

BRAIN Method

Sometimes things just don't work out the way you want. Your labor may move too slowly, or your provider may notice concerns with you or your baby. Decisions have to be made quickly. Even if things are going well, a procedure or preventive measure, such as starting an IV or medical pain relief might be offered or suggested. What can you do when faced with decisions in the middle of labor?

Before you make any decisions, it helps to think through the acronym **BRAIN**. The letters of BRAIN stand for **B**enefits, **R**isks, **A**lternative, **I**ntuition, **N**o or not now.

Benefits: The Benefits of a decision are simple to find; just ask your doctor two questions - "What are the benefits if I do this?" and, "What are the benefits if I don't do this?"

Risks: Ask, "What are the risks if I do this?" and, "What are the risks if I don't do this?"

Alternatives: Ask, "What are the alternatives to doing this?" and, "Can this be delayed and done at an alternative time?"

Intuition: use your Intuition to make a decision for you and your baby.

No or not now: If the risks outweigh the benefits, or if there isn't any urgency to decide now, then you have the ability to say, "No or not now."

Medical Pain Relief

It's important to understand that all medicine has *benefits and risks*, and using medicinal pain-relief may lead to some type of intervention where a medical technique is required to intervene in the natural birth process. There are two types of pain relievers to choose from: *the kind that lessens pain, and the kind that blocks most of it.*

Narcotics lessen pain without loss of feeling or muscle movement and may also have a relaxing, calming effect on you. These pain relievers are administered through IVs or shots. Some women feel a lot better when using them, while others experience uncomfortable side effects. Your provider might recommend a narcotic if your pain is too intense or is interfering with the progression of labor. It might also be recommended if your labor is getting too long, complicated, and they're concerned about yours and your baby's health. *You may not be able to use a narcotic if you have certain health conditions or are in recovery for an addiction and using a methadone treatment.*

Epidurals and Spinal Blocks block most of the feeling, including pain, though you may still feel the pressure of your contractions depending on the dose. An anesthesiologist or nurse anesthetist under the supervision of an anesthesiologist must administer the epidural. The timing of getting one will depend on whether one of these specialist is available when you request it, how early you are in your labor, or how close you are to full dilation.

Narcotics and epidurals are the *most common* types of pain relief and are available at most hospitals. There are a few lesser common options that might be available as well.

Nitrous oxide, also called laughing gas, is inhaled through a mask that you hold to your face. It helps you manage pain without loss of feeling or muscle movement.

Sterile Water injections is injected into your lower back, relieving pain within about two minutes and can last around two hours. They can be given anytime during labor and as frequently as you need them.

Medical Procedures and Interventions

Inducing or Speeding up Labor: There are a few different procedures that get your labor started or moving. Your provider may suggest trying *one or more*.

Stripping the membranes is where your provider will sweep a gloved finger over the thin membranes that connect the amniotic sac to your uterus. Doing this may cause your body to release hormones that soften the cervix and start contractions.

Breaking the bag of water, also known as amniotomy, is done to start labor or to make your contractions stronger if labor has already started. It's also done if electronic fetal monitoring is required.

Pitocin is a medication given to start or speed up labor. You should be aware that it causes very strong, painful contractions once it kicks in, rather than allowing contractions to build gradually in intensity like they would without the medicine.

Inducing labor does come with some risks. Too many contractions could lead to changes in your baby's heart rate, problems with the umbilical cord, and other issues. It also has a slight increased risk of ending in a cesarean birth.

Fetal monitoring is done to help your provider know the condition of your baby during labor. They're listening for any changes to the normal heart-rate pattern, and there are two ways this is done. Intermittent fetal monitoring checks your baby's heart rate at set times throughout labor by pressing a special stethoscope or a doppler instrument against your abdomen.

Episiotomy is a small surgical incision made at the opening of the vagina to widen it and prevent you from tearing. Your provider might recommend it if your baby needs to be delivered quickly or needs to be delivered with the aid of forceps or vacuum. It should only be done when absolutely necessary.

Labor and delivery is different for every woman, and it's different every time you go through it. Having a better understanding of your pain relief options and the possible medical procedures or interventions will help you make better decisions. No matter what happens, **the most important thing is to go home with a healthy baby.**

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