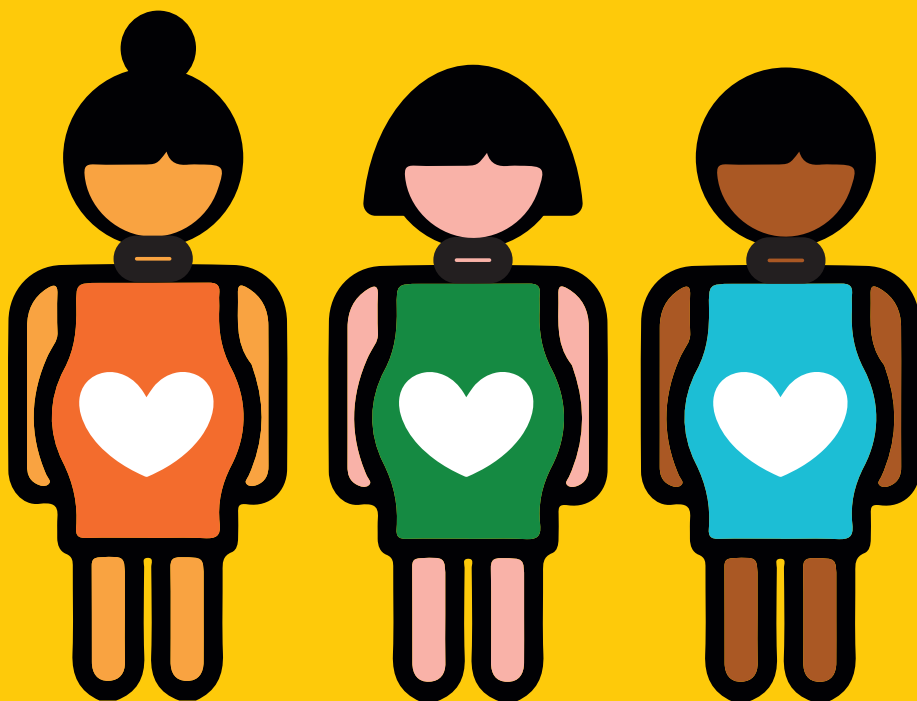


# Pain management in the labor of childbirth





Pain management  
in the labor of childbirth



Structured emotional support  
"one to one"



Hot water



Massage



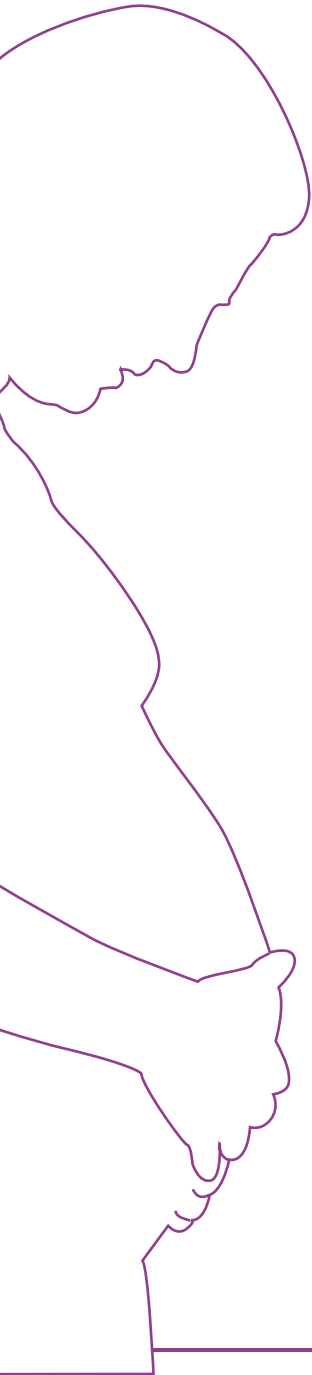
Blocking with distilled water



Acupressure



Pharmacological therapies



The experience of ongoing labor pain is subjective, the result of processing of different intensity stimuli through emotions, motives, knowledge, social and cultural conditions specific to each individual woman.

This complexity makes it difficult to predict, both for the woman and for someone close to them which will be the experience of pain in labor. Often a woman who has already given birth can live differently the experience "pain".

It is pain that most often begins gradually: from a pain similar to menstrual is passed to irregular contractions typical of the preparation period (what we call prodromal period). The pain will become more and more intensive and continuous with the contractions of true labor itself (what we call active labor). It has the characteristics of acute pain in the abdomen, sometimes even in the back, always alternated with a physiological moment of break and relaxation.

Every woman in labor develops her own resources ("endogenous": physical, mental, hormonal,...) that help to deal with the pain. Hormones with physiological analgesic properties similar to those of morphine and opium - endorphins - are produced naturally by the body of the mother in labor subsequently to pain of contractions. The balance and rhythm between the release of endorphins and other hormones involved in labor-birth allow to benefit from the effectiveness of contractions and the relief resulting from the break

In other words it is a type of pain which itself contains also the tools for its overcoming or for its management.



## IMPORTANT

**This booklet describes the pharmacological and non-pharmacological methods for pain management during labor offered in three birth centers of Bologna: Hospital Maggiore General Hospital S. Orsola and Hospital Bentivoglio.**

**It is hard to know if and what methods of pain control will be necessary in the path of every woman, but it is important that every mother becomes aware of it in advance for a conscious and informed choice.**

## TO EASE THE PAIN

Pain is subjective, influenced by biological, psychological, socio-cultural and environmental factors: for some women it is a big obstacle to overcome, a passage that absorbs a lot of energy, limiting the possibilities for a more peaceful participation at birth. For other is, on the contrary, an experience that increases the inner strength and self-confidence through the full awareness of the difficulties.

## NON PHARMACOLOGICAL

None of the following methods have particular contraindications. Mom, you will consider which one to use together with midwife who will accompany you during labor.





### Structured emotional support “one to one”

Traditionally, women have been assisted and supported by other women during labor and childbirth. Emotional support put in place by the midwife allows to accompany you during labor, helping to confront and contain the pain even without resorting to pharmacological techniques or otherwise reducing their demand.

The base of emotional support is the relationship of trust with the midwife, who will put special attention to your needs, expressed in words or body language, including listening to your expectations. This way you will be provided accurate and correct information, to help you understanding and participation in decision making for childbirth. Not less important is to know that will be offered support and advice also to those who have chosen to be near you during labor (your partner, family member, friend).

The studies carried out on the subject show that continuous support during labor:

- reduces the duration of labor;
- increases the likelihood of giving birth vaginally;
- reduces the frequency of use of oxytocin, a drug that promotes uterine dynamics, and instrumental delivery, which consists of the use of the suction cup to the child's extraction;
- reduces the request of the woman to be subjected to analgesia.

The support provided by the midwife will always ensure an adequate emotional support, giving priority to the care model called “one to one”, that is, a midwife always close to the mother during the labor of childbirth.



## Movement and positions

The perception of pain in labor can be reduced by the movement and positions, which often are chosen and changed instinctively. The midwife will advise you how to move during the different stages of labor and explain the most useful positions for your situation, but leaving you to make a decision.

The supine position (lying on the back) is usually the least effective to contain the pain, the supine position on the side and the vertical one (standing, sitting, squatting) are, however, more effective in promoting the progress of labor.



## Hot water

The hot water use promotes muscle relaxation and reduces the perception of pain during the prodrome, in labor and delivery. Some studies have shown that the positive effects produced by the use of water therefore can be associated with:

- a decrease in the use of drugs;
- a reduction of perineal laceration;
- a reduction in the use of obstetric interventions
- (such as episiotomies and the suction cup);
- an increase in the birth satisfaction.

The hot water can be used with a boule, in the tub, with the shower.



### Massage

In childbirth massage are useful to contain the pain and promote relaxation. Massages are cuddlings that console, comfort, reconcile, bring feeling of well being.

They can be made by the midwife, but also by those who accompanies you and are beside you: midwives can also help you in this aspect.



### Blocking with distilled water

Back pain affects a significant number of women during labor. There is evidence that demonstrate the efficacy of the intradermal or subcutaneous block with distilled water in reducing the severe back pain after about 10 minutes of application to a duration ranging from 60 to 120 minutes.

The technique consists of injections of 0.05-0.1 ml of sterile water in the skin at 4 points, in the rear and side of the basin. The injection causes a localized pain, which lasts for about 30 seconds.



## Acupressure

Acupressure is part of traditional Chinese medicine (MTC) and its holistic view of health considers that the mind, body and spirit are interconnected.

This ancient Chinese technique is based on the pressure and the manual massage of specific acupuncture points. Chinese culture believes that the application of pressure on these points may also increase the production of endorphins, resulting in pain reduction. Acupressure is a safe, noninvasive technique that favors the labor process.

## PHARMACOLOGICAL



## The epidural analgesia

Epidural analgesia is the most effective procedure in reducing labor pain of childbirth.

It determines pain relief in 25-30 minutes until the almost complete disappearance of the same, usually leaving unchanged skin sensitivity, the possibility of movement and perception of the contraction.



In the so-called prodromal labor you can be accompanied in pain management with other non-pharmacological containment techniques, as all other mothers, regardless of analgesia required.

The studies carried out on epidurals have not shown an increased risk of caesarean section, lower back pain, the effects on the conditions of the newborn at birth or breastfeeding.

The use of epidural requires continuous recording of the fetal heartbeat during labor, it is more frequent the need to use oxytocin and increases the incidence of instrumental delivery (the use of suction to deliver the baby).

You can find more information on epidurals in labor, on the technique and on the effects of drugs separately in a special brochure. These are also the topics covered during the meetings that are held monthly in each birth point.

Most women can safely undergo epidural, following the dedicated path: an information meeting with the staff of the birth point will be followed by visit and talk with the anesthesiologist (to be performed before the 35th week of pregnancy), which will also serve to ascertain whether there are special conditions for which this method is not recommended.

At the end of the interview you will be asked to sign the informed consent for analgesia, a non-binding agreement, at a time definitely without those emotional constraints that may be during labor. If you change your mind later, you can withdraw consent at any time. Epidural analgesia will be made, however, only after the midwife evaluation and the favorable opinion of the gynecologist: in fact some obstetric situations that occur during labor may delay or contraindicate the execution.

## BEFORE CHILDBIRTH...

During the third trimester the attention is directed towards childbirth and you, Mom, will begin to focus on its real imminence. It can be useful to:

- • visit and consciously choose the place of delivery; It will help you to get to know the staff, the service mode and environments, with the goal of finding a place to feel safe and protected at the time of admission;
- • attend pre-natal classes will help you and your partner to face more consciously and actively fears related to childbirth;
- • knowing in advance what can happen during the hospital stay may help you live this time with less stress and greater peace of mind.

In this scheme for each Birth Point are set out pain management and control techniques offered in each location.

	LOCAL HEALTH UNIT BOLOGNA HOSPITAL MAGGIORE	LOCAL HEALTH UNIT BOLOGNA HOSPITAL BENTIVOGLIO	OPERATIONAL HEALTH UNIT BOLOGNA GENERAL HOSPITAL S. ORSOLA
emotional support	yes	yes	yes
immersion in water	yes	yes	no
water birth	no	yes	no
massage and physical contact	yes	yes	yes
possibility of movement	yes	yes	yes
injections of distilled water	yes	no	no
acupressure	yes	yes	yes
epidural analgesia	yes	yes	yes



**For further information**

[www.salute.gov.it](http://www.salute.gov.it)

[www.snlg-iss.it](http://www.snlg-iss.it)

[www.saperidoc.it](http://www.saperidoc.it)