

It's important for all expectant parents to receive an adequate childbirth education without feeling pressure to choose one pain management strategy over another.

Pain and Childbirth

Pain associated with childbirth is different from any other pain you've ever experienced because it's purposeful, anticipated, intermittent, and normal. It's different from the pain you might experience in another scenario such as shutting your finger in a door. Generally speaking people don't experience pain on purpose.

Labor pain is anticipated or expected, unlike the pain of shutting your finger in the door, which is usually accidental or a result of carelessness. If we expected to shut our finger in the door, we'd do something to change the chain of events and ultimately avoid the pain. In birth, we realize a certain amount of pain is probably inevitable.

Labor pain is intermittent rather than constant. If you happen to shut your finger in the door, the pain is continuous. It may hurt, unrelenting, for the first 10 minutes and gradually become less, but it's always there. Labor, on the other hand, does provide regular intermissions. It is said that in a normal 24-hour labor, the woman is actually contracting for a total of three to three and a half hours. The rest of the time her body is regaining its strength and providing her with some hormones, adrenalines, and endorphins to assist her with coping as it prepares to turn up the intensity another notch.

Pain in labor is normal and healthy. Typically we experience pain as data or feedback from our nerves to warn our brain to stop the behavior causing the pain. It's not healthy to keep your hand slammed in the door, so you remove it. However, it is normal to continue progressive, painful contractions.

THE GOAL IS TO KEEP LABOR ACTIVE UNTIL THE BABY IS BORN.

Birthing Choices

At one extreme, there are women **who don't want to feel a thing**. Their ideal birth scenario includes complete numbing prior to feeling any contractions. Unless a woman is scheduled for a C-section, this option is an unrealistic expectation. On the other end of the spectrum, there are women **who want to feel everything and do not want any sort of drugs entering the bloodstream under any circumstances**, including C-section. This is another unlikely extreme.

Each expectant mother needs to decide where she falls between the two extremes. Many women choose to approach labor with a neutral attitude of 'we'll decide when we get there'. Some may want to delay an epidural until they've reached five centimeters dilation. This allows them to experience some of the labor but not the most difficult part. If a woman can wait until at least five centimeters dilation, the incidents of epidural-related C-sections are significantly reduced.

Not every couple who plans to get an epidural arrives in time. Knowing ahead of time that this is a possibility can help you prepare and cope with the alternative.

Write down how you want your pain managed during labor and share it with your provider and birth coach prior to going into labor, and then with your nurses when you arrive at the hospital. This allows you to calmly discuss how you want pain managed before it becomes intense.

Forms of Pain Management

There are two basic forms of pain medication: narcotics or the spinal and epidural.

Benefits of Labor and Delivery with Narcotics	Risks associated with Narcotics
<ul style="list-style-type: none"> • Allow laboring women to maintain a pushing control • Allow laboring women to continue to move • Reduce anxiety 	<ul style="list-style-type: none"> • Nausea/vomiting • Itching • Dizziness • Sedation • Decreased gastric motility • Low blood pressure • Respiratory depression for the baby • Impaired early breastfeeding

The epidural and spinals are usually very effective forms of pain relief. Sometimes patients really have a lot of difficulty relaxing, or their pelvis is very narrow. Sometimes an epidural can help relax the musculature around the pelvis to allow the baby to descend better and can actually help them avoid a C-section.

Benefits of Labor and Delivery with Spinals and Epidurals	Risks associated with Spinals and Epidurals
<ul style="list-style-type: none"> • Allow laboring women to rest and sleep during labor • Reduce anxiety • Allow laboring women who are unable to relax enough to progress otherwise to dilate 	<ul style="list-style-type: none"> • Nausea • Allergic reactions that can cause rashes • Severe headaches within the first 24 hours following labor • Temporary paralysis • Abnormal or weaker uterine contractions • Longer second stage of labor • Backache following labor • Slowed fetal heart rate • Difficulty regulating body temperature • Anxiety due to immobility and lack of body control

Additional downsides to an epidural are that it's a little harder to appreciate when to push and sometimes the second stage can be prolonged with an epidural. ***Women who receive the epidural miss out on the endorphin rush and usually feel exhausted and want to sleep immediately after the birth of their baby.***

There are other medications acceptable for labor. Intravenous (IV) medications as infrequent small doses, water therapy, and touch and massage can all help with relaxation. The body produces natural endorphins that help us get past a lot of that pain and in the long run, it's worth avoiding as much as possible.

Benefits of Labor and Delivery without Pain Relief Intervention	Risks associated without Pain Relief Intervention
<ul style="list-style-type: none"> • Freedom of movement • More effective ability to push • Able to assist the baby in accomplishing natural rotations • Faster and easier recovery from natural endorphin surges • Increased adrenaline boost providing higher levels of energy • Babies are more alert • Higher success with early breastfeeding • Fewer interventions required • Less expensive • May increase mother-coach bonding experience • Provides a sense of satisfaction • Mother is able to respond to her body's urges to change positions 	<ul style="list-style-type: none"> • Pain • Fear or anxiety • Difficulty relaxing and progression of dilation

1. Labor and birth. (2018, June 06). Retrieved October 01, 2020, from <https://www.womenshealth.gov/pregnancy/childbirth-and-beyond/labor-and-birth>

2. Medications for Pain Relief During Labor and Delivery. (2020). Retrieved October 01, 2020, from <https://www.acog.org/patient-resources/faqs/labor-delivery-and-postpartum-care/medications-for-pain-relief-during-labor-and-delivery>

3. Rasmussen, B. (Writer). (2010). Labor 101 [Motion picture on DVD]. United States: MyBirthClass.

4. Tournaire, M., & Theau-Yonneau, A. (2007, March 15). Complementary and Alternative Approaches to Pain Relief During Labor. Retrieved September 29, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2176140/>.