

- Chapter 7

- Nursing Management of Pain During Labor and Birth
- Key Terms
- Cleansing breath Effleurage
- Endorphins Focal point
- Pain threshold Pain tolerance
- Education for Childbearing
- Ideally, educational preparation for childbirth begins prior to conception
- Types of Classes Available
- Gestational diabetes mellitus
- Early pregnancy
- Exercise for pregnant women
- Infant care
- Breastfeeding
- Sibling
- Grandparent
- Adolescent childbirth
- Variations of Basic Childbirth Preparation Classes
- Refresher
- Cesarean birth
- Vaginal birth after cesarean
- Adolescent

- Content of Childbirth Preparation Classes
- Changes of pregnancy
- Fetal development
- Prenatal care
- Hazardous substances to avoid
- Nutrition
- Common discomforts
- Work, benefits of exercise
- Coping with labor and delivery
- Childbirth and Pain
 - How childbirth pain differs from other pain
 - Part of a normal birth process
 - Woman has several months to prepare for pain management
 - Is self-limiting and rapidly declines after birth
- Factors that Influence Labor Pain
 - Pain threshold
 - Sources of pain during labor
 - Central nervous system factors
 - Gate control theory
 - Endorphins
- Maternal conditions

- Cervical readiness
- Pelvis
- Labor intensity
- Fatigue
- Fetal presentation and position
- Nonpharmacological Pain Management
- Advantages
 - Nonpharmacological methods do not harm the mother or fetus
 - They do not slow labor if they provide adequate pain control
 - They carry no risk for allergy or adverse drug effects
- Methods of Childbirth Preparation
- Dick-Read method
- Bradley method
- Lamaze method
- Selected Nonpharmacological Pain Relief Measures
- Relaxation techniques
- Skin stimulation
- Effleurage
- Sacral pressure
- Thermal stimulation
- Positioning

- Diversion and distraction
- Breathing
- Skin Stimulation
- Breathing
- First stage
 - Slow-paced
 - Modified-paced
 - Patterned-paced
 - Constant pattern
 - Stairstep pattern
- Second stage
 - Used when pushing
- Breathing Patterns
- How to Recognize and Correct Hyperventilation
- Signs and symptoms
 - Dizziness
 - Tingling of hands and feet
 - Cramps and muscle spasms of hands
 - Numbness around nose and mouth
 - Blurring of vision
- Corrective measures
 - Breathe slowly, especially when exhaling

- Breathe into cupped hands
- Place a moist washcloth over the mouth and nose while breathing
- Hold breath for a few seconds before exhaling

- Nursing Tip

- If a woman is successfully using a safe, nonpharmacological pain control technique, **do not interfere**

- Pharmacological Pain Management

- Relationship of Pregnancy to Analgesia and Anesthesia

- Pregnant woman at higher risk for hypoxia

- Sluggish GI tract can result in increased risk of vomiting and aspiration

- Aortocaval compression increases risk of hypotension and shock

- Effect on fetus must be considered

- Pharmacological Methods

- Advantages

- Using medications during labor allows the mother to be more comfortable and relaxed.
- Increased relaxation will aid in her ability to participate in her care.

- Pharmacological Methods (*cont.*)

- Limitations

- Any medication used must be considered for its potential impact on the condition of the fetus.

- Analgesics and Adjunctive Drugs

- Narcotic (opioid) analgesics
 - Avoid if birth anticipated within 1 hour
- Narcotic antagonist
- Adjunctive drugs
- Regional Analgesics and Anesthetics
- Regional anesthesia usually involves placement of anesthetic in epidural or subarachnoid space
- The meninges around the spinal cord
 - Dura mater
 - Arachnoid mater
 - Pia mater
- Types of Anesthesia for Childbirth
- Anesthetic method
- Local infiltration
- Pudendal block
- Epidural block
- Subarachnoid (spinal) block
- General anesthesia
- Epidural and Spinal Anesthesia
- Epidural Blood Patch
- General Anesthesia
- Adverse effects in the mother

- Regurgitation with aspiration of gastric contents
- Can result in chemical injury to lungs
- Adverse effects in the neonate
 - Respiratory depression
 - Aggressive resuscitation may be necessary
- Pharmacological Techniques
- The nurse's role
 - Begins at admission
 - Woman's preference for pain relief
 - Keep side rails up
 - Provide education regarding procedures and expected effects
 - Observe for hypotension
- Question for Review
- What is the most important nursing responsibility after an epidural or spinal block analgesia during labor and delivery?