



Saskatchewan  
**Health Authority**

# **Pain Relief for Labour and Birth**

CEAC 0431\*

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\*This document was designed to support patients of the former RQHR.





## Resources to Contact for More Information

Your health care provider (nurse, doctor, midwife, doula)

**Regina Qu'Appelle Health Region's Addiction Services:**  
(306) 766-7910

**Regina Qu'Appelle Health Region's Public Health Services**

- Central Booking for prenatal classes: (306) 766-7733
- Four Directions Community Health Centre: (306) 766-7540
- Al Ritchie Health Action Centre: (306) 766-7660

**YMCA:** Sally Elliot (306) 757-9622 Extension 242

**Birth Bliss - HypnoBirthing and Prenatal Yoga**

(306) 502-5477

[www.birthbliss.ca](http://www.birthbliss.ca)

[marie.berwald@birthbliss.ca](mailto:marie.berwald@birthbliss.ca)

**Doulas of Regina:**

[http://www.doulasofregina.com/Doulas\\_of\\_Regina/HOME.html](http://www.doulasofregina.com/Doulas_of_Regina/HOME.html)

## Patterned Breathing

- Concentrating on slow, deep breathing and on relaxing muscles during and between contractions

## Other Comfort Measures

- sleeping between contractions
- massage and backrubs
- shower or bath
- warm or cool compresses applied to back
- drinking fluids regularly
- emptying bowels and bladder regularly
- listening to relaxing music
- kneading and/or squeezing a rough object (e.g. small rubber ball) in the palms of your hands.

## Coming to the Hospital

As the contractions become closer and stronger, you may want to come to the hospital where your progress is assessed. If you are in the active phase of labour, you are admitted. If you are not in active labour, your options are discussed at that time.

You are welcome to bring your radio, music, pillow, and nightgown to the hospital.

Other choices of pain relief are available at the hospital, if needed and chosen. These are discussed on the following pages. Your choice of pain relief becomes part of your care plan.

## Drugs

### Nitrous Oxide Gas (or laughing gas)

This is an anaesthetic gas given through a mask that you hold yourself. This gas may dull or reduce the labour pain. Some people find that holding the mask gives them a focus that distracts them from the pain. Because its effect disappears rapidly, nitrous oxide is very safe and does not sedate your baby.

#### Possible side effects that may occur:

- nausea
- dry mouth
- dizziness
- sleepiness
- irritability
- confusion.

## Possible Epidural Complications

- A rare epidural complication is having trouble breathing or feeling numb in your throat or face. Tell your nurse immediately if you feel short of breath.
- Infection is another rare epidural complication.
- There is a 1 in 10000 chance of nerve damage with the epidural.
- There is a 1 in 100,000 chance of nerve damage resulting in paralysis or death.

Epidurals are not recommended for patients with certain medical conditions or blood disorders. Your regular doctor can arrange for a visit with the anesthesiologist prior to the baby's birth if needed.

You are given an information sheet on discharge and should notify your caregiver if you have a headache or a backache that does not resolve itself within a couple of days after birth.

## Possible Epidural Side Effects and Their Treatments

- A drop in blood pressure. Medication can be given to bring it back up to normal.
- A drop in the baby's heartbeat during labour. Your position is changed to bring the heart beat back up.
- Heaviness and /or tingling in legs and toes.
- Difficulty emptying your bladder. Your nurse can assist you to the bathroom but sometimes a tube (catheter) is inserted into your bladder to keep it empty .
- Shivering. Warm blankets can be supplied.
- Itching, especially around the waist and on your face.
- Headache occurs in 1 in a 100 epidurals. Some of your own blood is injected into the epidural space to "patch" the space and alleviate the headache.
- Cold sores after you have the baby.
- More trouble with breastfeeding during the first day
- The epidural does not provide enough pain relief (1 in 10 chance). The doctor can adjust your epidural tube, give you more medicine or even reinsert the epidural. If these methods do not work, you may be given a narcotic.

Epidurals are contraindicated for patients with certain blood disorders.

The epidural catheter will be removed after you have your baby and do not need it any more.

## Narcotics

Narcotics given during labour usually help to dull the pain, reduce anxious feelings, and improve ability to cope with painful contractions. You may even be able to doze between contractions as narcotics enter your bloodstream and make you sleepy.

Narcotics are given by injection by your nurse into a large muscle in your leg or buttocks or can be given into a vein by your doctor.

### Possible side effects of narcotics are:

- dizziness
- confusion
- sedation
- nausea.

If you receive narcotics within 2 hours of giving birth, the baby may need to go to the Neonatal Intensive Care Unit (NICU) for observation following birth.

If you have had chemical dependency problems in the past, speak to your health care providers before having your baby. They can discuss options or drugs that are suitable. You may wish to contact a counsellor for advice at Regina Qu'Appelle Health Region Addiction Services at (306) 766-7910, before having your baby.

## Epidural Analgesia

The doctor called an anesthesiologist is called to do this procedure.

The nerves that make you feel contractions can be “numbed” by injecting medication into the epidural space in your back. This is a space between the spinal cord and the spinal bones. The epidural causes you to have less feeling from the waist down. Epidurals allow you to be awake, alert and relatively pain free. Sometimes you may be aware of the contractions, but they are not as painful. Very little, if any, medication passes through the placenta to the baby.

You need intravenous fluids before the epidural can be done. You are helped to sit up and curl your back as much as you can. You must remain still during the procedure even when having contractions. Tell your health care provider when you feel a contraction coming.

Your doctor cleans your back with an antiseptic solution and inject a small amount of freezing into your skin. The needle is inserted into the epidural space. A small plastic tube is advanced through the needle and left in the epidural space so that the doctor can continue to give drugs for pain relief. The needle is then removed. The plastic tube is taped to your back. The whole procedure usually takes between 5 to 20 minutes.

The epidural tube is connected to a pump that gives you a small, constant dose of medicine. You are given a button to push to give yourself an extra dose of medicine when needed. You cannot overdose yourself. Tell your nurse if you have pain.

Most women only need a low dose epidural. You usually start to have some relief of pain within 5 minutes but it may take up to 40 minutes for the full effect of the epidural to be felt. You can usually move your legs after an epidural and may even be able to walk. You must make sure you are with a nurse if you walk, as your balance may be affected. You may not feel a strong urge to push until the baby has moved down into the birth canal. During the delivery, you may feel a stretching or burning sensation.

The epidural may be used for pain relief if you need:

- a forceps or vacuum assisted delivery
- a cesarean section
- a postpartum tubal ligation.

In that case, your doctor gives you a stronger dose of medicine that works very quickly but may freeze you to the point where you cannot move your legs for several hours.

The epidural catheter is removed after you have your baby and do not need it any more.