

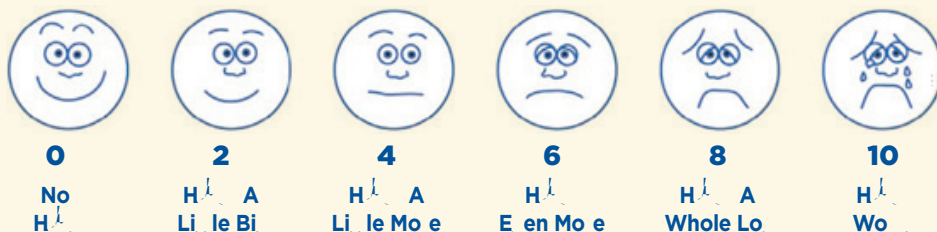
# Managing your pain during labor, birth, and after delivery

**Our staff wants to do everything it can to help you control your labor and post-delivery pain in the manner you choose. Help us help you have a great patient experience!**

## **Labor pain is different from everyday pain.**

- It is normal to have pain or discomfort with contractions when you are in labor.
- Your nurse will ask you about your pain level on a regular basis.
- Knowing your level of pain will help us talk to you about your pain control options.

**We use a visual level of pain by asking how your pain feels like on a scale of 0 (no pain) to 10 (the most pain possible). Choose a face that best describes how you feel.**



From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P., Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

## **What are some non-pharmacological pain control options in labor?**

**Some women and their partners have non-pharmacological labor pain management techniques to help them manage their labor pain:**

- walking and positioning
- breathing and relaxation
- warm water therapy

## **Some women and their partners use medicine given for labor pain.**

- Medication is given through your intravenous (IV) line, which will take away some of the pain.
- Tell your nurse or provider (doctor or certified nurse midwife) if you want this type of pain medicine.

## **Some women may use nitrous oxide for labor pain.**

- It can be used instead of an epidural or prior to an epidural.
- It's a gas mixture similar to what is used in a dentist's office.
- The patient has to place a mask on her face and take a breath prior to the start of a contraction.
- It takes approximately 30-60 seconds for the nitrous oxide to become effective.
- It can't be used on all patients, so discuss with your provider whether nitrous oxide is an option for you.

## **Some women and their partners use an epidural for labor pain.**

- A needle will be placed into your back. A small tube will be inserted and the needle will be removed. Medication is given through the tube by an anesthesia provider.
- An epidural will take away most or all of the pain. You will sometimes still feel pressure.
- An anesthesia team member will talk to you about the epidural and will get your consent in advance.
- If you have had back surgery, back issues, or serious medical issues, you should talk to one of our anesthesia team members before you are in labor to see if an epidural is an option for you.



## We will ask about your pain on a regular basis during labor.

- It is important to us that your pain is managed in the way that you choose.
- No one knows how easy or hard your labor will be.
- You may change your chosen pain control method when you are in active labor. That is okay! Labor is painful. Everyone handles pain in their own way. We want to meet your needs.
- Tell your nurse if you decide on a different method for helping you with your labor pain.

If you have a cesarean birth:

- Your pain will be controlled during the birth by either epidural, spinal anesthesia, or general anesthesia.
- You, your provider and the anesthesia provider will decide which type is best for you.

## Postpartum pain (pain after delivery of baby)

Your nurses will ask about your pain level regularly during your postpartum stay.

If you had a vaginal birth, you may have pain from uterine cramps (sometimes called afterbirth pains) or pain in the perineal area (the area between the vagina and the rectum).

- Taking ibuprofen or acetaminophen routinely for the first several days is often helpful.
- If you are still in pain, it is important to tell your nurse. You may need a stronger medicine to help you with the pain.
- If you wait until you are in severe pain, sometimes the pain medicine does not work as well, so it is better to stay a little ahead of the pain.
- We want you to be comfortable so you can enjoy and get to know your baby. Please let us know if your medicine is not working well.

If you had a cesarean birth, your pain will be managed the first 24 hours by either:

- 1) A patient-controlled analgesia (PCA)
  - You will push a button on your IV to give a medicine to help with your pain.
  - If the pain medicine is not keeping you comfortable, please tell your nurse.
- 2) A single injection into the epidural space at the time of delivery that lasts about 24-hours
  - You will start on pain pills after the first 24 hours.
  - It is a good idea to take these on a regular basis so that your pain is well controlled.

Pain medicines, when given as ordered, are safe and effective—even if you are breastfeeding.

We want to keep you comfortable with mild pain (3 or lower). Do not wait until the pain is bad (6 or higher) before you ask for medicine.

Ask about anything we can help control labor and post-delivery pain in the moment. Help help, have a great experience!



**WOMEN'S CENTER**

*Affiliated with the USF Health Morsani College of Medicine*