



PAIN MANAGEMENT IN LABOR

Nonpharmacologic Methods

- Breathing and relaxation techniques
- Position changes and movement
- Massage and counterpressure
- Heat and cold therapy
- Hydrotherapy (e.g. shower, birth tub)
- TENS (transcutaneous electrical nerve stimulation)
- Visualization, mindfulness, and emotional support
- Continuous support (doula presence)



Pharmacologic Methods

- Epidural anesthesia (regional anesthesia)
- IV analgesics (e.g. opioids)
- Nitrous oxide (inhaled)



COMMON MEDICATIONS IN OB/MATERNITY

Oxytocin (Pitocin)

- Stimulates uterine contractions
- Used for induction or augmentation of labor
- Monitor for uterine tachysystole (excessive contractions) and fetal response



Magnesium Sulfate (MgSO₄)

- Used for preeclampsia/eclampsia
- Monitor for:
 - Respirations > 12/min
 - Urine output > 30 mL/hr
 - Absent or decreased reflexes
- Antidote: Calcium gluconate



Penicillin

- Given for Group B Streptococcus (GBS)
- Helps prevent neonatal infection



Other Common Medications

- Analgesics: opioids (e.g. fentanyl, morphine)
- Antiemetics: ondansetron (Zofran), promethazine (Phenergan)
- Antihypertensives: labetalol, hydralazine, nifedipine
- Corticosteroids: betamethasone (fetal lung maturity)
- Tocolytics: terbutaline, nifedipine (delay preterm labor)
- Rh immune globulin (RhoGAM): for Rh-negative mothers



POSTPARTUM ASSESSMENT: BUBBLE-HE

B**Breasts**

- Assess size, shape, and firmness (check for engorgement).
- Assess nipple condition and ability to breastfeed.

U**Uterus**

- Check fundal height, firmness, and position.
- Ensure the uterus is contracting properly and assess for postpartum hemorrhage.

B**Bladder**

- Monitor urinary output, bladder distention, and signs of infection.
- Encourage frequent voiding.

B**Bowels**

- Assess bowel function and return of normal bowel sounds.
- Check for constipation or hemorrhoids.

L**Lochia**

- Evaluate amount, color, and odor of vaginal discharge.
- Monitor for normal progression and signs of excessive bleeding or infection.

E**Episiotomy/
Perineum**

- Inspect for episiotomy or laceration.
- Check for healing, redness, swelling, or signs of infection.

H**Homans sign/
Legs**

- Assess for warmth, swelling, or calf pain.
- Screen for deep vein thrombosis (DVT).

E**Emotional status**

- Assess the patient's mood, behavior, and coping ability.
- Screen for postpartum depression ("baby blues").

NORMAL LOCHIA PROGRESSION

RUBRA

Days 1 – 3

- Bright red
- Heavier flow
- Similar to a menstrual period

SEROSA

Days 4 – 10

- Pink-brown
- Lighter flow
- Less amount

ALBA

Day 10 – 6 weeks

- White-yellow
- Small amount
- Minimal to no odor