

Dealing With Pain During Childbirth

If you're like most women, the pain of labor and delivery is one of the things that worries you about having a baby. This is certainly understandable, because for most women, labor is painful.

Even though it is possible to have labor with relatively little pain, your best bet is to prepare yourself for the idea of pain during labor and delivery and to plan some strategies for coping with it. Alleviating your anxiety about pain is one of the best ways to ensure that you'll be able to deal with it when the time comes.

Pain During Labor and Delivery

Pain during labor is caused primarily by uterine muscle contractions and somewhat by pressure on the cervix. This pain manifests itself as cramping in the abdomen, groin, and back, as well as a tired, achy feeling all over. Some women experience pain in their sides or thighs as well.

Other causes of pain during labor include pressure on the bladder and bowels by the baby's head and the stretching of the birth canal and vagina.

Although labor is often thought of as one of the more painful events in human experience, it ranges widely from woman to woman and even from pregnancy to pregnancy. Women experience labor pain differently - for some, it resembles menstrual cramps; for others, severe pressure; and for others, extremely strong waves that feel like diarrheal cramps. In addition, first-time mothers are more likely to give their pain a higher rating than women who've had babies before.

The intensity of labor pain isn't always the determining factor that drives women to seek pain management – often it's the repetitive nature and length of time the pain persists with each contraction.

Preparing for Pain

There are a variety of ways to reduce pain during labor, some of which you can start doing before or during your pregnancy.

Regular and reasonable exercise (unless your health care provider recommends against it) can help strengthen your muscles and prepare your body for the stress of labor. Exercise can also increase your endurance, which will come in handy if you have a long labor. The important thing to remember with any exercise is not to overdo it - and this is especially true if you're pregnant. Talk to your health care provider about what he or she considers to be a safe regimen, given your pre-pregnancy fitness level and the history of your pregnancy.

If you and your partner attend **childbirth classes**, you'll learn different techniques for handling pain, from visualization to stretches designed to strengthen the muscles that support your uterus.

Pain Medications

There are a variety of pain medications that could potentially be used during labor and delivery, depending on the situation. Talk to your health care provider about the risks and benefits of each one.

Analgesics. Pain medications, including the commonly prescribed drug meperidine, can be given intravenously or through a shot that's readministered as needed. These medicines don't usually slow down labor or interfere with contractions, but can cause side effects in the mother, including drowsiness and nausea. Analgesics may be administered well into labor but several hours before the expected birth.

Pain medications administered intravenously don't usually pose a problem. But if pain medications are given intravenously, the baby's going to get those medications. The effect on the baby depends on how much and how close to delivery the drug is given to the mother – some babies show signs of sleepiness immediately after birth. And some women find that the drowsiness and nausea they experience with analgesics makes them less able to deal with the contractions. Talk to your health care provider about the risks and benefits of taking analgesics.

Tranquilizers. These drugs don't relieve pain, but they may help to calm and relax seriously anxious women. Sometimes they are used in conjunction with analgesics. They may be given to women once labor has already started, but may also be used earlier in labor for extremely nervous mothers. Again, women's reactions to these drugs vary - some feel a loss of control that is unnerving, whereas others do not. The risks to mother and baby are usually minimal, but again, you should discuss them first with your health care provider.

Regional anesthesia. This is what most women think of when they consider pain medication during labor. Nerve blocks deaden the sensation in specific regions of the body and can be used in both vaginal and cesarean section deliveries.

Epidurals are one form of local anesthesia that provide continuous pain relief to the entire body below the belly button, including the vaginal walls, during the entire process of labor. An epidural involves medication given by an anesthesiologist through a thin, tube-like catheter that's inserted in the woman's lower back (in the same location where a spinal tap would be performed). The amount of medication can be regulated according to a woman's needs. Some medication does reach the baby, but it's much less than what the baby would get intravenously or under general anesthesia (which sedates the baby as well as the mother and is almost exclusively reserved for emergency surgical births). Epidurals are usually given once a woman is in active labor.

Epidurals do have some drawbacks – they may make it more difficult for the woman to push the baby out, and they can cause her blood pressure to drop. The risks to the baby are minimal, but include possible distress caused by the mother's lowered blood pressure.

Natural Childbirth

Some women choose to give birth using no medication at all, relying instead on relaxation techniques and controlled breathing for pain. If you'd like to experience childbirth without pain medication, attending a childbirth class is highly recommended. Also, make your wishes known to your health care provider.

What to Consider

Here are some things to think about when considering pain control during labor:

- Medications can relieve much of your pain, but probably won't relieve all of it.
- Labor often hurts more than you anticipated. Some women who have previously said they want no pain medicine whatsoever end up changing their minds once they're actually in labor.
- Pain medications can affect your labor – your blood pressure may drop, your labor may slow down or speed up, you may become nauseous, and you may feel a sense of confusion and lack of control.
- Pain medications can affect your baby – if given shortly before birth, the baby may be drowsy or have difficulty breathing.
- If you end up needing a cesarean section, you'll be given regional or general anesthesia for the birth. General anesthesia is given for emergency c-sections when a life-threatening condition has developed in the pregnant woman or baby.

Talking to Your Health Care Provider

You'll want to review your pain control options with the person who'll be delivering your baby. Find out what pain control methods are available, how effective they're likely to be, and when it's inadvisable to use certain medications. If you want to use pain-control methods other than medication, make sure your health care provider and the hospital staff know. You might want to also consider writing a birth plan that makes your preferences explicit.

Remember, too, that many women make decisions about pain relief during labor that they abandon - often for very good reason - at the last minute. Your best bet is to educate yourself about all of your options for pain relief to make a choice about what's best for you and then to be flexible about that decision.