



SOME DRUGS  
CAN HELP YOU  
NAP DURING  
LABOR.

BY  
ALLISON  
WINN  
SCOTCH

# no more labor pains!

WE CAN'T REALLY PROMISE THAT,  
BUT HERE'S A RUNDOWN OF THE  
OPTIONS THAT'LL TAKE THE EDGE OFF.  
PHOTOGRAPHY BY LINDA FARWELL

**F**rom the second I learned I was pregnant with my first child, I envisioned a relatively easy labor using an epidural. So I was surprised when things didn't go the way I'd planned. My water broke and sweeping contractions started immediately. My husband and I rushed to the hospital, but by the time I was admitted and the anesthesiologist made his way to my room, I was almost fully dilated. So in the two hours before I received my spinal-epidural, I was forced to rely on other techniques, such as meditative breathing, to ease my pain. The spinal-epidural was a saving grace, but the natural methods helped somewhat. Whether you want to soothe your pain naturally, with meds, or both ways, here's a guide to getting through labor.

## NATURAL TECHNIQUES

■ **Breathing** At some point in her labor, nearly every woman concentrates on actively controlling her breath. "This can help blot out any distractions in the room," says Linda Steinhardt,

a certified nurse-midwife at Women & Infants Hospital of Rhode Island. It certainly calmed Kristen Hains, of Traverse City, Michigan, mom to now 1-year-old Nicholas. "I focused more on my breathing than on the labor pains, almost like trying to slowly exhale away the pain," she recalls. "I went through 22 hours of labor using this technique." There are several common breathing methods, such as Lamaze and Bradley, but no matter what technique you use, you'll slowly inhale through the nose, push the air out through your mouth, pause at the bottom of the breath, then repeat. "This helps establish a rhythm, which is critical in labor," says Penny Simkin, certified doula and author of *The Birth Partner* (Harvard Common Press, 2001).

■ **Massage** Who doesn't love a good rubdown? The soothing touch of your partner, particularly on your lower back, can prevent the pain of the contraction from reaching your brain—or at least dull that pain. Another hands-on approach? Acupressure, says Steinhardt, which also might help distract



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## A Breakthrough In Infant Nutrition

The Right Nutrition at the Right Time of Day



By Dr. Christine Wood, MD, CDE  
www.beechnut.com

### Good Morning

A good breakfast provides babies with a steady supply of energy to start their day out right. Complex carbohydrates, like oatmeal

or barley, are a source of soluble fiber and have a low-glycemic index. This means they are more slowly absorbed from the digestive tract. Simple carbohydrates, like sugar and refined flours, are high glycemic and spike the blood sugar rapidly and then fall quickly, so energy may drop and hunger occurs sooner.

Good Morning foods are a good low-glycemic choice for sustained energy and baby may not be hungry as quickly. Fiber and low-glycemic foods, along with healthy eating habits and exercise may reduce the risk of excess weight gain in childhood. Another benefit? Eating a good breakfast can help with concentration and learning too.

### Good Evening

Just like a good breakfast gets the day off to a good start, a good dinner provides proteins for proper growth and provides the right nutrition for easy digestion so your baby can rest. Babies do most of their growing at night and proteins break down into amino acids needed for muscle and bone development. The easier the protein is to break down, the easier to provide these nutrients.

Good Evening contains whey protein which is easy to digest and ingredients like ginger that help soothe the tummy. The combination of an easy-to-digest protein with low-glycemic foods, as found in peas and lentils, is slowly absorbed to provide a consistent source of growth energy throughout the night and help to keep baby satisfied for a good night's rest. In addition, the benefits of a prebiotic, called inulin, are added to help support your baby's digestive health.

The right nutrition at the right time of day. It's the right thing to do.

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will effectively eliminate nearly all of the pain of your contractions. When it's time to push, the epidural dose can be lowered. "I wanted to be able to feel enough to know when to push, but not so much that I was in a lot of pain," says Michelle Kroiz,

you from the contraction. A quick web search pulls up many sources where your partner can learn about easy-access points on the hands and feet.

■ **Hydrotherapy** "I took a long shower in a semidark bathroom, first at home, then in my delivery room at the hospital," says Kara Aborn, of San Francisco, mom to 20-month-old Theo. "I really enjoyed being alone and feeling the calming effect of the water." Opt for a warm shower in early labor or for a whirlpool (kept between 95° and 101°) at the hospital. "Buoyancy and flotation in water can relieve some of the stress and pressure on the abdominal muscles and possibly lessen the intensity of the pains," says William Camann, MD, author of *Easy Labor* (Ballantine, 2006).

■ **HypnoBirthing** "The main focus of HypnoBirthing is to help families assume control over their deliveries and to teach them the needed relaxation that allows the birthing muscles to function in the same manner that all other muscles in the body function," says Mickey Mongan, founder and creator of HypnoBirthing. Don't think that you'll be put under a hypnotic trance with this method. Rather, the approach helps you reach a higher state of consciousness, so you can deliver your baby more easily and in a shorter period of time, says Mongan.

### MEDICATED TECHNIQUES

■ **Epidural** Nearly two-thirds of moms-to-be opt for some variety of an epidural, which

mom to 3-year-old Ben and 1-year-old William. "My epidural did just that."

When giving you an epidural, the anesthesiologist will insert a needle, which then threads a catheter into your lower spine. This catheter remains in place throughout your labor, so you receive pain relief continually.

■ **The downsides** You can lose feeling in your legs temporarily (depending on how much medication you get), which makes it hard to push. Plus, common side effects include shivers during or after labor, difficulty urinating (until the medicine wears off), and a drop in blood pressure, which can be corrected easily, explains Dr. Camann. Epidural-related headaches, on the other hand, can be intense, but they're also rare—fewer than 1 percent of women get them.



## WHICH PAIN RELIEF IS RIGHT FOR YOU?

When determining your birth plan, ask yourself these questions to assess how much pain relief you'd like, advises William Camann, MD, author of *Easy Labor* (Ballantine, 2006). But remember that every birth plan should be flexible. "Give yourself the leeway to make decisions along the way," says Dr. Camann.

- How do I cope with day-to-day pain?
- Do I call in sick at the first sign of the flu, or do I ignore it until it passes?
- Do I prefer to take medicine when I'm sick, or do I usually choose alternative relief?
- Do I often talk to myself and rely on self-motivation to push through hard times?
- What's most important to me in labor—delivering naturally or with less pain?
- Do I want a doula for additional support?

In addition, a very small amount of medicine will cross the placenta and could cause your baby's blood pressure to slow, especially if yours has slowed. But this is corrected as soon as your blood pressure returns to normal, which at most takes a minute or two with your doctor's help, explains Dr. Camann.

■ **Spinal-epidural** This is inserted in the same manner as a regular epidural, but with one extra step: after the needle is inserted into the spine, another needle is inserted through the epidural needle (so you're not punctured twice), and you receive a burst of medication directly in the sac of fluid that holds your spinal cord and nerves. Because the medication is going directly into your spinal space (whereas regular epidurals are inserted outside the sac), says Dr. Camann, you don't have to take a lot of it. This reduces the chance of losing feeling in your legs.

**The downside** It is a slightly more complex procedure, so not all hospitals will use it.

■ **Opioids** Another term for narcotics, opioids—such as morphine, Demerol, and Nubain—are typically used during



the early stages of labor or for extremely long labors. They're given intravenously or intramuscularly. Although recent research has found that receiving an epidural early in labor doesn't slow the natural progression of labor, some doctors still prefer to wait, says Dr. Camann. And this is when opioids are an excellent alternative. Though

Nearly 67% of expectant women opt for epidurals. Says one mom: "I wanted to be able to feel enough to know when to push, but not so much that I was in a lot of pain."

they won't eliminate your pain, they'll help you nap or simply endure increasingly strong contractions.

**The downsides** Opioids can make you groggy or nauseated, and, as with an epidural, a very small amount can cross the placenta. "Some babies receive enough medication to slow their breathing," says Dr. Camann, though this is uncommon.

*New York City-based writer Allison Winn Scotch recently gave birth to her second child, a girl she named Amelia.*