

Your comfort matters.



Along with joy and anticipation, many women have a degree of apprehension around labor and childbirth. Like your baby, every labor and every woman's needs are unique. The Family Birth Center team at North Memorial Health Hospital and Maple Grove Hospital are ready to help you welcome your new baby with the best experience possible.

The Family Birth Center offers a variety of both non-pharmacologic and pharmacologic options for pain control during labor. Each has its own advantages and disadvantages and many women use a combination of techniques throughout their labor.

Many women find breathing and relaxation techniques can be helpful in reducing the stress of labor. Other aids such hot packs, warm showers and warm baths help them relax by minimizing muscle tension that can contribute to labor pain. Your labor nurse will also work with you to employ techniques such as position changes, birthing balls and other modalities that can aid in the progression of labor.

In addition to these techniques we also offer a variety of medical/pharmacologic options to assist in labor analgesia:

Fentanyl is a potent, short acting opioid that can be given in small doses to reduce the intensity of labor pain. Fentanyl and other opioids can reach your baby but in appropriate doses it is safe and has minimal effects. It reduces but does not completely eliminate the pain and may be accompanied by itching or nausea.

Nitrous Oxide (N₂O), also known as 'laughing gas' is an anesthetic gas that has mild sedative and pain-relieving properties. Laboring mothers can use a mask to breath controlled amounts of the gas to help reduce labor pain. Among its advantages are the ability for self control and a short duration of action. Similar to opioid medications it will not take away all of the pain and can be associated with nausea, drowsiness and dizziness. Nitrous Oxide also has the disadvantage of being a significant greenhouse gas.

Labor Epidurals involve the placement of a small catheter (a tiny plastic tube about the thickness of the wire in a paper clip) in the epidural space, next to the spinal canal. Anesthetic similar to novocaine is given through the catheter to help numb the nerves going to the uterus and cervix as they exit the spine. Epidurals are popular because they generally provide better pain relief, minimize nausea and sedation associated with other options and can remain in place for the duration of your labor. Because the medications remain in the epidural space, your baby's exposure is close to zero. Common side effects include transient drops in blood pressure and approximately a 1% chance of getting a headache from the procedure. Epidurals usually start to work within 5-10 minutes and can be used for as long as you are in labor.

Intrathecal/ITN an intrathecal or 'ITN' is an injection of a low dose of local anesthetic and opioid directly into the spinal canal. This provides rapid pain relief that is effective for the later stages of labor. Similar to an epidural, there is virtually no exposure to the baby. Intrathecal also have a small risk of a headache, itching and nausea. Their primary limitation is a relatively short duration of action and because of this they are generally reserved for cases in which delivery is expected within an hour and a half.

Pudendal blocks involve injecting local anesthetic ('novocaine') around the pudendal nerve that supplies the lower part of the vagina. This can aid with pain relief in the final stages of labor but doesn't reduce the pain associated with uterine contractions or cervical dilation.

Common questions.

Q. Will labor analgesia affect my baby?

A. In general, no. At higher doses opioids can cause a short period where your baby is ‘sleepy’ and doesn’t move as much. The team at North Memorial Health Hospital and Maple Grove Hospital are trained in appropriate administration and doses are limited to minimize and prevent the risks. Intrathecal and epidurals have virtually no risk of the medications spreading to your baby.

Q. Will an epidural or other form of pain relief make it more likely for me to have a c-section?

A. No. Multiple studies have looked at this and there is no evidence that epidurals or other methods of pain relief for labor increase the likelihood of a c-section and in certain circumstances analgesia can actually aid in the progression of labor by helping you relax.

Q. Can an epidural cause nerve damage or paralysis?

A. While possible it is extremely unlikely. Studies that have attempted to look at this are difficult because the events are so uncommon. The best studies estimate the incidence of any nerve damage at about 4 in a million. For comparison, the risk of getting struck by lightning in the U.S. is about 1 in a million.

Q. Do epidurals cause back pain?

A. In general, no. It’s not uncommon to have some mild aching, not unlike a bruise for a week or so afterwards. It is also very common for women to have a sore back from labor and childbirth, whether they have an epidural or not. There is no evidence that epidurals or intrathecal cause long-term back pain.

Q. I have back problems, can I have an epidural or intrathecal?

A. Most often yes, but it depends. Be sure to talk with your doctor ahead of time. In some cases they may suggest speaking with an anesthesiologist to discuss your concerns.

Q. Can I walk around with an epidural?

A. No. In the past low dose ‘walking epidurals’ were promoted as a way to provide pain relief but still be able to get up and move around. Unfortunately, even low dose epidurals can cause weakness and increase the risk of falling. Because of this we need to keep you in bed once an epidural is placed.

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