Pain Management During Labor- Maternal (OB) Nursing

Types of pain during childbirth:
- Visceral- slow and deep, poorly localized; dominates stage 1 of the birthing process
- Somatic- fast and slow, precisely localized; end of stage 1 and beginning of stage 2

Sources of pain during childbirth
- Tissue ischemia- blood supply to the uterus is decreased
- Cervical dilation- stretching is painful!
- Pressure and pulling on pelvic structures
- Distention of the vagina and perineum- burning, tearing, splitting

Influences on pain during childbirth
- Intensity of labor- short and intense is usually severely painful
- Cervical readiness- longer labor and greater fatigue if cervix is not ready
- Fetal position- occiput posterior fetal position is unfavorable
- Characteristics of the pelvis- size and shape
- Fatigue- influences ability to tolerate pain
- Intervention by caregivers- IV line causes pain, fetal monitoring equipment, induction or augmentation
- Culture- how the mother perceives, interprets, and responds
- Anxiety and fear- magnify sensitivity to pain
- Previous experiences with pain
- Preparation of childbirth- preexisting expectations
- Support system
### Regional

Mother remains awake and is able to participate in her birth experience.

Limitations include:
- Maternal hypotension (*administer IV fluids, IV ephedrine to combat hypotension*)
- Fetal heart rate changes
- Respiratory depression
- Nausea/vomiting
- Pruritus

**Spinal block:**
- Inserted in subarachnoid lumbar
- Relieves uterine and perineal pain
- Spinal headache may occur (instruct mother to stay supine)
- Decreased BP

**Epidural block**
- Threaded at L3-L4
- Can be used for vaginal and c-section births
- Decreased BP

### Opioid analgesics

- Demerol
- Fentanyl
- Stadol
- Nubain

**Observe for respiratory depression in the neonate**

### Pudendal block

Numbs the lower vagina and part of the perineum

Used for vaginal birth or episiotomy

### General anesthesia

Used for emergency c-sections or women who refuse or are not a candidate for regional anesthesia

Mother is at risk for aspiration of gastric contents
- NPO, restrict fluids

Mother and baby are also at risk for respiratory depression

Wedge is placed under mother to avoid vena cava compression

### Nonpharmacological techniques

- Relaxation
- Massage
- Hydrotherapy
- Mental stimulation
- Breathing techniques
  - Slow paced breathing
  - Pattern-paced breathing