

Alternatives to Epidural Pain Relief for Labor

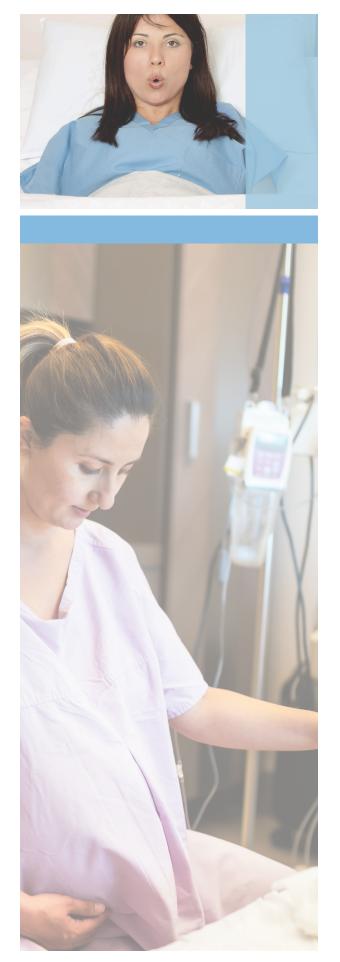
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Epidural pain relief is the most effective type of pain control available, but there are other options for helping to manage labor pain.

We believe it is important for pregnant women to be able to make fully informed, empowering decisions.

Every institution will have its own policies and protocols. This information is to help you as a guide and should not override an institution's practices.



1. WHAT CAN I DO TO MANAGE MY PAIN DURING LABOR IF I DO NOT WANT AN EPIDURAL?

Some things you may try include:

- Changing your position or walking around if you are able. This can be more comfortable than lying down.
- Using a birthing ball
- Breathing or relaxation exercises
- Aromatherapy, meditation, self-hypnosis
- Taking a warm shower or bath
- Having a doula or support person present[SS1] [TO2] [TO3]
- Using a device called TENS (transcutaneous electrical nerve stimulation), if available
- Medications such as intravenous (IV) pain medication or nitrous oxide, if available at the hospital you chose for your delivery.

2. WHAT ARE THE OTHER WAYS YOU CAN RECEIVE PAIN MEDICATIONS?

The most common medications given for pain in labor belong to the opioid group which includes morphine, fentanyl, nalbuphine (Nubain), butorphanol (Stadol), hydromorphone (Dilaudid), and remifentanil. These medications can be given through your intravenous (IV) line, by the obstetrician or anesthesiologist taking care of you.

3. ARE THERE ANY SIDE EFFECTS OF THESE MEDICATIONS?

These medications belong to the opioid group and are given in IV or by an injection in the muscle. They all carry similar side effects including nausea, vomiting, itching and respiratory depression (slowing down your breathing). Because these medications get into your bloodstream, they can potentially cross the placenta and affect the baby - there is a possibility of sedating the baby and slowing down the baby's breathing if the medications are given too close to the delivery. The only medication that can be used all the way up to the delivery time is remifentanil because of the very short time it spends in the mom's bloodstream, but it may not be offered at all hospitals.

4. WHAT IS NITROUS OXIDE (NOX)?

Nitrous Oxide is a gas used routinely by anesthesiologists in the operating room and also at the dentist's office to provide some comfort, although it does not get rid of the pain. It is commonly referred to as "laughing gas" and is available in some Labor and Delivery units to help with labor pain.

5. HOW IS NITROUS OXIDE DELIVERED?

Some Labor and Delivery units have access to a machine that delivers the nitrous oxide gas. It is a portable machine that can be brought into your labor and delivery room and provides a mixture of both oxygen and nitrous oxide. You are given a mask, and when you breathe through it, the machine will give you a dose of the mixture of the two gases. This mixed gas usually makes the pain of labor more bearable, but does not take away your pain completely.

6. WHAT ARE THE RISKS OF NITROUS OXIDE?

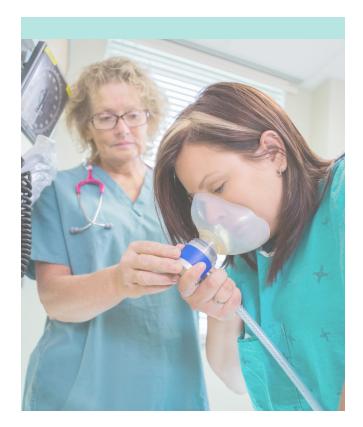
Nitrous oxide can make you dizzy or nauseous. For people who suffer from claustrophobia (fear of small spaces), wearing the mask can be uncomfortable. Although it has been used safely in many laboring women, there are some conditions in which nitrous oxide is not recommended.. Your anesthesiologist can help determine if this is a safe option for you.

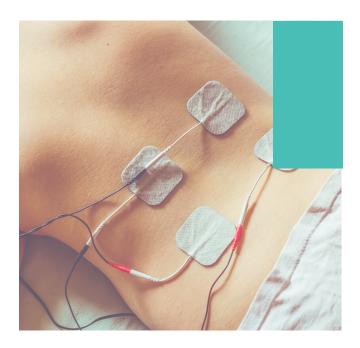
7. WHAT IS THE TENS DEVICE?

The TENS (Transcutaneous Electrical Nerve Stimulation) is a small device that creates lowvoltage electric impulses. It causes your muscles to relax and helps with muscle pain. It also distracts you from the pain caused by the contractions. Small patches (electrodes) are placed on your lower back and you can control the strength of the impulse . The machine will cause a buzzing sensation in four different spots of your back.

8. WHAT IS A PUDENDAL BLOCK

This is an injection of numbing medication (similar to what is used at the dentist's office) that can be used to help with the pain during the delivery of the baby. It is usually done by your obstetrician and it is done by injecting local anesthesia medication (numbing medication) in the area of your cervix (entrance of the uterus).





No matter what you choose for your labor, there are no wrong choices and it all depends on your level of comfort with each option. You can discuss those options with your anesthesia provider who can help you make that decision and you can always start with one option and change your mind throughout your labor.

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