

Clarifying Your Feelings About Pain and Medications in Childbirth

By Penny Simkin, PT

Pain Medications Preference Scale (PMPS)

Number	What it Means	Your Partner, Doula, Nurse, or Caregiver Can Help You By
+10	I want to be numb, to get anesthesia before labor begins. [An impossible extreme]	<ul style="list-style-type: none"> • Explaining that you will have some pain, even with anesthesia. • Discussing your wishes and fears with you. • Promising to help you get medication as soon as possible in labor.
+9	I have great fear of labor pain, and I believe I cannot cope. I have to depend on the staff to take away my pain.	<ul style="list-style-type: none"> • Doing the same as for +10 above. • Teaching you some simple comfort techniques for early labor. • Reassuring you that someone will always be there to help you.
+7	I want anesthesia as soon in labor as the doctor will allow or before labor becomes painful.	<ul style="list-style-type: none"> • Doing the same as +9 above. • Making sure the staff knows that you want early anesthesia. • Making sure you know the procedures and the potential risks.
+5	I want epidural anesthesia in active labor (4-5 cm). I am willing to try to cope until then, perhaps with narcotic medications.	<ul style="list-style-type: none"> • Encouraging you in your breathing and relaxation. • Knowing and using other comfort measures. • Suggesting medications when you are in active labor.
+3	I want to use some medication but as little as possible. I plan to use self-help comfort measures for part of labor.	<ul style="list-style-type: none"> • Doing the same as for +5 above. • Committing themselves to helping you reduce medication use. • Helping you get medications when you decide you want them. • Suggesting half doses of narcotics or a "light and late" epidural.
0	I have no opinion or preference. I will wait and see. [A rare attitude among pregnant women]	<ul style="list-style-type: none"> • Helping you become informed about labor pain, comfort measures, and medications. • Following your wishes during labor.
-3	I would like to avoid pain medications if I can, but if coping becomes difficult, I'd feel like a "martyr" if I did not get them.	<ul style="list-style-type: none"> • Emphasizing coping techniques. • Not suggesting that you take pain medication. • Not trying to talk you out of pain medications if you request them.
-5	I have a strong desire to avoid pain medications, mainly to avoid the side effects on me, my labor, or my baby. I will accept medications for difficult or long labor.	<ul style="list-style-type: none"> • Preparing for a very active support role. • Practicing comfort measures with you in class and at home. • Not suggesting medications. If you ask, suggesting different comfort measures and more intense emotional support first. • Helping you accept pain medications if you become exhausted or cannot benefit from support techniques and comfort measures.
-7	I have a very strong desire for a natural birth, for personal gratification along with the benefits to my baby and my labor. I will be disappointed if I use medication.	<ul style="list-style-type: none"> • Doing the same as for -5 above. • Encouraging you to enlist the support of your caregiver. • Requesting a supportive nurse who can help with natural birth. • Planning and rehearsing ways to get through painful or discouraging periods in labor. • Prearranging a plan (e.g. a "last resort" code word) for letting them know if you have had enough and want medication.
-9	I want medication to be denied by my support team and the staff, even if I beg for it.	<ul style="list-style-type: none"> • Exploring with you the reasons for your feelings. • Helping you see that they cannot deny you medication. • Promising to help all they can but leaving the final decision to you.
-10	I want no medication, even for a cesarean delivery. [An impossible extreme]	<ul style="list-style-type: none"> • Doing the same as for -9 above. • Helping you gain a realistic understanding of risks and benefits of pain medications.

If you find that the meanings of the numbers above do not reflect quite the way you feel, you might pick a number that falls between them (for example, +4 or -6).

About Labor Pain, Its Relief, and the Pain Medications Preference Scale (PMPS)

By Penny Simkin, PT

Next to the well-being and safety of mother and baby, pain relief is the greatest concern in childbirth. The challenge is to balance your needs and desire for pain relief with concerns about side effects that could harm you or your baby or interfere with the progress of the labor.

There are many approaches to pain relief in labor, both nondrug and medical. Nondrug approaches are based on helping you relax, easing your fears, removing some of your pain, and giving you constructive ways to help yourself. Some of these techniques require equipment (tubs, showers, hot or cold packs, music, comfort items). Others require your active involvement (positions, movement, conscious relaxation, visualization, breathing patterns). Some require the continuous presence and assistance of one or more knowledgeable, nurturing people (massage, holding, encouragement, information about what is happening, suggestions, reassurance). These people might include loved ones who have attended childbirth classes, a doula, a nurse, or a midwife.

There are also several medical approaches to pain relief — many drugs and many ways to give them. Narcotics (or narcotic-like drugs), sleep medications, tranquilizers, and anesthetics are available. They can be injected into your skin, muscle, vein, or cervix or dripped via catheter into areas in or near your spine. Some can be inhaled as gas or swallowed in pill form.

Even if you plan to use pain medications in early labor, you should learn some of the nondrug methods because:

- It takes time after labor begins to get to the hospital. Once in the hospital, it also takes time to assess your labor and begin giving the medication.
- It is sometimes unsafe to medicate you heavily enough to remove all or most sensations of labor until it is clear that labor progress is well under way.

Four Factors that Determine if You Use Pain Medications in Labor

- 1. Your Desires.** If you want to use pain medications, you are more likely to use them than if you want to avoid them. (The Pain Medications Preference Scale will help you think about your desires.)
- 2. Childbirth Education.** If you have taken childbirth classes in which the process of giving birth and emotions of labor are taught and practiced, you will have less need for pain medications.
- 3. Support and Assistance.** If you have continuous support and knowledgeable assistance in the use of comfort measures from your partner and a doula (a trained, experienced labor support provider), as well as your nurse, midwife, or doctor, you will have less need for pain medications.
- 4. Labor Pattern.** If labor is prolonged, complicated, includes the use of painful interventions, or if you are restricted from using some of the nondrug approaches to pain, you will be more likely to need pain medications.

How to Use the Pain Medications Preference Scale

- Before you decide your preferences on pain medications, try to learn about the labor process, comfort measures, self-help techniques, and the various medications available to you. How are they given? How do they work? What are their benefits and risks? How will they affect you, your labor, and your baby? Childbirth classes, your doctor or midwife, books, videotapes, the Internet, and your family and friends can give you helpful information. Also honestly examine your personal feelings about birth, pain, and your support system. How much help do you want and can you realistically expect from your partner, doula, caregiver, or the nursing staff?
- Next, use the PMPS on the previous page to find the approach to pain relief that best suits you and to discover the kind of assistance you will need to be sure your wishes can be followed. You will notice that the numbers from +3 to +10 indicate degrees of desire to use pain medications and the numbers from -3 to -10 indicate degrees of desire to avoid pain medications. Be sure everyone who will be with you knows your wishes and how to help.
- Check with your partner. Partners often have opinions, too. You might ask your partner, before the two of you discuss it, to go over the PMPS and select the number that expresses their desire for your use or avoidance of pain medications. If you are not in agreement, then you will need to discuss ways to make sure you have the support you need for your preferences.

No one knows in advance how long or painful labor will be or whether there will be complications. The PMPS takes that into account by mentioning these possibilities. Even with all the unknowns, your desires — as expressed with the PMPS before labor — are a most helpful guide to those who are there to help you.

You will always remember your birth experience. Recognizing and expressing your desires and needs to your loved ones and caregivers will contribute to a rewarding experience and a positive lifelong memory of your baby's birth.

This information is not meant to replace advice given by your healthcare provider. If you have any questions, please contact your healthcare provider. © Penny Simkin. Used with permission of Childbirth Graphics and the author. This information is provided for personal use. For group instruction, Childbirth Graphics offers a full-color, 23" x35" chart and matching tear pad. Contact 1-800-299-3366 ext. 287, or visit www.childbirthgraphics.com.

DOWNLOAD SOURCE: *Maternity Wise*™ website at www.maternitywise.org/mw/topics/pain/