

The following is a list of comfort techniques that you can use to help manage labor pain.

## Labor Environment

- Adjust the lighting
- Use aromatherapy (look online for more information)
- Play music or soothing ambient sounds

## Relaxation

- Listen to a recorded exercise on meditation CDs or podcasts
- Have your labor partner read a scripted exercise (look online for examples you can print out)
- Have your partner use touch as a cue for you to relax
- Turn off distractions

## Vocalization

- Moan or make low, guttural sounds
- Avoid shrieking or making high-pitched sounds

## Attention-Focusing

- Repeat a word or positive phrase (such as “open” or your baby’s name)
- Use focal points like an ultrasound photo or another item from home
- Have your labor partner lead you in a visualization exercise that describes your favorite vacation spot or other comfortable place

## Physical Comfort

- Drink clear fluids and nourish yourself (ask your hospital about their policy on eating and drinking during labor)
- Rest whenever you can

## Breathing

- Take deep, cleansing breaths (when you breathe deeply your abdomen should move in and out, not your chest)
- Try breathing quicker or adding a pattern as labor intensifies
- Breathe in a way that feels right to you

## Positions and Movement

- Try sitting, standing, squatting, getting on your hands and knees, leaning forward, and side-lying
- Use movement, such as rocking your pelvis or slow dancing with your partner
- Walk the halls or climb the stairs
- Use labor tools, such as a fitness ball, squat bar, or birthing stool, to help you get into different positions

## Massage and Touch

- Have your labor partner massage your shoulders, legs, back, or wherever it feels good to you
- Try a light circular massage on your belly with your hands or a shower spray
- Have your labor partner apply constant pressure on your lower back during contractions with their hands or a tennis ball
- Have your labor partner try a double hip squeeze (with hands placed low on your hips, they will press in and up firmly during contractions)
- Apply warm or cold water bottles, wash cloths, heating pads or gel packs to sore areas (Caution: make sure not to get the tools too cold or too hot, and never use them directly on your skin)

## Hydrotherapy

- Get in the bathtub and let the warm water soothe you; turn on the jets if available, which can give you a massage
- Take a shower to refresh yourself, and use the shower head to spray water on your belly or back for a warm massage

## Pushing

- Use a variety of upright positions (squatting, hands-and-knees, semi-sitting, side-lying)
- Try exhaling as you push and avoid holding your breath for extended periods
- Ask your healthcare provider to use massage or a warm compress on your perineum as it stretches during birth

## Bag of Tricks for Labor Partners

Use the following tools to help mom.

- **Holiday lights** (check with your hospital first before plugging things in)
- **LED candles**
- **Aromatherapy diffuser and oils**
- **Digital music player and speakers** with labor play list or CDs
- **Focal points** (baby outfit, photo, or sentimental item from home)
- **Relaxation scripts**
- **Meditation CDs or podcasts**
- **Gel packs** (can provide heat or cold)
- **Water bottles** (can be frozen or filled with warm water)
- **Heating pad** (ask before using in the hospital)
- **Hand-held massage tools**
- **Tennis balls**
- **Fitness ball** (see if your hospital provides)
- **Squat bar** (see if your hospital provides)
- **Birth stool** (see if your hospital provides)



Aromatherapy diffuser and oils



Relaxation script



Fitness ball



Squat bar

This comparative table shows the benefits and risks of using medicated pain relief. Learn how these medications can influence your labor and how to handle potential side effects.

	ANALGESICS	EPIDURALS
<b>DEFINITION</b>	Narcotic medication that takes the edge off of the pain, but does not remove it completely	Regional anesthetic that removes sensation in the abdomen, lower back, and pelvic area
<b>ADMINISTRATION</b>	Labor nurse injects a dose of medication into an IV or muscle	An anesthesiologist or nurse anesthetist places an epidural catheter in your lower back, below the spinal cord. A mixture of anesthetics and narcotics will flow to the area through the catheter either by periodic injections or continuous infusion.
<b>BENEFITS</b>	Can be given right away (you don't have to wait for a doctor to administer them)	Very effective pain relief
	Works immediately to dull pain sensation	You are able to remain awake and alert since the medicine does not affect your brain
	Medicine doesn't numb your muscles, allowing you to move around after it wears off	There is little to no effect on the baby
	Analgesics may provide enough relaxation for you to sleep between contractions	
<b>RISKS TO MOM</b>	Since the medicine affects the brain, it can cause disorientation, dizziness, or drowsiness	If the medicine doesn't disperse evenly, you may still have areas of pain, requiring an adjustment of the catheter or a change in your position to correct
	Your blood pressure may drop (this could cause the baby's heart rate to drop)	Your blood pressure may drop (this could cause the baby's heart rate to drop)
	May cause nausea and/or itching as a result of your body's reaction to the narcotic	Combinations of epidural medications use narcotics that can cause nausea and/or itchiness
	Can slow your breathing down, requiring extra oxygen from an oxygen mask	As the medication runs through your system, you might get chills or shivering
		Increases your risk of fever, which could require your baby to have special procedures after birth
		You might experience soreness or bruising at the administration site after the catheter is removed
		Other rare, but very serious risks are listed on the consent form, so read it over carefully and ask questions

(Table continues on next page)

	ANALGESICS	EPIDURALS
RISKS TO BABY	Could be sleepy and less alert right after birth	Current research does not indicate any significant risk to the baby
	May have difficulty breastfeeding because of the sleepy state	
	Could have slowed breathing and reflexes after birth, which might require medication to treat	
EFFECT ON LABOR	Your mobility might be restricted while the medication is in effect because of the disorientation/dizziness you might feel and the extra monitoring required	You will need to stay in bed since your muscles are numb
	Pain often feels more intense after the drug wears off since your body stops producing endorphins to help manage pain	Epidurals may affect labor progress, causing it to slow down or speed up, depending on your situation
	Analgesics may not provide enough pain relief and additional doses might lose their effectiveness	You will need a urinary catheter since you won't be able to get up to use the bathroom
		You will need continual fetal heart monitoring, a blood pressure cuff, pulse oximeter on your finger, and IV fluids
		You may not feel the urge to push, requiring extra help from the staff on when and how to push effectively
TIPS	Avoid getting an analgesic 1-3 hours prior to birth to reduce the effects on the newborn	Wait to get an epidural until you are in a well-established labor pattern, which might lower the risk of your labor slowing down
	Continue to use breathing or other relaxation techniques at the peak of contractions	After you get the epidural, periodically change from lying on your left side to lying on your right side to properly disperse the medication and help with fetal positioning
	If you feel drowsy, use it as an opportunity to sleep or rest	Get a lighter dose or ask to have the medicine turned down when you start pushing so you will be better able to feel when and how to push (this might reduce the need for an assisted birth with vacuum extractors and/or forceps)
	Have your labor partners rest when you rest, but still continue to offer emotional encouragement throughout your labor	Make sure labor partners remain close by and continue to offer emotional encouragement
		Push in a semi-sitting or side-lying position, or pull on a towel held by a support person or looped over a squat bar