

SECTION 5

LABOR + CHILDBIRTH



One of the biggest concerns of any pregnant person is possible pain related to labor and birth.

There are many options you can discuss with your birth provider. **If you are aware of some of the options, you can make decisions that reflect your personal values and feel more confident and safe as labor approaches.**

You may also share this information with your provider who may not be familiar with the specific issues faced by people with substance use when choosing a pain control plan. .

See the sections on

- [Care Coordination](#)
- [Trauma Informed Care](#)

For people with a history of substance use, pain control can be more complicated.

We know that people who use drugs (especially opioids) might have higher tolerance and require higher doses of pain medication to feel pain relief.

In addition, many people who use substances have had **negative experiences with health care** during which they were disrespected, labeled as “drug-seeking” and **denied pain relief** based solely on their status as a person who uses substances.

These past traumas can lead to fear and anxiety as the due date approaches.

Consider having a plan ahead of time for pain management before you give birth.

And consider bringing in a written plan you can share with your obstetric care team.

- download "My Birth Plan"
- download "My Pain Management Plan"

The image shows two forms from PerinatalHarm.org. The first form, 'My Birth Plan', includes sections for 'Privacy', 'Trauma-Info', 'Respectful', and 'Safety + Ti'. The second form, 'My Pain Management Plan', includes sections for 'My medications', 'My goals for pain management', and 'My providers recommend'. Both forms have a 'Thank you' message at the bottom.

REMEMBER: While more and more providers are learning how to provide trauma-informed, respectful, patient-centered care - very few have experience supporting people who are substance dependent. They may not understand how to deliver the care you need, especially if you are taking medications for opioid use disorder (MOUD). You and your support team will need to be prepared to advocate for the care you need.

ADDRESSING BIAS AND STIGMA

If something during your labor or postpartum recovery doesn't feel right to you, SPEAK UP. ASK for HELP. You deserve to feel safe, respected, and heard.



If you have a doula, birth advocate, or family support person with you, you can work together to advocate for you during the labor and delivery process.

They can help you:

- communicate your needs
- clarify your expectations
- guard against bias and stigma
- protect your rights

This section provides a brief overview of some of the more common pain control methods used for labor.

Use it to start a conversation about your care with your team.



EPIDURAL

The epidural is the most well-known form of labor pain control.

It is considered **regional anesthesia** because it makes a **large portion of the body numb**. Usually it is an **anesthetic combined with an opioid** administered through a **soft flexible tube** inserted between the layers of the **spinal cord** sheath in the lower back.

An epidural works by almost completely blocking nerve function below the level of the injection. **Patients will still feel pressure and stretching, but not pain**. It is effective within a 10-25 minutes, wears off mostly in a few hours, but continues to wear off for up to 24 hours after the tube is removed.

PROS

- excellent pain control
- long lasting
- pregnant person stays alert
- does not pass to baby

CONS

- cannot walk
- cannot pee
- potential for complications

SPINAL

Spinal anesthesia is usually used for C-Sections, unless an epidural is already in place. It is similar to an epidural, except that the medications are injected inside the spinal cord sheath, rather than between its layers. This results in faster pain control, within a few minutes.

The other difference is that the tube is not left in place, and the pain relief wears off in a few hours, depending on which medication was used. Spinal anesthesia can take up to 24 hours to wear off completely.

PROS

- excellent, fast pain control
- long lasting
- pregnant person stays alert
- does not pass to baby

CONS

- cannot walk
- cannot pee
- potential for complications

COMBINED EPIDURAL OR "WALKING EPIDURAL"

A combined spinal epidural (aka "Walking Epidural") can be used to **decrease pain without interfering as much with movement**. Despite the name, most people will not be able to walk safely without assistance, but they will be able to move more than if they received a standard epidural.

Most patients report that pain is **not eliminated but is decreased to a tolerable level**. An epidural catheter is placed and much lower dose of medication than traditional epidural is injected. **Pain control is achieved within a few minutes**.

PROS

- excellent, fast pain control
- long lasting
- pregnant person stays alert
- does not pass to baby
- allows more movement

CONS

- cannot walk without assistance
- cannot pee
- potential for complications
- less complete pain control than traditional epidural

GENERAL ANESTHESIA

This is not typically used unless there is an emergency, because there are **increased risks for the pregnant person as well as the baby**.

General anesthesia means that the patient will be **unconscious** and **feel nothing** during the birth.

These medications are usually given through an **intravenous tube (IV)** as well as **inhaled through a mask**. This type of anesthesia **requires a breathing tube** to be inserted into the lungs. Pain control is achieved immediately.

PROS

- patients experience no pain
- works immediately

CONS

- passes to baby
- sore throat from breathing tube
- more risk for complications
- unconscious during birth
- longer recovery

LOCAL

Local anesthesia means that just one part of the body is numb. This is achieved by injecting medicine into or near the desired area. This can be used during or immediately after labor to numb the vagina, vulva (vaginal opening), or perineum (the area including the vulva and anus).

PROS

- no opioid medication used
- works within minutes
- minimal risk of side effects

CONS

- does not numb uterine contractions

MEDICATION-INDUCED NAUSEA

Most people will not have side effects from anesthesia, but some may experience nausea and vomiting.

Higher doses, such as those used in general or spinal anesthesia for a C-section, may come with higher risk of post-operative nausea.

Vomiting after birth, especially a C-section, can be extremely painful and cause increased pain medication requirements.

There may not be a way to eliminate nausea, but the following interventions can help:

- aromatherapy with mint, lemon, or ginger
- cool wet cloth on face and neck
- mint or ginger tea

Check with provider to be sure consumption of clear liquids is allowed.

- mint chewing gum

Check with provider. Do not use until sedation is worn off to avoid choking.

- Avoid looking at things close to the face for prolonged periods of time. This can cause dizziness.
- When nursing or holding baby, be sure to look up for a few seconds every few minutes.
- Brace incision with a pillow and/or abdominal binder during vomiting to decrease pain.
- Rinse mouth or wipe with oral swabs after vomiting. Ask provider for oral swabs (aka toothettes) if available. Oral swabs can be purchased at drugstores.

PUDENDAL

This is a form of **local anesthesia**. It is accomplished by injecting medication into the vaginal wall. **It is useful right before birth**, if forceps or a vacuum extractor is used, or right **after birth** during stitching of a tear or episiotomy. It **numbs** the perineum between the vulva and anus. Pain relief is achieved within a few minutes and lasts about an hour.

PROS

- no opioid medication used
- works within minutes
- minimal risk of side effects

CONS

- does not numb uterine contractions
- sometimes it only works on one side

INTRAVENOUS (IV) INTRAMUSCULAR (IM) OPIOIDS

Injected opioids **do not have the same numbing effect** as the interventions listed above, but they can **take the edge off pain**, or at least make the patient **less anxious about the pain**.

Depending on the medication used, they kick in within a few minutes and last from about 30 minutes to 3 hours. **They should only be used early in labor because they pass to the baby and can cause sedation after birth.**

PROS

- works quickly
- has a calming effect

CONS

- causes sedation
- passes to baby
- may trigger substance use disorder
- does not fully block pain

NITROUS OXIDE (N₂O, laughing gas)

Nitrous oxide is **inhaled** through a **mask that the laboring person holds in their hand and only breathes from when needed**. Despite the name, it will not make patients laugh, but can make them feel a little silly for a few seconds. N₂O just takes the edge off and does not block pain or cause sedation. It works within seconds and wears off within seconds.

PROS

- very short-acting
- does not cause sedation

CONS

- does not fully block pain

COMPLEMENTARY + ALTERNATIVE MEDICINE INTERVENTIONS

Complementary and Alternative Medicine Interventions (CAM) can be very helpful for patients who desire to use it - but is not likely to be sufficient for surgical or complicated birth.

If you plan to use only CAM for pain relief, it is important that you be flexible and acknowledge that the birthing process is unpredictable.

ACUPRESSURE


Some people find relief if pressure is applied to certain pressure points. Common points for labor pain are the forehead between the eyes or the low back just above the pelvis.

ACUPUNCTURE

Be sure to use a licensed professional if using acupuncture during labor and clear it with the birth provider in advance.

To learn more about acupressure or acupuncture visit aobta.org 

REFLEXOLOGY

Reflexology is a technique of pressure applied with the provider's fingers to the patient's feet, hands, or face. To learn more about reflexology visit reflexology-usa.org 



HYPNOSIS + MEDITATION

If hypnosis or meditation are part of your life, you may find it helpful and centering to use these techniques during labor.

PERINEAL MASSAGE

Perineal massage with water soluble lubricant during labor probably does not reduce the risk of tearing, but can feel good. Have someone with clean hands and short fingernails massage the lower part of the vaginal opening for a minute or two, then insert their index fingers about an inch into the vagina. Then they apply gentle pressure down and to the side in a U-shaped motion.

TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION)

This technique involves electrodes placed on the back connected to a machine that can be used to deliver small electrical pulses. If you plan to use this technique during labor, try it out beforehand and get trained on how to use it by a healthcare provider.

Do **NOT** use TENS:

- during water birth or in the shower
- if it is interfering with fetal monitoring or other equipment

LOW-TECH INTERVENTIONS

BREATHING

Breathing exercises have been practiced by laboring people for generations and can help with pain during labor while assuring that the laboring person and fetus get enough oxygen. For more information visit www.lamaze.org



POSITIONING

Position changes can be helpful for relieving pressure during early labor. It can be helpful to practice prior to labor onset. Clients may wish to use their partner or a birthing ball (large inflatable ball) for support and balance.

For positioning suggestions:

- www.thebump.com/a/birthing-positions
- www.babycenter.com/0_positions-for-labor-and-birth_10309507.bc


HEAT + ICE

Heat and ice can be applied to ease muscle pain, especially in the lower back. you can use ice packs, wet towels, warm blankets or hot water bottles - or even take warm or cool showers or baths.



POSTPARTUM PAIN MANAGEMENT

MEDICATIONS

Birth providers will not offer any medication that could be harmful to human milk or nursing babies, unless the benefit outweighs the risks. You should always consult your provider before taking any medication or herbal supplement. More information can be found at National Institutes of Health database on medications and human milk safety, [LactMed](#) 

ACETAMINOPHEN (TYLENOL®)

This medication can be taken every 4-8 hours after birth, depending on dose and provider orders. It is administered intravenously (IV) or orally (pills). It is especially helpful when taken in combination with other medicines.

Know how much acetaminophen you're taking:

Acetaminophen is also in medications such as Norco®, Percocet®, and Vicodin®. Do not take additional acetaminophen while taking these medications.



IBUPROFEN (MOTRIN®, ADVIL®) AND KETOROLAC (TORADOL®)

These medications can be taken every 6-8 hours after birth, depending on dose and provider orders. Ketorolac is usually given intravenously (IV), and ibuprofen is given orally (pills). These medications help reduce or prevent swelling and inflammation as well as pain.

HYDROCODONE (NORCO® , VICODIN®) AND OXYCODONE (PERCOCET®, PERCODAN®, ROXICODONE®)

These are the most common opioid medications offered to postpartum patients. They can be taken on a schedule or only as needed, depending on dose and provider orders. Often, they will be offered as combined pills with acetaminophen (see box above). They can cause constipation, drowsiness, and pass into human milk, so doses should be as minimal as possible.

NALBUPHINE (NUBAIN®)

This medication is given intravenously (IV). It is a partial opioid agonist/antagonist. It can be useful for reducing pain, and reducing opioid-induced itching and/or nausea. Nalbuphine should **NEVER** be used for someone who is physiologically dependent on opioids, because it can cause immediate withdrawal.

MORPHINE, HYDROMORPHONE (DILAUDID®), MEPERIDINE (DEMEROL®)

These opioid medications may be used intravenously (IV) or as pills if other medications are not sufficient. They are stronger than hydrocodone and oxycodone and cause more severe side effects. Their use should be limited if possible.

PROMETHAZINE (PHENERGAN®) AND HYDROXYZINE (VISTARIL®)

These medications may be given with opioids in order to reduce the required dose.



SIMETHICONE (MYLICON®, GAS-X®)

For many C-section patients, pressure from abdominal gas buildup after delivery can be more painful than surgery itself. See the passing gas section below for more tips.

STOOL SOFTENERS AND LAXATIVES (DOCUSATE, SENNA, COLACE®, SENOKOT®)

For people who deliver vaginally, having a bowel movement after birth can be scary and painful. These medications work either by softening the stool, or stimulating the bowel to push out the stool.

BENZOCAINE SPRAY (DERMOPLAST®)

This medication may be offered as needed. It is an aerosol spray that numbs an area for about 15 minutes. Some people find it helpful for vaginal pain or hemorrhoids after delivery, or before having a bowel movement.

WITCH HAZEL PADS (TUCKS®)

Witch hazel is an herb which is thought to help with pain and itching. These pads can be placed on top of ice packs for vulva application, between the buttocks for hemorrhoid application, or both. They are available at drugstores.

HYDROCORTISONE CREAM

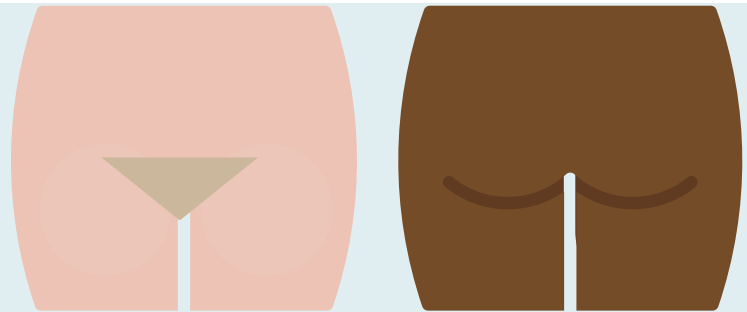
This medication can be used to reduce pain and/or shrink hemorrhoids. Extra strength is available only by prescription, but 1% hydrocortisone is available in drugstores.



NONPHARMACOLOGICAL PAIN MANAGEMENT

There are many actions or products that can help with postpartum pain for folks for whom opioids are not a good option, due to tolerance or provider reluctance to prescribe adequate doses. The following interventions will be arranged by the pain source.

VAGINA
VULVA
PERINEUM
ANUS (HEMORRHOIDS)



ICE OR COLD PACKS

Ice is one of the most effective methods to ease this kind of pain. Crushed ice can be put inside of a disposable baby diaper or a non-latex glove wrapped in soft disposable dry wipes and placed in the underwear. Chemical cold packs attached to absorbent pads are also available. Partners and support people can ask staff to show them how to make ice packs so that they are more readily available. Ice should be used for about 20 minutes at a time with breaks in between applications. Ice not only reduces pain, but also swelling and inflammation.

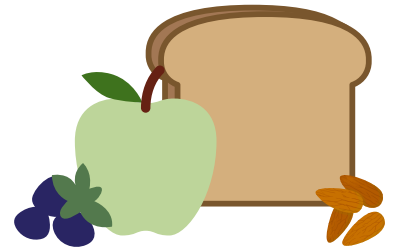
CHANGING POSITION

Sitting for prolonged periods of time can put pressure on the perineum. Changing position and frequent walking helps decrease this pressure. After delivery, it is safe to sleep in any comfortable position.

HIGH FIBER DIET

To help decrease hemorrhoid pain with bowel movements, eat foods that soften stools:

- whole grains
- nuts
- beans
- peas
- berries
- apples
- dried fruit
- popcorn



SITZ BATH OR PERINEAL CARE BOTTLE (“PERI” BOTTLE)

These items are available at drugstores or from some hospitals. They are used to run warm water or prescribed medications over the vulva.

This is a more comfortable method of cleansing than wiping with toilet paper. The same effects can be accomplished with a removable shower head and a shower chair.



C-SECTION INCISION PAIN

ABDOMINAL BINDER

Abdominal binders should be worn snugly and to comfort. They do not help with losing weight or shrinking the stomach after birth. It is possible that they protect the incision, but their main purpose is to decrease pain

ICE

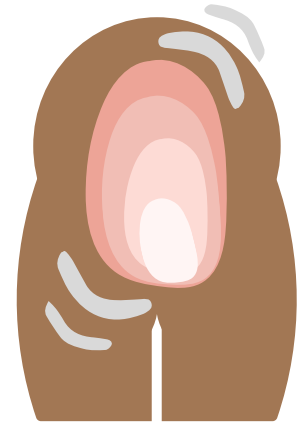
Ice or chemical cold packs can be applied to the incision for about 20 minutes at a time with breaks between applications.

BRACING WITH PILLOW

Anytime someone laughs, vomits, sneezes, or coughs, it can cause incision pain. It can help to brace the incision with a pillow before any of these actions.

ABDOMINAL PRESSURE AND UTERINE CRAMPS

Uterine cramping continues for several days to weeks after birth as the uterus shrinks back down to its usual size. They are usually only bothersome for a few days, and then barely noticeable. These cramps increase in intensity with each birth, so the cramps following the fifth birth will be more intense than those following the first. Cramps are more intense during activities that release natural oxytocin, such as breast- and chestfeeding, cuddling baby, or hearing her cry. It helps to anticipate these times and use measures to decrease this pain before it starts.



FREQUENT PASSING GAS

Most of the methods of labor and birth pain control cause a decrease in passing gas. This gas can build up and cause intense pain. Some people feel gas pain in the ribs or shoulders. To avoid gas build-up:

- walk frequently
- decide not to be embarrassed about passing gas
- ask for privacy or pass gas in a warm/hot shower
- minimize opioid pain medications
- avoid foods that cause gas, like fried things, beans, dairy, etc.

HEAT

Heat can relax muscles and ease cramping pain. Ask for a warm blanket or heating pad to place on the abdomen. This can be used simultaneously with incision ice if necessary. Remove the heating pad when nursing or holding baby, to avoid overheating.

