



YOUR GUIDE TO

# Pain Relief During Labor and Delivery

OBSTETRIC ANESTHESIA TEAM

**Oregon Anesthesiology Group**

## Information for Patients

### Labor pain factors

Each woman's labor experience is unique, as is her sensation of discomfort and pain. Factors that may influence pain during labor include: size and position of your baby, frequency and strength of your contractions, size and shape of your pelvis, how long your labor lasts, and your previous experiences and expectations.

### Before delivery

Your baby's birth is one of the most important and memorable experiences in your life. We respect your birth plan and support your decisions for how you approach your labor and delivery.

If you desire or need medical pain relief, you will be cared for by an anesthesia provider from Oregon Anesthesiology Group. We are delighted to partner with you to make this special day as safe, pleasant, and comfortable as possible.

We're sharing this information with you so you can make an informed decision about pain management during labor and delivery. We encourage you to read it before coming to the hospital for delivery. It's a good idea to talk with your obstetric provider and your OB anesthesiologists about all your pain relief options including methods like massage, relaxation techniques, and epidurals.

Once you are admitted to the hospital, you are welcome to visit with an anesthesia provider to talk more about your options. You may want to explore some of the different modes of managing your pain during labor and delivery. We encourage you to ask for pain relief if you need it.

Your preferences and medical conditions are important in selecting the best pain relief plan during childbirth. We support any decision you make. The more you know and understand, the better prepared you'll be when your baby's big day arrives.

### Your medical pain relief options

Your medical pain relief options for labor and delivery will depend on whether you are having a vaginal delivery or cesarean section (C-section).

Many nonmedical techniques may also help with the pain you feel during labor, and they can be combined with the medical options. We encourage you to talk with your obstetric provider and nursing staff about these options.

### After delivery

For your safety, once you receive an epidural block or a spinal block, you will not be allowed to walk until the block wears off.

The medicine that gives you pain relief will cause some weakness in your legs and can throw off your balance. Your nurses will help you the first few times you get up after the block wears off to make sure you're safe and strong.

We are ready and available to care for you and your baby on your special day. To learn more about our 270+ anesthesia providers, please visit our website at [oagpc.com](http://oagpc.com).



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## **Pain relief for vaginal delivery**

### **IV pain medications**

IV pain medications are prescribed by your obstetric provider and given by injection into a vein by your nurse. They go to all parts of your body. While they often dull the pain, they usually don't take it away. In addition to relieving pain, these medicines can have side effects. The most common side effects are nausea, difficulty concentrating, and making you and your baby sleepy.

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### **Epidural block**

An epidural block is a numbing medicine that is placed into a small space (epidural) in the lower part of your back. Unlike IV pain medications, an epidural block focuses pain relief only to the areas involved in your labor pain. It is the most effective type of pain relief during labor and considered safe for both you and your baby. More than 60 percent of women in the U.S. choose this type of pain relief.

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### **Placement of an epidural block**

To place an epidural block, the anesthesia provider will have you sit and slightly curl your back or lie on your side. Your back will be cleaned, and numbing medicine will be used to numb your skin. The anesthesia provider will use a special epidural needle to locate the epidural space and insert a catheter (small tube) into the space. He or she will then remove the needle and tape the tube to your back. The numbing medicine is given through the catheter and typically starts to relieve pain in 15 to 20 minutes. You will usually receive a continuous infusion of medicine through the tube, and adjustments can be made as needed to help control your pain. The epidural block will make you more comfortable, but you should expect to continue to feel something. It's normal to feel tightness and pressure each time you have a contraction and during cervical exams.

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### **Risks of an epidural block**

Most women who have an epidural block have no problems, but there are some possible risks. Sometimes an epidural block will not work as well as planned. If this happens, your anesthesia provider may have to adjust or replace it. Your blood pressure can go down after a block, but will be watched closely. You will be given additional IV fluid, IV medication, or oxygen if needed, or we will help you change your position so you maintain a normal blood pressure. About 1 percent of the time, you can end up with a headache from the epidural block. If the headache does not go away quickly on its own, your anesthesia provider will make a plan to help relieve it.



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## Anesthesia for cesarean delivery

If your baby needs to be delivered by C-section, your anesthesia provider will let you know your options for anesthesia and discuss the plan for your care. Epidural blocks, spinal blocks, as well as general anesthesia, are all options depending on the specific situation.

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### Epidural block for C-section

If you are in labor and using an epidural block for pain relief, the epidural can often be used to provide anesthesia for a C-section. Your anesthesia provider will increase the amount of medication in your epidural to make you more “numb.” It usually takes 5 to 15 minutes for the medicine to start working for a C-section when your labor epidural was already running. If an epidural block was just placed, it will usually take 20 to 30 minutes to be ready for the procedure.

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### Spinal block

A spinal block is very similar to an epidural except your anesthesia provider places the medication in the fluid that surrounds the spinal cord rather than in the epidural space. It's done at the same location in the low part of your back and has similar side effects. With a spinal block, the anesthesia provider injects a single dose of medication through a small needle, the needle is removed, and no catheter is left in place. Most women start feeling “numb” 10 minutes after a spinal block.

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### General anesthesia

General anesthesia medications go to your whole body and are used to make you lose consciousness or “go to sleep.” General anesthesia is usually reserved for the rare situation when you need a C-section to deliver your baby and a spinal or epidural block are not possible. Situations where general anesthesia might be chosen over spinal or epidural block include: if you have had low back surgery, if you have certain bleeding conditions or are taking blood thinning medication, if you have a severe infection, or if your baby needs to be delivered urgently before a spinal or epidural block can be done safely.

General anesthesia is given through an IV and allows you to go to sleep in 30 to 60 seconds. After you are asleep, a small breathing tube is placed in your windpipe to help you breathe. You will be asleep until the surgery is over. The most common side effects from general anesthesia are nausea and vomiting, stomach contents entering the lungs, pain from the placement of the breathing tube, and your baby being sleepy after delivery.



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