Options for Labor Pain Relief - Compared

On page 211 – 212 of the book, we offer a chart called "Nonmedicated Labor versus Medicated Labor" that compares what labor is like if no pain medications are used (assumes you're using a combination of techniques like breathing, massage, position changes, and/or aromatherapy), or if IV opioids or epidural analgesia are used. Here is that same information with nitrous oxide added, so you can easily compare and contrast to the other options.

	Non-drug coping techniques	**Nitrous Oxide**	**IV Opioids**	**Epidural**
How it works	Increase pain-relieving endorphins, enhance oxytocin production, decrease muscle tension, ease anxiety or fear, distract your attention from the pain, and enhance your mood.	Increases pain-relieving endorphins, eases anxiety or fear, and enhances your mood. Small decrease in pain intensity but makes pain less unpleasant.	Blocks pain receptors in the brain so pain messages aren't recognized or interpreted as pain. May take longer to notice the contraction and it seems to fade away more quickly.	Blocks nerve endings so they don't send pain messages to the brain. The goal is to eliminate or significantly reduce contraction pain (but not all the sensations of pushing). Relieves pain.
Effect on pain*	Intensity – 2 Helps you feel that you can "work with your labor pain" and that labor is manageable.	Intensity – 2 Helps you not care as much about the pain.	Intensity – 2 Helps you not care as much about the pain.	Intensity – 5 Doesn't affect emotional experience of pain, but since the pain's much less intense, it's also less unpleasant.
Feedback from women who used it	"At first, it was really challenging to handle the contractions. Then I discovered that if I got on my hands and knees and rocked and roared, I could do it. I felt like I'd found my inner tiger!"	"Labor was still intense, but it took my fear away and helped me calm down. It made it seem like coping with the pain was doable."	"I felt fuzzy-headed and slept between contractions. During the peak of a contraction, I'd wake up, and rock back and forth while my husband rubbed my back. Then I'd doze off again."	"After I got the epidural, it was great. No more pain! But then it seemed like labor took forever, and we were sitting around watching TV—it wasn't quite what I thought birth would be."
Effect on mental state	You're fully focused on coping with the contractions ("in the zone") and are less aware of surroundings.	You're relaxed, calm, may be drowsy or light-headed. Might be mildly euphoric.	You're relaxed, drowsy, foggy, or disoriented. You may hallucinate.	You are in your normal, everyday mental state. You may be chatty or may sleep, if tired.
How it affects your mobility	You're fully mobile: You can walk, rock, sway, sit, and so on. You may feel like in order to stay on top of the pain you have to keep moving.	You can walk, move around and change positions. If the equipment is hooked up to the wall (rather than on a mobile cart), you will have to stay close to the bed.	Mobility may be limited by policy, by equipment, or if you're unsafe standing because you're dizzy or groggy.	You're rarely allowed out of bed. Movement in bed is possible with assistance, but limited by equipment and lack of sensation.
What you'll need from your support people	You'll need their continuous presence; active, hands-on assistance with massage, movement, and positions; encouraging words; and more.	You'll still want support with comfort techniques and emotional support. Since nitrous is best if you start inhaling 30 seconds *before* a contraction, they can tell you when one is about to start.	You'll need some assistance with movement and mental reorientation (if you're foggy) and help coping at the peak of contractions.	You'll need companionship to help pass the time, manage anxieties, identify contractions, and guide pushing.

Equipment and precautions required	None required (You may choose to use things such as the tub, shower, birth ball, rocking chair, cold packs, or heating pads.) You'll have occasional monitoring of your baby, contractions, blood pressure, and vital signs.	You'll hold the mask that dispenses the nitrous, inhaling from it as desired and an oxygen sensor on your finger. Occasional monitoring of your baby, contractions and vital signs.	Intravenous (IV) fluids, electronic fetal monitors (EFM) to continuously check your baby's heart rate; equipment to frequently monitor your blood pressure, respiration, and vital signs; oxygen supply and mask.	Epidural catheter and pump; IV fluids; EFM to continuously monitor your baby's heart rate; equipment to frequently monitor your blood pressure and vital signs, such as a pulse oximeter; bladder catheter. May need oxygen supply and mask.
Impact on labor progress	Usually promotes labor progress. (i.e. shorter labor)	Does not affect labor progress.	May not affect progress, or may lead to shorter labor.	May slow labor progress (may require Pitocin). **
Timing	Can be started or stopped at any time during labor and birth.	Can be used at any time, especially during anxiety provoking times in labor.	Best used in active labor. Effects last 45 to 90 minutes. Can be repeated once. Not used if birth is expected to occur within 2 hours.	Can be used any time after admission to the hospital. Once started, the medications usually stay in effect until after your baby is born.
Availability	Anytime, anyplace	Available in ~500 hospitals in US. Common in Canada.	All hospitals, anytime	Some hospitals, anytime; other hospitals, limited hours and an anesthesiologist must be called in at night.
Possible side effects for you	None (other than you'll need to work with your labor pain)	Minimal: Nausea, dizziness, drowsiness	Some: Itching, nausea, slowed breathing, disorientation / hazy thinking	Some: Fever, decreased blood pressure, itching, nausea, and a longer pushing stage. Postpartum headache.
Possible risks to your baby	None	No apparent risks	Some: Fetal heart rate variations in labor. If given too close to birth, can affect baby's muscle tone and breathing in first few days.	Some: Fetal heart rate variations during labor, no clear long-term effects
Cost	Free	$	$	$$$ (check insurance coverage)
Best option for you if…	You're committed to a nonmedicated labor or want to delay use of medication, have a supportive staff, have made necessary preparations, and have recruited a support team.	You just need a little boost to your ability to cope or need to reduce your anxiety.	You want only an hour or two of moderate pain relief, or feel that you're coping well at the peak of contractions but want to feel that you have a longer rest between contractions.	You want to experience the least amount of pain and are willing to have more medical interventions and monitoring; or if you require painful interventions for safety or progress.

* In research studies, people rate pain intensity on a scale of 0 (no pain) to 10 (worst pain imaginable). If the chart says intensity – 2, that means that on average pain scores from before the intervention to after it went down by 2 points (e.g. from 7 to 5). Intensity is one factor in pain, the other is unpleasantness. Pain that's mildly unpleasant means you don't like it but you feel like you can cope with it, and highly unpleasant means that you're suffering.

** Occasionally, epidural analgesia may speed up a prolonged labor if the labor was slow because of extreme muscle tension, fear, or pain-related anxiety.