Is labor pain the same for all women?
The amount of pain a woman feels during labor may differ from that felt by another woman. Pain depends on many factors, such as the size and position of the baby and the strength of contractions. Some women take classes to learn breathing and relaxation techniques to help cope with pain during childbirth. Others may find it helpful to use these techniques along with pain medications.

What are the types of pain relief for labor pain?
There are two types of pain-relieving drugs—analgesics and anesthetics.

• Analgesia is the relief of pain without total loss of feeling or muscle movement. Analgesics do not always stop pain completely, but they do lessen it.
• Anesthesia is blockage of all feeling, including pain. Some forms of anesthesia, such as general anesthesia, cause you to lose consciousness. Other forms, such as local anesthesia, remove all feeling of pain from parts of the body while you stay conscious.

What are systemic analgesics?
Systemic analgesics are often given as injections into a muscle or vein. They lessen pain but will not cause you to lose consciousness. They act on the whole nervous system rather than a specific area. Sometimes other drugs are given with analgesics to relieve the anxiety or nausea that may be caused by these types of pain relief. Like other types of drugs, this pain medicine can have side effects. Most are minor, such as nausea, feeling drowsy, or having trouble concentrating. Systemic analgesics are not given right before delivery because they may slow the baby’s reflexes and breathing at birth.

What is local anesthesia?
Local anesthesia provides numbness or loss of sensation in a small area. It does not, however, lessen the pain of contractions.

A procedure called an episiotomy may be done by your doctor before delivery. Local anesthesia is helpful when an episiotomy needs to be done or when any vaginal tears that happened during birth are repaired.

Local anesthesia rarely affects the baby. There usually are no side effects after the local anesthetic has worn off.
What is regional analgesia?
Regional analgesia relieves pain in one region of the body. It tends to be the most effective method of pain relief during labor and causes few side effects.

What are the different types of regional analgesia that are given during labor?
Epidural analgesia, spinal blocks, and combined spinal–epidural blocks are all types of regional analgesia that are used to decrease labor pain:

- **Epidural analgesia**—Sometimes called an epidural block, this form of analgesia causes some loss of feeling in the lower areas of your body, yet you remain awake and alert. An epidural block is given in the lower back into a small area (the epidural space) below the spinal cord. Pain relief will begin within 10–20 minutes after the medication has been injected. After the epidural needle is placed, a small tube (catheter) is usually inserted through it, and the needle is withdrawn. Small doses of the medication can then be given through the tube to reduce the discomfort of labor. The medication also can be given continuously without another injection. You can move after you have an epidural block, but you may not be allowed to walk around.

- **Spinal block**—A spinal block can be given using a much thinner needle. It is injected into the sac of spinal fluid below the level of the spinal cord. The spinal block uses a much smaller dose of the drug. Once the drug is injected, pain relief occurs right away. However, it lasts only for 1–2 hours. A spinal block usually is given only once during labor, so it is best suited for pain relief during delivery.

- **Combined spinal–epidural block**—This form has the benefits of both an epidural block and a spinal block. The spinal part helps provide pain relief right away. Drugs given through the epidural provide pain relief throughout labor. This type of pain relief is injected into the spinal fluid and into the space below the spinal cord. Some women may be able to walk around after the block is in place. For this reason this method sometimes is called the “walking epidural.”

What are the side effects and risks of regional analgesia?
Although rare, complications or side effects, such as decreased blood pressure or headaches, can occur. To help prevent a decrease in blood pressure, fluids will be given through a vein by a tube in the arm.

Some women (less than 1 out of 100) may get a headache after having an epidural block. A woman can help decrease the risk of a headache by holding as still as possible while the needle is placed. If a headache does occur, it often subsides within a few days. If the headache does not stop or if it becomes severe, a simple treatment may be needed to help the headache go away.

The veins located in the epidural space become swollen during pregnancy. Because of this, there is a risk that the anesthetic medication could be injected into one of them. If this occurs, you may notice dizziness, rapid heartbeat, a funny taste, or numbness around the mouth when the epidural is placed. If this happens, let your health care provider know right away.

What is general anesthesia?
General anesthetics are medications that put you to sleep (make you lose consciousness). If you have general anesthesia, you are not awake and you feel no pain. General anesthesia often is used when regional analgesia is not possible or is not the best choice for medical or other reasons. It can be started quickly and causes a rapid loss of consciousness. Therefore, it is often used when an urgent cesarean delivery is needed.

Are there risks with the use of general anesthesia?
A major risk during general anesthesia is caused by food or liquids in the woman’s stomach. Labor usually causes undigested food to stay in the stomach. During unconsciousness, this food could come back into the mouth and go into the lungs where it can cause damage. To avoid this, you may be told not to eat or drink once labor has started.

If you need general anesthesia, your anesthesiologist will place a breathing tube into your mouth and windpipe after you are asleep. If you are having a cesarean delivery, you also will be given an antacid to reduce stomach acid. In some cases, ice chips or small sips of water are allowed during labor. Talk to your health care provider about what is best for you.

What type of anesthesia is used for cesarean births?
If you already have an epidural catheter in, stronger medications (anesthetics, not analgesics) may be injected if you need a cesarean delivery (or if vaginal birth requires the help of forceps or vacuum extraction). Spinal anesthesia also can be used.

Whether you have general anesthesia or regional anesthesia for a cesarean birth will depend on your health and that of your baby. It also depends on why the cesarean delivery is being done. In emergencies or when bleeding occurs, general anesthesia may be needed.

Glossary

**Analgesics**: Drugs that relieve pain without loss of muscle function.

**Anesthetics**: Drugs that relieve pain by loss of sensation.

**Anesthesiologist**: A doctor who is an expert in pain relief.

**Cesarean Delivery**: Delivery of a baby through an incision made in the mother’s abdomen and uterus.
Epidural Block: A form of anesthesia where medication is administered through a catheter that lessens labor pain (analgesic) or provides pain relief for a cesarean delivery (anesthetic).

Episiotomy: A surgical incision made into the perineum (the region between the vagina and the anus) to widen the vaginal opening for delivery.

Forceps: Special instruments placed around the baby’s head to help guide it out of the birth canal during delivery.

Spinal Block: A form of anesthesia where medication is administered into the spinal fluid to lessen labor pain or provide anesthesia for a cesarean delivery.

Vacuum Extraction: The use of a special instrument applied to the baby’s head to help guide it out of the birth canal during delivery.

If you have further questions, contact your obstetrician–gynecologist.

FAQ086: Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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