

Discussion Questions

For the Parenting Instructor:

The discussion questions are a tool to help enrich your relationship with your client. They help to promote discussion on the topic of the lesson, and they help you to better understand the heart of your client and her needs. This is accomplished through sharing, connecting, and caring.

1. Do not give this page to your client. It is only for your reference when talking to your client.
2. The tips written below each question help you to know what to listen for or how to start a conversation if you have a reserved or quiet client.
3. Find ways to affirm your client, and gently guide the conversation.

1. The video talks about how pain during labor is normal. You know there will be pain. When you think of labor, what is your ideal birth scenario in terms of pain management?

This question is designed to help your client start thinking about her labor and delivery. Help her walk through her pain options and her concerns. How concerned is she about the pain involved? Is she desiring a more natural birth, or does she want pain management? What level? She doesn't need to have a definitive answer on this today, but it is good to start considering it. She will want to have a plan in place prior to labor and be able to practice non-medicated pain management techniques, such as Lamaze, if she chooses that route. Share your labor experience and how you managed pain. Present her with the two extremes, not feeling anything at all or feeling everything. In a typical vaginal birth, feeling nothing is probably unrealistic, but there are various options that will help reduce or eliminate most of the pain.

2. That video mentions that while medicated pain management during labor is common, it does have some risks. What risks concern you the most, and do they outweigh the benefits?

This question is designed to help your client consider the risks to medicated pain management. Some of those risks include but aren't limited to drowsy baby, low blood pressure, itching, difficulty urinating, nausea and vomiting, and additional interventions. Does your client feel that any of these risks outweigh the benefits? Is she willing to explore any of the non-medicated pain management techniques, such as Lamaze, touch or massage, walk, moving, or changing positions, heat or ice, relaxation exercises, etc.? This is an opportunity for you to share why you did or did not use pain management during your own delivery.

- ***Drowsy baby: Some studies suggest that babies may be drowsy after birth and have a hard time latching on for breast feeding. Other studies suggest that a baby might experience respiratory depression, fetal malpositions, and an increase in fetal heart rate variability, thus increasing the need for forceps, vacuum, cesarean deliveries, and episiotomies.***
- ***Low blood pressure: About 14 percent of women who get an epidural block experience a drop in blood pressure, although it's usually not harmful. An epidural block affects nerve fibers that control muscle contractions inside the blood vessels. This causes the blood vessels to relax, lowering blood pressure.***
- ***If the blood pressure drops too low, it can affect blood flow to your baby. To reduce this risk, most women get intravenous (IV) fluids before the epidural is placed.***
- ***Itching: Some of the medications used in an epidural — including opioids — can make your skin itch. A change in medication can relieve this symptom.***
- ***Difficulty urinating: After an epidural, the nerves that help you know when your bladder is full will be numb. You may have a catheter inserted to empty your bladder for you. You should regain bladder control once the epidural wears off.***