

# Lesson Plan for Pain Medication

**Purpose:** To help pregnant women and the partners understand causes of pain in childbirth and pharmacologic options for pain management, and to provide an opportunity to review coping skills which may be used in labor and birth.

**Objectives:** At the end of the presentation, the learner will be able to:

1. Differentiate between analgesia and anesthesia
2. Describe how narcotics are given, expected benefits, potential side effects.
3. Describe procedures and equipment involved in the administration of an epidural
4. Strategize ways to increase satisfaction with epidural, and reduce undesired side effects.

**Overview of presentation:**

- Vocab: Analgesia vs. anesthesia. IV vs epidural
- IV narcotics: procedures, benefits, risks
- Epidural: procedure, benefits, possible risks (preventing, monitoring, and treating)
- Emotional aspects of epidural / labor support
- Pain medication for cesarean

## Supplies and materials:

Hospital survey

Epidural needle if available

Epidural role play supplies. Props representing: IV, blood pressure cuff, thermometer, electronic fetal monitor, urinary catheter, epidural catheter, and more if desired

*Video of birth story, including epidural (e.g. Project Future (part of second birth))*

*Posters :*

*epidural, internal and external monitors (optional) and Pitocin (optional)*

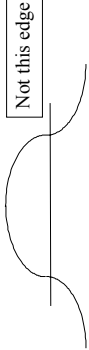
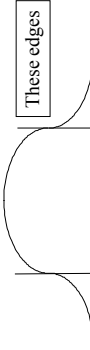
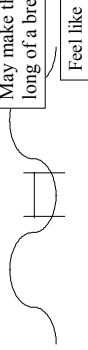
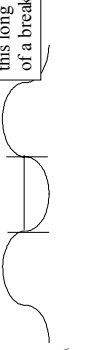

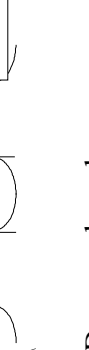
Options for teaching techniques: When presenting epidural side effects, use interactive teaching or visual teaching, rather than just lecture on the part of the lecture \*\*\*ed below. Options:

Draw a stick figure on the board, and draw items as you discuss them

Epidural “role play” with a model. Have a volunteer from audience (preferably a dad, rather than an expectant mom) sit in front and be a laboring mom and ‘get an epidural’.

Choose your props: Can use actual medical supplies where available, or imitations thereof (like elastic bands for EFM, water bottle with ribbon for IV, ribbon with plastic bag for bladder catheter). OR can use index cards with “IV” and “Continuous Monitor” and so on written on them, and tape them on. Something that gives students a visual experience of what to expect. (This helps them to know that all of these items are normal routines with an epidural, and do not indicate that there is something wrong... helps to reduce their anxiety about these things during labor, if they knew to expect them.)

A note about statistics: Percentage chance of side effects are given in the right hand column. These are for teachers’ reference, to help you remain aware of current research. You would not share these in class unless asked. And if asked, be sure to explain that stats only reflect what happened in a particular study with a particular protocol, and they should ask their caregiver or anesthesiologist for info specific to their case.

Time	Topic	Content	Teaching Method-AV Aids	Monitoring Evaluation
(7:15)	Definitions: An overview of vocabulary terms to help you understand some basic ideas.  Analgesia vs. anesthesia	Analgesia: narcotics. Changes our perception of pain: “Take the edge off pain”. Good for moms who can handle peak of pain, but need rest in between. Draw → <i>May</i> make labor seem harder: moms only feel hardest part of contraction, without build-up to prepare.	Draw on board: “Analgesia / narcotics” 	Query: Who has had a narcotic for pain control (eg morphine, Tylenol with codeine). How did it make you feel?
7:25	IV (systemic) vs. epidural (regional)  Systemic narcotics: how are they given?  Benefits  Side effects	Anesthesia: ‘caine drugs (most common is Bupivacaine / Marcaine). Takes away sensation. Makes intense contractions seem mild. Draw →  Briefly describe IV catheter in hand. Systemic: goes into blood stream, affects whole body Briefly describe epidural catheter in back – regional: effects belly down.	  	
	When given?	IV, sometimes IM. Given by nurse. Show IV poster. Narcotic analgesia: most common for labor is fentanyl Take effect within a few minutes Effect lasts for 1 – 2 hours  Changes pain perception without loss of mobility	Draw on board: “Anesthesia / ‘caine drugs”  	Does anyone have questions about IV narcotics before we go on to epidural?

7:30	Epidural: What medications?	<p>Medications may be: anesthetic only, narcotic analgesic and anesthetic combined, or spinal narcotic followed by epidural anesthetic when needed. Ask your care provider which is typical at your birthplace! The discussion here addresses a typical experience.</p>	Hospital survey	
	How given? Epidural procedure	<p>Anesthesiologist cleans mom's back, gives local. Mom is sitting or lying on side, curled up. Needle introduced into the space just outside the dura, between the vertebrae. Catheter is threaded through, needle removed, catheter taped down. Takes effect 15-20 minutes after inserted (hardest ctx for moms to cope with are from when she requests epid. till it takes effect. Needs support from partner!)</p>	Epidural poster Epidural needle / catheter if available. May show part of epidural birth story or other video of procedure	Ask them for benefits. <i>Up to 90% get good relief. About 5% get partial</i>
	Benefits:	<p>Pain relief With pain relief, mom may be able to rest. <i>If anxiety was slowing labor, may speed it up</i> Doesn't effect mental state Relieves pain for procedures Most get good relief, a few "windows", a few get no pain relief – may need to be re-inserted</p>	"Role Play" demo ***** or illustration on board Be sure to differentiate between guaranteed and possible procedures (e.g. in drawing, put question mark by possibilities. In role play, show item, but then set off to side)	Ask them what comes with... they may not know
	↓ mobility	<p>Most common effect: Less mobility than you had without the epidural in place. (be sure to be active/mobile before epidural to get baby in good position!) How partner can help: Moms <i>may</i> be able to move and change positions with support, and 'spotting' to make sure they don't lose balance. Consult with staff before attempting this.</p>	Put volunteer in chair, or draw person in bed.	<i>Studies show that many could move, but 2/3 choose not to. Policies about movement vary by hospital. Ask your caregiver</i>
	NPO	<p>No more food/liquids: ice chips only</p>	Demo positions, rolling from back to side to hands and knees, to side, to back	Draw food with slash thru it, or have cup for "ice chips"

	<p>↓ bp</p> <p>Fever</p> <p>Narcotic side effects</p> <p>Urinary catheter</p> <p>Longer labor</p> <p>Longer second stage</p>	<p>Common side effect: lowered blood pressure To prevent: <i>some</i> do IV fluids, pillow under hip To monitor for, automatic bp checks every 15 minutes. <i>May</i> have EKG and pulse oximeter To treat: oxygen, maybe meds Is it a problem? <i>Can</i> ↓ FHR, ↑ need for intervention</p> <p>Fairly common side effect: fever To prevent: try cool (not cold!) cloths on forehead and neck. No research on this, but it can't hurt and moms like it To monitor for: nurse will check temperature often Is it a problem? Can cause ↑FHR. If baby develops fever, may be tested/treated for infection after birth If a narcotic is given, may have nausea, vomiting, itching, and drowsiness.</p> <p>If can't feel bladder, may not be able to empty it on your own. Given catheter</p> <p>Somewhat common: labor slows or stalls. To prevent: wait till active labor pattern established before getting epidural. To monitor for: continuous EFM (also monitors FHR) To treat: Pitocin (which may cause FHR irregularities, thus ↑ need for interventions)</p> <p>Mom may not feel urge to push, or be able to coordinate pushing well, may need more coaching To prevent: Try to be active in early labor to get baby in a good position. Options: Some caregivers recommend “laboring down” until baby is crowning. To treat: <i>Try</i> different positions (cover the options under second stage positions in earlier class!) Turn down medication so can feel pushing</p>	<p>Attach “IV” prop, or draw IV; pillow; bp cuff Mime putting on oxygen mask (or draw in dotted lines)</p> <p>Prop / drawing of thermometer and cool cloths</p> <p>Drawing or prop of catheter</p> <p>Draw or put on “monitor” Draw or mime adding Pitocin to IV</p> <p>Thank volunteer, and let him leave, then cover this.</p> <p>(May want to note that moms can get postpartum backache when legs are held in awkward position for pushing. So partners should be aware of mom's normal range of motion)</p>	<p>↓bp in up to 50% (though less common than used to be)</p> <p>Fever for up to 25%. Risk ↑ each hour the epidural is in place. 5% of babies have fever. 25 – 34% eval for infection, .3% have infection Nausea: 0—30%. Vomiting: 0—13%. Itching: 62%. Drowsiness: 21%.</p> <p>Up to 68% need. Postpartum incontinence twice as likely with epi.</p> <p>Labor 1 – 5 hours longer.</p> <p>Pitocin for 27 – 78% of moms with epidural</p> <p>0 – 61 minutes longer</p>
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	<p>Increased need for instrumental or surgical delivery.</p> <p>Other side effects Effects on baby</p> <p>When is epidural given</p>	<p>Vacuum and forceps: depending on study, they're 2 – 14 times more likely with epidural.</p> <p>Cesarean birth: most studies show cesarean is 2 – 3 times more likely with epidural. (Some studies show no increased risk)</p> <p>Other side effects are possible, but not likely. For baby, in utero, may increase FHR irregularities. But for newborns, side effects minimal (and/or unclear from research.)</p> <p>Can be given at any time in labor. General consensus is it's better to wait until you have a good active labor pattern of regular, strong contractions, and are <math>\geq 5</math> cm (labor less likely to slow down) However, if you find that early labor is too intense for you, consult with caregiver about this Can be given late in labor, even during pushing. However, if caregiver thinks baby will be born in less than an hour, may say better not to get epidural. Once given, remains in effect thru rest of labor/birth</p>	<p><i>Spinal headache w/ epidural: &lt;1 %</i></p> <p><i>They may ask about paralysis; reassure that it's very rare</i></p> <p><i>Babies: ↑Risk of jaundice. Perhaps due to delay in milk production?</i></p> <p><i>Perhaps less responsive, perhaps more irritable. (Studies too small to be conclusive)</i></p>	
7:50	Emotional Aspects	<p>For mom: emotional relief at pain relief May still feel anxiety, esp during transition</p> <p>For partners: may be a relief to see mom not hurting anymore. It's important to still stay nearby to offer emotional support, not retreat across room! Mom may have breakthrough pain, so listen to her concerns about aches and pains.</p>	<p>Ask "How does your participation in birth process change with epidural?"</p> <p>Ask "How will you feel about additional technology?"</p>	
7:55	<p>Anesthetic for cesarean birth</p> <p>Anesthetic for repair of tear or incision</p> <p>Postpartum medication</p>	<p>Epidural, or spinal.</p> <p>Local to the perineum</p> <p>Acetaminophen, narcotics, PCA.</p>		

	<p>Positive Birth Experiences with Pain Medication: Reducing the Risks / Increasing the Benefits of Pain Medication</p>	<ul style="list-style-type: none"> <li>• In early labor: change positions and be active to get baby in good position. Eat. Relax.</li> <li>• Use comfort techniques to help you go as long as possible before getting pain meds. Support from partners really helps with this. (Research shows that having a doula reduces need for pain meds by 60%. We know that any respectful support person will help mom cope better and longer before needing pain meds) Note: This doesn't mean that you have to suffer! If you're able to cope with the pain, you can wait for meds. When pain becomes suffering, an epidural is a good option for many moms.</li> <li>• Light &amp; late: Wait till in active labor (&gt;5cm), get as light an epidural as possible (or narcotic/anesthetic combo)</li> <li>• Stay involved in labor after the epidural: partners, continue to offer support, and nurturing care. Use slow deep breathing, massage.</li> <li>• Try cool cloths on forehead.</li> <li>• Try pillow under hip if mom wants to lie down... Even better, encourage her to move if possible</li> <li>• Ask your caregiver if you can labor down instead of directed pushing: wait till baby's head is crowning. Try different positions for pushing.</li> </ul>	<p>Write on board:</p> <p>Be active in early labor</p> <p>Use comfort techniques</p> <p>Light and late</p> <p>Stay involved with the birth and labor support</p> <p>Cool cloths</p> <p>Comfort &amp; Mobility, if possible</p> <p>Labor Down</p>	
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