

Pain Management During Labor

Client: Luisa Silva

Author(s)

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Source

Olds, S., London, M., Ladewig, P., & Davidson, M. *Maternal-newborn nursing & women's health care* (7th ed.). Upper Saddle River, NJ: Prentice Hall.

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Abstract

When a childbearing woman experiences discomfort during labor and birth, the nurse can assist her in a positive birth experience by providing effective comfort measures. Nursing interventions directed toward pain relief begin with a nonpharmacological measure, such as providing information, encouragement, back rubs, and clean linens. Many women need no further intervention. For other women, the progression of labor brings increasing levels of pain that interfere with their ability to cope effectively. For these women, pharmacological agents may be used to decrease discomfort, increase relaxation, and reestablish the ability to participate more actively in the labor and birth experience. In addition to systemic analgesics, regional nerve blocks and local anesthetic blocks are available. The methods are not exclusive, and may be used in combination with nonpharmacological comfort measures. Nurses must recognize that the decision to have an unmedicated or a medicated birth involves many factors and reflects a great deal of thought and planning for most women and their families. Some of these factors include client and caregiver preferences, availability of anesthesia and analgesia, fear of risks and complications, and cultural influences.

Objectives

1. Identify factors that must be considered in the use of analgesic agents.
2. Discuss factors women must know when considering pain relief medications during labor.
3. Describe nursing assessments of the mother prior to administering systemic analgesia during labor.
4. Describe nursing assessment of the fetus prior to administering systemic analgesia during labor.

Case History

Section 1: Prenatal Care

Luisa Silva, a 33-year-old woman, gravida 1, para 0, is 32 weeks' pregnant. She is accompanied to the obstetrician's office by her husband Stanley who is 38 years old. He works as an accountant and they have been married just 2 years. The couple wanted to start a family right away since Luisa is concerned about her age and they would like to have at least two children. Luisa has read several books about pregnancy and delivery. She is trying to decide whether she should accept analgesia during her labor. She has finished childbirth education classes and wants an unmedicated labor and birth. She says, "I want to do this on my own, but I'm afraid it may be too much. Will it be OK if I need to take something?" You try to reassure her that she and her husband can make that decision and she can have a birth plan that the hospital will try to follow during the delivery process. You reassure her that she can change her mind if she feels that she cannot cope with the labor pains and that her obstetrician will be there to help her make that decision.

Section 2: Labor Experience

Luisa and her husband Stanley come to the hospital after calling her obstetrician, who advised her to come to the hospital to deliver. She is now 40 weeks' pregnant and her water broke this afternoon. She is having regular moderate contractions 5 minutes apart and lasting 30 to 40 seconds. She is practicing the breathing pattern she learned in childbirth classes. Stanley is supportive and is rubbing her back as she turns side to side in bed. She tells the nurse that she is worried that she will not be able to cope but that she really does not want any medication unless she cannot bear the pain. Her husband supports her and says that whatever she wants she can have. All he wants is a healthy baby and his wife to be fine. The nurse remains with the couple, helping them to cope as the contractions become more intense. Luisa is able to deliver a healthy baby boy without the need for medication. The couple is pleased to have had the support of the healthcare team at the hospital and is elated with their son. Even though the couple had a 14-hour labor, they recognize that their preparation and the support they received through the labor and delivery process helped them achieve their goal of an unmedicated experience.

Multiple factors to be considered in the use of analgesic agents

- Effects on the woman
- Effects on the fetus
- Effects on the labor contractions
- Medical status of the woman
- Progress of labor

Adapted from Olds, S., London, M., Ladewig, P.W., & Davidson, M. (2004). *Maternal-newborn nursing and women's health-care* (7th ed., p. 665). Upper Saddle River, NJ: Prentice Hall.

What Women Need to Know About Pain Relief Medications

Before receiving medications, consider the following:

- Type of medication administered
- Route of administration
- Expected effects of medications
- Implications for fetus or newborn
- Safety measures needed
- Possible side effects or contraindications

Adapted from Olds, S., London, M., Ladewig, P.W., & Davidson, M. (2004). *Maternal-newborn Nursing and Women's Healthcare*. (7th ed., p. 666). Upper Saddle River, NJ: Prentice Hall.

WORKSHEET



What is the function of Narcan?

Student Response Form

Pain Management During Labor

Client: Luisa Silva

Name: _____ Course: _____

Date: _____ Instructor: _____

Questions

1. What should you tell Luisa Silva when she questions you about her concerns about an unmedicated or a medicated birth?
2. What maternal assessments are critical prior to administering systemic analgesics?
3. What assessments of the fetus are required prior to administering systemic analgesics to the mother?
4. What assessment parameters must be present before administering systemic analgesics?
5. What should the nurse do if the couple insists on an unmedicated birth experience?

6. What should the nurse do if the woman is underprepared for the intense pain of active labor and requests medication?

7. What are the effects of stress on the woman who is in pain and in labor?