection.org/pdfs/CC.NPWF.HPoC.Report-</u> <u>ExecutiveSummary.2015.pdf</u>

# March of Dimes:

- Non-drug options: http://www.marchofdimes.com/pnhec/240\_12931.asp
- Coping with Labor Pain: <u>http://www.marchofdimes.com/pnhec/240\_12936.asp</u>

# **Breastfeeding Medicine:**

Montgomery, A. & Hale, T. (2012) ABM Clinical Protocol #15: Analgesia and Anesthesia for the Breastfeeding Mother. Breastfeeding Medicine. Vol. 7, Number 6. <u>http://www.bfmed.org/media/files/Protocols/Protocol</u> 15 revised 2012.pdf