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