



Pain medication options:

Your labor could be short, long, easy, difficult, and or/nonconforming. Be flexible during labor regarding the use of medications.

General information:

	Nubain (Systemic) 	Epidural (Regional)  Or spinal
<u>Dilation</u>	2-3 cm (early labor)	4-5 cm (active labor)
<u>Administered</u>	I.V. by RN	Into epidural space of back by a Certified Registered Nurse Anesthetists. CRNA
<u>Received</u>	Every 2 hours	Continuous infusion by a pump through a small flexible catheter in the lower back
<u>Comfort level</u>	Helps you deal with the discomfort	Takes away 80-90% of the labor discomfort
<u>Effects</u>	Makes mom and baby sleepy. Mom may feel “spacey” and nauseated	Can fully participate in the labor process by being alert. Causes legs/butt to feel heavy and may be difficult to move. Due to loss of some feeling and inability to walk a foley catheter will be needed. Epidural infusion will need to be slowed down to be able to feel to push for delivery. Does not affect the baby
<u>Advantages</u>	Immediate effect. Increases ability to relax. Increases ability to tolerate pain. May speed up labor process	Safest and most effective anesthesia for childbirth. Provides 85-95% of continuous pain relief with no sedation but will feel pressure Allows mother to remain alert and able to enjoy the birthing process. No to little effect to the baby If given during active labor, may speed up the process. If Pitocin is needed, it can be given without increasing the pain. When used for C-section, the mother can be awake for the birth.
	Nubain	Epidural/Spinal
<u>Disadvantages</u>	Makes you sleepy May cause dizziness, nausea and vomiting If given too early it may slow down labor process	Time- set up and delay in pain relief up to 20-30 minutes CRNA may not be available at the best time

	<p>Repeated doses are not as effective as the first dose. Medication crosses over to the baby and may alter newborn behavior response for a few days post delivery with breastfeeding. Respiratory depression at the birth.</p>	<p>Chance of a patchy block- may feel some discomfort in the uterine area. May lower the mother's blood pressure May lose some sensation in the legs or even delay in recovery of sensation in one leg or the other. Must be slowed down during pushing stage Will need a foley catheter May need augmentation of labor with use of Pitocin May need vacuum delivery of the head or c-section Injection site tenderness All over itching as a side effect</p>
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Labor Management

1. Relax

A relaxed muscle stretches easier. The cervix is a muscle

Fear-pain-tension of labor causes involuntary response to stress makes muscles tense which increases oxygen to muscles but decreases oxygen to the baby and uterine wall. That decreases effectiveness of contractions. Thus increases lactic acid build up that feeds on the pain receptors on the uterus and magnifies pain perception and then fatigue. With that more fatigue, decreased pain threshold and increased pain perception and eventually less sense of control.

Ways to achieve relaxation:

- ✓ Low light
- ✓ Quiet environment
- ✓ Comfortable positions
 - Change about every hour
 - Keep bladder emptied
 - Avoid strong odors
- ✓ Use sensory stimulation to block pain pathways:
 - Visualize a picture/object
 - Listening to soothing music
 - Imagery- self-guided or with help
 - Chanting
 - Touching- massage, calmly resting of hands on her.

Practice controlling relaxation by concentration- tightening arm or make a fist while relaxing the rest of your body. Self-talk : “My arms/legs/body are heavy” (relaxed)

2. Focus- intentionally and individually interferes with the pathway to the brain
 - a. Rhythm:
 - i. Activity- breathing pace
 - ii. Movement- rocking
 - iii. Vocalizing- humming
 - b. Mental
 - i. Visualization of something- picture
 - ii. Listening to music
 - iii. Imagery
 - iv. Touch
 - v. singing- humming-prayers
3. Breathe
 - a. Paced or controlled breathing aids in coping and increased relaxation. It helps to maintain adequate oxygen to the mother and baby
 - b. Proper breathing techniques 6-9 breaths during a contraction
 - i. Start with a cleansing breath- like a sign
 - ii. Wait for breath to come in naturally
 - iii. Breathe in nose slowly...count to 4
 - iv. Breathe out slowly...count to 8
 - v. Wait for breath to come in naturally after exhale
 - vi. Repeat
 - vii. Finish with another cleansing breath after the contraction.

Three Phases of Labor

Average length of time 12-16 hours for first birth (1/2 time for subsequent labor)

First stage of labor:

- Prelude- can happen weeks/days/hours prior to actual labor. Nesting; getting things in order. Upset stomach/diarrhea is a natural cleansing. Lightening- baby drops by engaging in the pelvis. Loss of mucus plug.
- Early- longest for first time mothers. Contractions are further apart and may be somewhat irregular.
 - Lasting about 30-40 seconds.
 - Intensity – dull, ache-cramp in lower back and abdomen.
 - 7-8 hours
 - 0-3 cm
 - Happy excited/talkative
 - Eat lightly
 - Rest
 - Walk
 - Finish packing for the hospital
 - Shower
 - Rupture of Membranes may occur in this stage- Note the Color-Odor-Amount- Time

Second Stage of Labor

- **Active-** this is the usual time to go to the birthing center or hospital
 - Contractions regular 3-5 minutes apart. Lasting 40-60 seconds.
 - Stronger contractions but manageable increasing lower back discomfort.
 - 3-5 hours long
 - May want pain medication
- **Transition** 7-10 centimeters dilated lasting ½ to 2 hours
 - - contractions regular at 1-2 minutes apart. Lasting 60-90 seconds
 - Increased intensity and pressure in the pelvis.
 - Shakiness/Nausea/vomiting may develop along with an urge to push
 - May be irritable, forgetful
 - Work on relaxation, focus, and breathing and
 - Pain medication as is agreed upon by the physician/CRNA

Third stage of Labor

Starts with delivery of the baby and ends with the delivery of the placenta (5-20 minutes)

Symptoms: nothing or cramping sensation

General Care:

1. **Episiotomy repair if needed.**
2. **Apgar score**
 - a. **Evaluated at 1 minute and again at 5 minutes**
 - b. **5 areas evaluated with point system 0-10**

APGAR SCORE

Indicator	0 POINT	1 POINT`	2 POINT
A -Activity- Muscle tone	Absent	Flexed arms and legs	Active
P - Pulse	Absent	Below 100	Over 100
G - Grimace	Floppy	Minimal response to stimulation	Prompt response to stimulation
A -Appearance	Blue/pale	Pink body; blue extremities	Pink- use of pulse oximeter in mid 90's
R -Respiration	Absent	Slow and irregular	Vigorous cry

Score: at 1 minute

at 5 minutes

10/10	2 points for all areas	2 points for all areas
9/9	2 points for all but one area -usually skin color	2 points for all but one area -usually skin color
8/9	2 points for 2 areas and 1 point for 2 areas- still acceptable	2 points for all but one area -usually skin color