

## Expected Labor Pain & Medications

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### Pain defined:

The pain of labor is definable. It comes with a contraction then goes away.

- Only you can define your individual pain. Everyone reacts differently.
- Expecting or being fearful of the discomfort of labor will affect your response to labor and how well you cope.
- Your nurse will evaluate your pain level with a pain scale of one to 10. One is the least amount of pain you have ever had, and 10 is the worst pain you can ever imagine.

### Factors that contribute to your labor pain:

- The thinning out and dilation of the cervix
- Lactic acid builds up as the uterus contracts.
- The contracting uterus puts pressure on your bladder, rectum, fallopian tubes, ovaries and ligaments.
- Position of the baby
- Stretching of the vagina and perineum
- Personal beliefs and cultural conditioning in response to pain

### Managing the pain:

Understanding the normal progression of pain—

- The physical pain of childbirth can be controlled with the tools learned in your childbirth classes or with medication.
- Understanding your options for pain control is important.
- No one can tell you how your labor will progress, but when you expect the unexpected, you can be more flexible about the options that you choose during your labor.

## **Medication for Intervention for pain control:**

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Understand it takes time to get pain medication to your room.

*Here is an overview of the required steps:*

1. Admitting and registering you as a patient within our computer system
2. Updating your history and physical within the computer system
3. Verify allergies with the pharmacy
4. Placement of orders for pain medication by your doctor or midwife
5. Verification of orders by the pharmacy
6. Verification of orders by your nurse
7. Placement of the IV
8. Drawing required labs
9. Lab results reviewed by your nurse and doctor or midwife
10. Administration of one liter of fluids prior to epidural placement

*All of these steps are in place for your safety.*

## **Labor medication options:**

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Choices for pain control depending on your plan of care

- Local Anesthetic – A numbing agent injected into the Perineum, the area between your vagina and rectum, for laceration/episiotomy repair
- Pudendal Block – A medication injected into the vaginal wall to numb the vagina and perineum prior to delivery
- Epidural – A narcotic medication injected into the lower back for placement of a thin, flexible catheter inserted into the epidural space for continuous administration of medication until delivery
- Spinal – a numbing medication injected into the spinal canal for a cesarean birth completely numbing the patient but allowing the patient to remain awake during the delivery
- Narcotics (Stadol, Nubain, Fentanyl) – Given intravenous (IV) or intramuscular (IM)

*It is critical that you inform us of all medications you take, whether over the counter, prescribed, unprescribed or herbal. If you are taking any street drugs or excessive use of prescription medications (more than what is prescribed), you should discuss this with your nurse as this will cause a serious reaction to both you and your baby (seizures, coma or even death) when given with the pain medications we provide.*

## **Misoprostol (Cytotec) for Labor Induction**

What is Misoprostol (Cytotec):

Misoprostol is a prostaglandin that is used as a cervical ripening agent in order to advance labor induction.

There are many possible misoprostol regimens for induction of labor. Each has been widely used. There is no evidence that any one regimen is better than the other.

1. Vaginal Misoprostol: Misoprostol tablets cut to 25 mcg size administered vaginally every 4 hours with a maximum of 6 doses
2. Oral Misoprostol tablets cut to 50 mcg size and administered orally every 4 hours to maximum of 6 doses

Course of Treatment: Once admitted to the hospital, the labor induction process can begin. Once misoprostol has been started, the baby's heart rate and uterine activity, as well as the mother's vital signs, must be monitored.

## **Oxytocin (Pitocin) for Labor Induction:**

Pitocin is a liquid medication that is a synthetic form of the naturally occurring hormone oxytocin. Pitocin is diluted with a standard saline solution and introduced into your body by IV drip. The medication is regulated on a medication pump. This is an attempt to minimize complications and to help your doctor or midwife mimic normal labor as much as possible.

The IV drip will be set to deliver a certain amount of Pitocin per hour. Depending on the patient's contraction pattern, the Pitocin drip will normally be turned up every hour until you have reached the contraction pattern dilating the cervix. This may be different for each woman.

- Pitocin can also be used to strengthen your labor (augmentation of labor). It is administered the same.
- Pitocin may be turned off at different times in order for you to rest and eat.
- Pitocin is also used immediately following childbirth to help the uterus to continue contracting whereby controlling bleeding.

## **Cervidil (dinoprostone, 10 mg) for Labor Induction:**

Cervidil is a small, flat vaginal insert which looks somewhat like a tampon and is approved to start and/or continue the ripening of the cervix in pregnant women who are at or near the time of delivery and in whom there is a medical reason for inducing, or bringing on, labor.

For the first two hours following insertion, you should remain lying down. If you sit up or walk after the first two hours, you should be careful to ensure the insert remains in place. Your nurse will carefully monitor you and your baby's progress and update the Doctor or Midwife of your progress.

**Foley Catheter for Induction of Labor:**

The Foley is positioned at the cervix. The balloon is inflated with saline solution and left in place. Apply pressure by pulling or tugging on the catheter 2 to 4 times per hour. The goal of this induction is to cause the cervix to mechanically open. Sometimes this will start labor spontaneously and sometimes, it will simply make the cervix more favorable (ready) for active labor.