

Medications for Pain Relief During Labor and Delivery

Frequently Asked Questions

Considering Pain Relief Options

What should I consider when thinking about pain medication for childbirth?

You can ask for pain relief during labor. You should not feel pressured to choose a particular option by your partner, friends, family members, or health care professional. Only you know how you feel and how you handle pain. It is also OK to change your mind about which pain medication you want to use.

The use of pain medications does not make your labor “less natural.” It also does not increase the likelihood that you will have a [cesarean birth](#). Pain relief medications can help you better cope with labor and delivery.

The medications used to relieve pain during labor and delivery have no long-term effects on the baby. They also have no effect on a child’s later development.

When should I decide about pain relief for childbirth?

During one of your [prenatal care](#) visits, discuss your pain relief options with your [obstetrician–gynecologist \(ob-gyn\)](#). You do not need to make a decision about using medication until you are actually in labor. But it is a good idea to find out what types are

available at your hospital or birthing center and think about your options before your labor starts.

What medical conditions can affect my pain relief options?

Medical conditions that may affect your pain relief options include heart disease, certain blood disorders, liver disease, and previous spinal surgery. If you have one of these conditions, or if you have any questions about pain relief, you may be scheduled to meet with an [anesthesiologist](#). You can do this before you go into labor or when you arrive at the hospital in labor.

What types of medications are used?

In general, there are two types of pain relief methods:

1. **Analgesia**: Analgesia relieves pain without loss of feeling or muscle movement. The medications are used to lessen pain but usually do not stop pain completely.
2. **Anesthesia**: Anesthesia relieves pain by blocking most feeling, including pain.

Analgesia medications are called [analgesics](#). Anesthesia medications are called [anesthetics](#).

Pain relief medications can be either systemic, regional, or local. Systemic medications affect the entire body. Local medications affect only a small area of the body. Regional medications affect a region of the body, like the region below the waist.

What are other ways to ease pain during childbirth?

Nonmedical pain relief approaches can be used alone or in addition to medications. Here are some ways to ease the discomfort you may feel during labor:

- Do relaxation and breathing techniques taught in childbirth class.
- Have your partner massage or firmly press on your lower back or massage your feet. Your partner can also use tennis balls for massage.
- Change positions often.
- Take a shower or bath, if permitted.
- Have your partner place an ice pack or warm compress on your back.

- If you feel warm, ask your partner to soothe you with cool, moist cloths.
- Visualize yourself in a favorite place such as a beach or garden.
- When contractions are closer together and stronger, rest in between and take slow, deep breaths.

[\[Thinking About Childbirth Without Pain Medication? Here's How to Prepare.\]](#)

Systemic Analgesia (Opioids)

What is systemic analgesia?

Systemic analgesia acts on the whole nervous system, rather than a specific area, to lessen pain. The medications used are known as **opioids**. These drugs reduce your awareness of pain and have a calming effect. They will not cause you to lose consciousness.

How is systemic analgesia given?

Systemic analgesics are usually given as a shot or through an intravenous (IV) line. This is a small tube that is placed into a vein through which medications or fluids are given.

Medication can be released into your IV line by a health care professional or when you press a button. The amount of medication you can give yourself is limited, so it is not possible to give yourself too much.

What are the side effects and risks of systemic analgesia?

Side effects are minor and include itching, nausea, vomiting, feeling drowsy, or having trouble concentrating. A medication may be given to relieve nausea. High doses of systemic analgesics can cause you to have breathing problems.

Opioids can affect your baby's breathing and heart rate for a short time. Your baby may be drowsy, which can make it harder for your baby to breastfeed in the first few hours after birth. You may not be able to get systemic analgesics within the hour before delivery.

Nitrous Oxide (Laughing Gas)

What is nitrous oxide?

Nitrous oxide, commonly known as “laughing gas,” is a tasteless and odorless gas used as a labor analgesic by some hospitals. It reduces anxiety and increases a feeling of well-being so that pain is easier to deal with. It does not numb pain.

How is nitrous oxide given?

Nitrous oxide is mixed with oxygen and inhaled through a mask. You hold the mask yourself and decide when to inhale. It works best when you begin inhaling 30 seconds before the start of a contraction.

What are the side effects and risks of nitrous oxide?

Nitrous oxide is safe for you and your baby. You may feel dizzy or nauseous while inhaling nitrous oxide, but these sensations go away within a few minutes.

Local Anesthesia (Pudendal Block)

What is local anesthesia?

Local anesthesia is the use of drugs to prevent pain in a small area of the body. You may have already had local anesthesia if you have had a cavity filled at the dentist’s office.

How is local anesthesia given?

The medication is injected into the area around the nerves that carry feeling to the **vagina**, **vulva**, and **perineum**. This is called a pudendal block. When used to relieve pain during childbirth, the medication is given just before delivery.

Local anesthesia is also used when an **episiotomy** needs to be done or when tissues need to be repaired after childbirth.

What are the side effects and risks of local anesthesia?

Rarely, there may be an allergic reaction to a local anesthetic, or you may have nerve or heart problems if the dose given is too high. Local anesthesia rarely affects the baby.

Regional Pain Relief (Epidural Blocks and Spinal Blocks)

What are regional analgesia and regional anesthesia?

Regional analgesia and **regional anesthesia** act on a specific region of the body. During labor and delivery, they are used to lessen or block pain below the waist. These methods include the **epidural block**, **spinal block**, and **combined spinal–epidural (CSE) block**.

Typically, the medication includes an anesthetic that may be mixed with an opioid analgesic. The medication may be given as a single shot or through a thin tube (a catheter) placed in the lower back.

These techniques provide pain relief with few side effects.

What is an epidural block?

An epidural block (also called “an epidural”) is the most common type of pain relief used for childbirth in the United States. In an epidural block, medication is given through a tube placed in the lower back.

For labor and vaginal delivery, a combination of analgesics and anesthetics may be used. You have some loss of feeling in the lower areas of your body, but you remain awake and alert. You should be able to bear down and push your baby through the birth canal.

For a cesarean birth, the dose of anesthetic may be increased. This causes loss of sensation in the lower half of your body.

An epidural also can be used for **postpartum sterilization**.

How is an epidural given?

An epidural may be given soon after your contractions start or later as your labor progresses. It is typically given by an anesthesiologist or other specialized health care professional.

Before the epidural is given, your skin is cleaned and local anesthesia is used to numb an area of your lower back. You sit or lie on your side with your back curved outward. You stay in this position until the procedure is completed.

A needle is inserted into a small area in your lower back. After the needle is placed, a thin tube is usually inserted through it, and then the needle is withdrawn. The tube stays behind, and medication then can be given as needed through the tube. You may be able to control the supply of medication yourself.

Pain relief should begin within 10 to 20 minutes after the medication has been started.

Will I be able to move or feel anything after receiving an epidural?

You can move with an epidural, but you may not be able to walk. Although an epidural block makes you more comfortable, you may still be aware of your contractions. You may also feel vaginal exams as labor progresses.

What are the side effects of an epidural?

When opioids are used, itching is common. This itching can be treated with another medication. Other less common side effects related to opioids include nausea, vomiting, and breathing problems.

Less common side effects include the following:

- Decrease in your blood pressure
- Fever
- Headache
- Soreness

Other side effects include shivering, difficulty emptying your bladder, and reactivation of cold sores (oral herpes).

What are the risks of an epidural for me?

Serious complications with epidurals are very rare and include the following:

- Breathing problems if the anesthetic enters your spinal fluid and affects your breathing muscles
- Numbness, tingling, or rapid heartbeat if the anesthetic is injected into a vein instead of a nerve
- Injury to your spinal cord or nerves

What are the risks of an epidural for my baby?

The overall risks for your baby are low. As with systemic analgesia, use of opioids in an epidural block increases the risk that your baby will experience a change in heart rate, breathing problems, drowsiness, reduced muscle tone, and reduced breastfeeding. These effects are short term.

Unrelieved pain during labor and delivery also has side effects, including changes in your breathing and an increase in stress hormones that can affect your baby.

What is a spinal block?

A spinal block—like an epidural block—is a form of regional anesthesia. Medication is given as a single shot into the fluid around the spinal cord. The needle is much thinner than the needle used in an epidural.

A spinal block starts to relieve pain quickly, but it lasts for only an hour or two. A spinal block is commonly used for cesarean birth. It has the same side effects and risks as an epidural block.

What is a combined spinal–epidural block?

A CSE block is another form of regional anesthesia. It has the benefits of a spinal block and an epidural block. A spinal block is given first to provide pain relief right away. An epidural catheter is then placed. The spinal block acts quickly to relieve pain. The epidural provides continuous pain relief.

Lower doses of medication can be used with a CSE block than with an epidural block for the same level of pain relief. It has the same side effects and risks as an epidural block.

General Anesthesia

What is general anesthesia?

With **general anesthesia**, you are not awake and you do not feel pain. It can be started quickly and is usually used only for emergency situations during childbirth.

It is given through an IV line or through a mask. After you are asleep, your anesthesiologist will place a breathing tube into your mouth and windpipe.

What are the risks of general anesthesia?

A rare but major risk is aspiration of food or liquids from your stomach into the lungs. If you have undigested food in your stomach, it can come back into the mouth and be inhaled while you are unconscious. This can cause a lung infection (pneumonia) that can be serious.

General anesthesia usually requires the placement of a breathing tube into the lungs to help you breathe while you are unconscious. Difficulty placing this tube is another risk.

General anesthesia can cause the newborn baby's breathing rate to decrease. It can also make the baby less alert. In rare cases, the baby may need help breathing after birth. But the effects of general anesthesia usually wear off quickly. There are no permanent effects from general anesthesia on the baby's brain or development.

Glossary

Analgesia: Relief of pain without loss of muscle function.

Analgesics: Drugs used to ease pain.

Anesthesia: Relief of pain by loss of sensation.

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

Anesthetics: Drugs used to prevent pain.

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Combined Spinal-Epidural (CSE) Block: A form of pain relief. Pain medications are injected into the spinal fluid (spinal block) and given through a thin tube into a space at the base of the spine (epidural block).

Epidural Block: A type of pain medication that is given through a tube placed in the space at the base of the spine.

Episiotomy: A surgical cut made in the area between the vagina and the anus to widen the vaginal opening for delivery.

General Anesthesia: The use of drugs that create a sleep-like state to prevent pain during surgery.

Local Anesthesia: The drugs that stop pain in a part of the body.

Nitrous Oxide: A gas with no odor that when inhaled causes you to feel relaxed and calm. Also known as laughing gas.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Opioids: Drugs that decrease the ability to feel pain.

Perineum: The area between the vagina and the anus.

Postpartum Sterilization: A permanent procedure that prevents a woman from becoming pregnant, done soon after the birth of a child.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Regional Analgesia: The use of drugs to relieve pain in a region of the body.

Regional Anesthesia: The use of drugs to block sensation in a region of the body.

Spinal Block: A type of regional anesthesia or analgesia in which pain medications are injected into the spinal fluid.

Systemic Analgesia: The use of drugs that provide pain relief over the entire body without causing loss of consciousness.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

Vulva: The external female genital area.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ086

Last updated: December 2022

Last reviewed: August 2022

Copyright 2024 by the American College of Obstetricians and Gynecologists. All rights reserved. Read [copyright and permissions information](#).

This information is designed as an educational aid for the public. It offers current information and opinions related to women's health. It is not intended as a statement of the standard of care. It does not explain all of the proper treatments or methods of care. It is not a substitute for the advice of a physician. Read [ACOG's complete disclaimer](#).

About ACOG

Disclaimer

Contact Us

How to Find an Ob-Gyn



Copyright 2024 American College of Obstetricians and Gynecologists

[Privacy Statement](#)

|

[Terms and Conditions of Use](#)