



# CHILDBIRTH SERVICES – COPING WITH LABOUR

## GRAND RIVER HOSPITAL – K-W HEALTH CENTRE

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Breathing and relaxation techniques, position changes, and massage are some suggestions to help ease the pain of labour. At times, even the best preparations do not prepare you for the length and strength of your labour. Only you can decide what your pain is like. You may choose to ask for medication to help you cope with the pain. There are a variety of options available for women during their birthing experience. Your personal beliefs and expectations about labour and delivery will play a key role in helping you decide which options will work best for you. You may want to learn more about support options through prenatal education classes and personal reading. You are encouraged to discuss your hopes and plans for labour with your health care team -physician, midwife, nurse, and your support person.

### ***Comfort Measures***

- Breathing methods, relaxation exercises and massage can be effective ways for you to enhance your birthing experience. It is helpful to practice with your partner before you come to the hospital.
- Movement (walking) and position changes are important. The use of birthing balls and rocking chairs can be helpful and are available for use.
- Hot and cold packs can help and you may wish to bring your own. Some hot water bottles are available at the hospital.
- Therapeutic touch and massage can be very comforting. Try to practice these before you come to the hospital. You may wish to bring your own massage tools with you. There are some tools at the hospital available for you to use.
- Transcutaneous electrical nerve stimulation (TENS), aromatherapy, music, hypnosis, acupuncture, and biofeedback are alternative support options you may choose. Discuss these options with your health care team prior to labour.

### ***Narcotic Medications***

Medication such as Demerol and Nubain, can be given by injection to help relax you and provide pain relief. These drugs are only given only after consultation with the physician because they have the potential to cause drowsiness in the baby.

### ***Epidural***

Many women have questions about epidural. The following has been prepared to explain the epidural technique of pain relief.

- *Why do I need information on epidurals when I want natural childbirth?*

If you are not planning to have an epidural, it is still very important to understand the following information. Unplanned situations may arise and an epidural may be needed.

- *What is an epidural and how is it given?*

An epidural is a method of pain relief given by an anaesthesiologist. The procedure, to relieve pain and relax the muscles from the waist down, involves injecting a local anaesthetic between the bones of your spine.

Before an epidural is given, an intravenous is started to maintain your blood pressure. The skin over your lower back is frozen, and the epidural needle is inserted. Once the epidural needle is in the epidural space, a fine plastic tube, the epidural catheter, is passed through and the needle removed. The local anaesthetic is given through this catheter. Pain relief begins in 5-10 minutes, taking full effect in 15-20 minutes.

- *Will I be able to move after having an epidural?*

You will be able to move your upper body and legs, and turn from side to side. If an epidural is needed over many hours, your legs may become increasingly numb. It is necessary to stay in bed while the epidural is working and after delivery until the numbness is gone from your legs - approximately one to three hours.

- *Who decides if I need an epidural?*

In most cases, you decide. If a situation, such as a caesarean section or forceps delivery is required, an epidural is a necessity. An obstetrician, nurse, or anaesthesiologist will give advice if needed.

- *How will the epidural affect my baby?*

An epidural is a safe method of pain control and will not harm your baby. It may help to improve blood supply to the uterus and oxygen to your baby.

- *How long will the pain relief last?*

To keep you comfortable, small amounts of local anaesthetic are infused continually into the tube in your back by an infusion pump, until you have delivered. The epidural does not always relieve the pressure you may feel just before delivery as the baby moves down the birth canal. This pressure feeling will help you push more effectively.

- *When would an epidural be used?*

Epidurals are used for: caesarean sections, forceps deliveries, women who are having difficulty coping with the pain of delivery and to provide relief and rest in a prolonged labour.

- *What are the benefits of an epidural?*

An epidural provides almost complete pain relief without affecting the baby and, it can also speed up the labour by helping you to relax.

- *Will I get an epidural if I want one?*

Not necessarily. Blood clotting conditions, or if you are very overweight, may make it too difficult to insert an epidural, or, the anaesthesiologist could be involved in the care of another patient.

- *What risks are involved?*

Serious or long-term complications are very rare but have occurred i.e. paralysis of the legs, respiratory and cardiac arrest, brain damage and death. Every precaution is taken to reduce these risks. Minor complications like headaches, occur in less than two percent of cases and subside after two or three days of bed rest. Backaches occur just as frequently after delivery whether an epidural has been given or not.

Other medications can be used for pain relief but are not usually as effective in relieving severe pain. Our nurses are skilled and would be happy to help you with natural childbirth if you choose. It is important that you know about epidurals before your labour begins so you are prepared to make an informed decision. It is not easy to discuss epidurals when you are in very active labour. The choice to have an epidural can only be made when you experience labour and decide whether you require pain relief. Every precaution will be taken for your complete safety and comfort.

*Local anaesthetics* such as a pudental block may be injected by your physician into the vaginal or perineal area. These can be helpful for some forcep deliveries and for the repair of tears or episiotomies.