Easing Labor Discomforts

- Do relaxation and breathing techniques taught in childbirth class.
- Have your partner massage or firmly press on your lower back.
- Change positions often.
- Take a shower or bath, if permitted.
- Place an ice pack on your back.
- Use tennis balls for massage.
- When contractions are closer together and stronger, rest in between and take slow, deep breaths.
- If you become warm or perspire, soothe yourself with cool, moist cloths.

Not all hospitals are able to offer all types of pain relief medications. However, at most hospitals, an anesthesiologist will work with your health care team to pick the best method for you.

Systemic Analgesics

Systemic analgesics are often given as injections into a muscle or vein. They lessen pain but will not cause you to lose consciousness. They act on the whole nervous system rather than a specific area. Sometimes other drugs are given with analgesics to relieve the tension or nausea that may be caused by these types of pain relief. Like other types of drugs, this pain medicine can have side effects. Most are minor, such as nausea, feeling drowsy or having trouble concentrating. Systemic analgesics are not given right before delivery because they may slow the baby’s reflexes and breathing at birth.

Local Anesthesia

Local anesthesia provides numbness or loss of sensation in a small area. It does not, however, lessen the pain of contractions.

A procedure called an epidural is performed by placing a needle into the spinal canal through the lower back where an epidural block—is an injection in the lower back. While you sit or lie on your side with your back curved forward and to stay this way until the procedure is completed. You can move when it's done, but you may not be allowed to walk around.

The medication can then be given through the tube to reduce the discomfort of labor.

Because the medication needs to be absorbed into several nerves, it may take a short while for it to take effect.
A spinal block usually is given only once during labor, so it is best suited for pain relief during delivery. A spinal block with a much stronger medication (anesthetic, not analgesic) is often used for a cesarean delivery. It also can be used in a vaginal birth if the baby needs to be helped out of the birth canal with forceps or by vacuum extraction. Spinal block can cause the same side effects as epidural block, and these side effects are treated in the same way.

Combined Spinal–Epidural Block — A combined spinal–epidural block has the benefits of both types of pain relief. The spinal part helps provide pain relief right away. Drugs given through the epidural provide pain relief throughout labor. This type of pain relief is injected into the spinal fluid and into the space below the spinal cord. Some women may be able to walk around after the block is in place. For this reason this method sometimes is called the “walking epidural.” In some cases, other methods, such as an epidural or a spinal block, also can be used to allow a woman to walk during labor.

General Anesthesia

General anesthetics are medications that put you to sleep (make you lose consciousness). If you have general anesthesia, you are not awake and you feel no pain. General anesthesia is often used when a regional block anesthetic is not possible or is not the best choice for medical or other reasons. It can be started quickly and causes a rapid loss of consciousness. Therefore, it is often used when an urgent cesarean delivery is needed.

A major risk during general anesthesia is caused by food or liquids in the woman’s stomach. Labor usually causes undigested food to stay in the stomach. During unconsciousness, this food could come back into the mouth and go into the lungs where it can cause damage. To avoid this, you may be told not to eat or drink once labor has started. If you need general anesthesia, your anesthesiologist will place a breathing tube into your mouth and windpipe after you are asleep. If you have an epidural catheter in place and need a cesarean delivery, your anesthesiologist will inject a stronger drug through the same catheter to increase your pain relief. This will numb the entire abdomen for the surgery.

**FINALLY ...**

Many women worry that receiving pain relief during labor will make the experience less “natural.” No two labors are the same, and no two women have the same amount of pain. Some women need little or no pain relief, and others find that pain relief gives better control over their labor and delivery. Talk with your doctor about your options. He or she may arrange for you to meet with an anesthesiologist before your labor and delivery. Be prepared to be flexible. Don’t be afraid to ask for pain relief if you need it.

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**ANESTHESIA FOR CESAREAN BIRTHS**

Whether you have general, spinal or epidural anesthesia for a cesarean birth will depend on your health and that of your baby. It also depends on why the cesarean delivery is being done. In emergencies or when bleeding occurs, general anesthesia may be needed.

If you have an epidural catheter in place and need a cesarean delivery, your anesthesiologist will inject a stronger drug through the same catheter to increase your pain relief.

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**Glossary**

**Analgesics**: Drugs that relieve pain without loss of muscle function.

**Anesthetics**: Drugs that relieve pain by loss of sensation.

**Anesthesiologist**: A doctor who is an expert in pain relief.

**Cesarean Delivery**: Delivery of a baby through an incision made in the mother’s abdomen and uterus.

**Epidural Block**: A form of anesthesia where medication is administered through a catheter that lessens labor pain (analgesic) or provides pain relief for a cesarean delivery (anesthetic).

**Epidiotomy**: A surgical incision made in the perineum (the region between the vagina and the anus) to widen the vaginal opening for delivery.

**Forceps**: Special instruments placed around the baby’s head to help guide it out of the birth canal during delivery.

**Surgical Incision**: An incision made in the mother’s abdomen and uterus.

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“Anesthesia & You . . . Planning Your Childbirth: Pain Relief During Labor and Delivery” has been prepared in cooperation with the American College of Obstetricians and Gynecologists (ACOG) and with input from the ASA Committee on Obstetrical Anesthesia. All rights reserved. Reprinted with permission.