

**Pain Medicine for Labor and Birth**

<b>Medicine</b>	<b>Purpose</b>	<b>Method</b>	<b>Effects</b>
<b>Sedatives</b>	To relieve anxiety, to help you work with contractions, and provide rest when you are exhausted and labor is not well-established.	By injection or pill; takes effect quickly; lasts for several hours; ordered by a doctor or a midwife.	Has little effect on your baby. If you don't want to sleep, you may not like the drowsy feeling.
<b>Analgesics</b>	To reduce and relieve pain and help you relax between contractions; you'll still feel contractions, but this "takes the edge off."	By injection or through intravenous line; takes effect very quickly; lasts up to 2 hours; ordered by a doctor or a midwife.	May slow your baby's activity and responses. You may feel dizzy or like you are floating; may slow labor for a short time. Effects on your baby can be reversed with medicine after your baby is born.
<b>Epidural</b>	Decreases your sensation of contractions and reduces your pain from just below the breasts to your toes for labor and birth; you'll probably still feel touch, movement, and pressure; you will still be able to move your legs; you can stay alert but can also rest or even sleep.	An anesthesiologist numbs the injection site, then places a small catheter in your back and medicine flows through it into the epidural space; takes effect within 5 to 20 minutes; lasts as long as needed; you may feel pressure or a brief feeling like a "shock" down your legs when the catheter is inserted.	Requires an IV, which you'll have for the rest of labor and birth; your blood pressure may drop; fetal monitoring will be used; you may feel numbness or tingling in your legs; you'll have to stay in bed and may have a bladder catheter; you have a chance of spinal headache/nausea; has little effect on your baby's responses after birth. You can't eat or drink once it's in place.

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<b>Intrathecal narcotics</b>	Reduces pain, but you will feel touch and pressure; you may rest or get up and walk.	An anesthesiologist numbs the injection site, then injects the medicine into your spinal fluid; takes effect within 5 minutes; lasts 1 to 2 hours; can be repeated once before second stage.	May lower your blood pressure and respiration, so there will be regular checks; you may be asked to breathe oxygen by mask or receive medicine to increase your blood pressure; for the first 30 minutes, an electronic fetal monitor will be used — after that, you can walk; you may feel nauseated and itchy; has little effect on your baby’s responses after birth.
<b>Pudendal</b>	Numbs the vagina and perineum so you don’t feel the episiotomy, forceps, or vacuum extractor.	Injection into the sides of the vagina; takes effect fairly quickly; lasts for a short time after birth; given by a doctor or a midwife.	You will still feel contractions but may have less of an urge to push; usually has no effect on your baby.
<b>Local</b>	Numbs the perineum for episiotomy and episiotomy repair.	Injected into the perineum; takes effect fairly quickly; lasts for a short time after birth; given by a doctor or a midwife.	Does not affect your baby.

Some Allina Health hospitals offer nitrous oxide sedation to help manage labor pain. Nitrous oxide is a medicine given to make you comfortable, relaxed and drowsy for a procedure. Talk with your health care provider if you want more information about nitrous oxide.