

# Options For Pain Control In Labor

**IV Medications:** These medications are given intravenously, which means you will have an IV inserted in your arm. IV medications (instead of pills or intramuscular injections) are useful in labor because they start working immediately. The most common medications our doctors and midwives use are Stadol or Nubain, and these drugs can be given in early or active labor. Each dose lasts about one hour, and begins working immediately. You can often have several doses if needed during labor. Most women report that IV medications “take the edge off” of the contractions, and allow them to rest and relax more in between. They do not take away pain completely. These drugs are safe for you and your baby and many laboring women find that one or more doses of IV medication are all they need to make it through to delivery. These medications may be withheld if requested within one hour of expected delivery.

**Epidurals:** The epidural is another option for pain relief in labor. It can be given either after or instead of IV medications. It is important that labor be progressing before the epidural is used, because it can slow things down if labor is not well established. The epidural won't make you feel sleepy or sedated, but most women are able to nap after getting comfortable, which is a great way to regain the energy needed to push during delivery. Epidurals take away pain, but not pressure, because you'll need to know when contractions are coming so as to push effectively. The most common side effect of the epidural is a drop in blood pressure. Giving IV fluids before inserting the epidural usually counteracts this. You must have an IV to have an epidural. Having the epidural put in is not painful for most women, and once it is in place you will not be aware of it (the needle is removed as soon as the epidural is placed and only a tiny catheter that looks like fishing line is left). The actual procedure only takes 5-10 minutes to complete, but you need to be aware that it will take approximately 30 minutes from when you ask for the epidural until you are comfortable. This is due to travel time for the anesthesia staff to come to the hospital, getting the IV fluid, having the epidural actually inserted, and then letting the medication start to work. Some women don't like feeling numb from the waist down, but most are relieved to be pain free. Shivering not associated with being cold is common after getting the epidural, and will often come and go until delivery. After receiving the epidural, you won't be able to get out of bed, and often it is necessary to empty the bladder with a small catheter (you will not feel this) before delivery. Pain relief lasts until about an hour after delivery. Most epidurals can be used if a C-section is necessary. You will be asked to sign a consent form to have an epidural, and both an Anesthesiologist (MD) and the Nurse Anesthetist will talk with you before the procedure to make sure that you understand everything.



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**Pudendal Block:** This is an option for patients who only need pain relief at the very end of pushing, while the baby's head is descending in the vagina. Lidocaine, (a local anesthetic) is injected near the pudendal nerves in the vagina. This numbs the external genital area, which greatly reduces the burning sensation when the baby begins to deliver. It is also useful to prevent pain with episiotomy and subsequent repair. It does not numb the abdomen, and you will still feel contractions. The procedure can be uncomfortable for a few seconds, but only takes about a minute to perform. The medication works very quickly and has no effect on the baby.

**Local Anesthesia:** This medication (also lidocaine) is injected at the vaginal opening just before the baby is delivered. It serves to numb a small area where the episiotomy will be, and will last throughout whatever repair is necessary. The medication stings for a moment, but due to the pressure of the baby's head delivering, women usually don't notice it. Like the pudendal block, and the epidural, local anesthesia will wear off about an hour after delivery.

**General Anesthesia:** This type of anesthesia, being "put to sleep" is usually only used in a true emergency, or if an epidural or spinal block cannot be inserted, and where time is most important in delivering the baby by C-section. It works immediately. The baby is sometimes sleepy when it is born because it may receive some of the medications used to induce anesthesia. General anesthesia is not used frequently as our anesthesia staff is very skilled at administering epidurals and spinal blocks.