Expert View

Making Sense of Childbirth Pain Relief Options

An ob-gyn discusses options for pain relief with and without medication—and how to think about your choices.

Dr. Sara E. Petruska

> Dr. Sara Petruska and her family. Dr. Petruska gave birth once with pain medication and once without. Photo courtesy of Dr. Petruska.

As an ob-gyn, I've seen the many ways that labor and delivery can go—and how different the experience of pain can be each time.

There are so many factors that may vary the pain you feel. For example, having a bigger baby may be more uncomfortable than having a smaller baby. Going into labor when you're well rested is one thing—doing so after a long, busy day is quite another. You can't predict exactly what your experience will be.

That's why it's never too early in pregnancy to learn about childbirth pain management, including options that involve medication and those that do not. I like to think of these options as a toolbox. As the patient, you get to decide which tools to use.

Here's an overview of the most common choices and how to decide what's best for you.

Epidurals and Spinal Blocks

In the United States, the most common type of childbirth pain relief is an epidural block (or simply "epidural"). Epidurals are usually very effective at relieving pain below the waist and can be used at any point in labor. You remain awake and alert and are able to push when the time comes.

Epidurals can continue helping after delivery, too. They can offer pain relief if you need stitches for tears in your vaginal area, treatment for heavy bleeding, or other postpartum care.

If you get an epidural, an anesthesiologist will insert a thin, soft tube into the space around your spinal cord. The medication will be continuously infused into your body through this tube. You can control the dosage by pushing a button connected to a pump. (The pump is designed so you can't give yourself too much.)

There are some trade-offs with an epidural. You won't be steady enough to get

out of bed or walk around. You may need a catheter to help you urinate. You might labor and push longer than you would have without an epidural. Sometimes your blood pressure can drop and affect the fetus's heart rate, but this can usually be managed with several treatment options.

Epidurals may not work as well if you have had prior spinal surgery, so it's important to discuss this with your care team.

The epidural dose can be increased to a level appropriate for surgery if you end up needing a cesarean birth. If that doesn't provide enough numbness, you can consider a similar procedure called a spinal block. Spinal blocks can give a more complete loss of feeling. They can have the same side effects as an epidural.

Opioids

Opioids can help your entire body feel less pain. The opioids commonly used in childbirth include morphine and remifentanil. Morphine is usually used in the early stages of labor. If used too close to delivery, it can cause temporary breathing and heart rate problems in your baby after birth. Your baby may need help breathing if this happens.

Remifentanil can be a good option if you have had prior back or spinal surgery. Like with an epidural, you can give yourself small doses with a pump as needed. Remifentanil is cleared from your body very quickly, so the infusion can be shut off in the final minutes of your labor. The drug will not be present in the baby's system at the time of birth.

Opioids can make you feel sleepy and nauseous, so your health care team will monitor you closely.

Nitrous Oxide

You may be familiar with nitrous oxide, or "laughing gas," from the dentist's office. It can help during labor as well. You can hold a mask to your face and breathe in the gas as needed. Nitrous oxide can be used through the entire labor and delivery.

As with opioids, this option can make you feel groggy or nauseous. But it can be

a useful tool if you want some relief from discomfort and prefer not to receive an epidural.

Pudendal Blocks

Then there is an injection called a pudendal block. Around the time of delivery, this medication can be used to relieve pain in the vagina, vulva, and perineum (the area between the vagina and anus). It can help if you have a tear or need an episiotomy, a type of surgical cut in the perineum.

Pain Relief Without Medication

Medication isn't the only way to ease the pain of childbirth. Other options for pain relief can be used alone or combined with drugs. These methods are about lessening pain through relaxation, learning how to help yourself cope with pain, and finding support from others.

Childbirth classes can help you learn different ways to approach labor and pain management. The Lamaze method and the Bradley method are two examples of popular programs. SisterSong offers an online class focused on giving birth during the COVID-19 pandemic.

Another childbirth method you can learn is called "hypnobirthing." This method involves relaxation and hypnosis strategies to relieve fear and anxiety. There are different types of hypnobirthing programs, such as the Mongan method.

Childbirth classes that teach these methods are available online and in person. Talk with your ob-gyn if you want help finding or choosing a class.

Also ask about your hospital or birth center's policies for labor support people. Having a support person with you through the entire childbirth, such as a birth partner, nurse, or doula, can help you have a better birthing experience. Doulas are professional labor coaches available for hire.

There are many specific pain relief techniques used during labor, some of which don't require any training. Here are a few you may consider:

- Taking a warm shower or bath to help you relax during the early stages of labor.

- Taking short walks down the hall during early stages of labor.
- Changing positions from time to time. Some women move from side to side, squat, stand, kneel, or sit. Using a birthing bed, stool, ball, or chair may help.
- Having a massage on your lower back and shoulders to counteract pain from contractions.
- Using a muscle stimulator, called a TENS unit, on your lower back.
- Choosing a focal point or a mantra to help you cope.
- Playing relaxing music during early labor and music with a steady beat during later stages.

Preparing for Your Birth

I encourage my patients to think about their pain management preferences by about the 28th week of pregnancy. Start sooner if you hope to give birth without medication, as that might take more preparation.

Think about your goals for your birth, and consider your past experience if you have delivered before. Read trusted information from doctors and health organizations, and talk with your ob-gyn and health care team. You may hear other people's opinions, especially in online pregnancy groups, but birth is very personal. Talking with your care team is the best way to get advice for your unique situation.

Also keep in mind that not all types of pain relief are available at every hospital or birth center. You should discuss your preferences and the available options with your care team.

I use the word "preferences" here because your health care team can't choreograph these events. Every woman and every delivery are different, and plans need to be flexible to keep you and your baby safe.

Keeping an Open Mind

Sometimes I meet patients who had hoped to avoid pain management during labor, but then ended up with an epidural. They describe this as "caving" or "wimping out"—and that saddens me, because there is no right or wrong choice. It's always right to listen to your body, and it's always okay if your plan changes.

Deciding to try a tool that might help you is not wimping out.

Remember, you might use pain management tools you didn't think you would. You might not use any of them. But these tools are there to be used, if and when you decide you need them. And that's a decision you can feel good about.

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