

# Pain Medications Preference Scale

*Penny Simkin, PT*

A pregnant woman and her partner may use this scale to determine their preferences regarding her use of pain medications in labor. To begin, each should choose the number that best matches her or his feelings. Then they compare. If they are not in close agreement, they should discuss why and try to come to an agreement. Her preferences are more important and must prevail if they cannot agree. The right hand column describes what kind of help she needs from her support people.

Number	What It Means	How the Partner, Doula, and Caregiver Help
+10	She wants to feel nothing; desires anesthesia before labor begins.	An impossible extreme. If she has no interest in helping herself in labor, she needs to know she will have pain, and needs reassurance. She should discuss her wishes with her caregiver.
+9	Fear of pain; lack of confidence that she will be able to cope; dependence on staff for pain relief.	Help her accept that she will have some pain. Suggest she discuss fears with caregiver or childbirth educator. She needs information and reassurance, without false expectations.
+7	Definite desire for anesthesia as soon in labor as the doctor will allow it, or before labor becomes painful.	Be sure the caregiver is aware of her desire for early anesthesia and that she knows the potential risks. Learn whether this is possible in your hospital. Inform staff when you arrive.
+5	Desire for epidural anesthesia in active labor (4-5 cm); willingness to cope until then, perhaps with narcotic medications.	Encourage her in breathing and relaxation. Know comfort measures. Suggest medications to her in labor as she approaches active labor.
+3	Desire to use some pain medication, but wants as little as possible; plans to use self-help comfort measures for part of labor.	Plan to help her keep medication use low. Use comfort measures. Help her get medications when she wants them. Suggest reduced doses of narcotics or a "light and late" epidural block.
0	No opinion or preference. This is a rare attitude among pregnant women, but not uncommon among partners or support people.	Become informed. Discuss medications. Help her decide her preferences. If she has no preference ahead of time, follow her wishes during labor.
-3	Prefers that pain medication be avoided, but wants medication as soon as she requests it in labor.	Do not suggest that she take pain medications. Emphasize coping techniques. Do not try to talk her out of pain medications.
-5	Strong preference to avoid pain medications, mainly for benefit to baby and labor progress. Will accept medications for difficult or long labor.	Prepare for a very active support role. A doula will be most helpful for both the woman and partner. Know how to help her relax and use patterned breathing. Know the comfort measures. Do not suggest medications. If she asks, interpret it as a need for more help and try different comfort measures and more intense emotional support first.
-7	Very strong desire for natural childbirth, for sense of personal gratification as well as to benefit baby and labor progress. Will be disappointed if she uses medications.	Follow recommendations for -5, but with even greater commitment. This means planning <u>not</u> to use pain medications, unless complications develop that require painful procedures, or she is unable to respond to intensive labor support techniques for several contractions in a row. If she asks for meds, plan to encourage alternative comfort measures. You should, however, have a prearranged plan (e.g., a "last resort" code word) for how she can let you know she really has had enough and wants medication.
-9	Wants medication to be denied by staff, even if she asks for it.	This is very difficult for you—to be responsible for her satisfaction. Promise to help all you can, but help her realize the final decision is not yours. It is hers.
-10	Wants no medication, even for cesarean delivery.	An impossible extreme. Encourage her to learn of complications that require painful interventions. Help her get a realistic understanding of risks and benefits of pain medications.

Adapted from *The Birth Partner: Everything You Need to Know to Help a Woman Through Childbirth*, by Penny Simkin. Harvard Common Press, 1989.

# About Labor Pain, Its Relief, and the Pain Medications Preference Scale (PMPS)

By Penny Simkin, PT

In addition to the well-being and safety of the mother and baby, pain relief is a great concern during childbirth. The challenge is to balance your needs and desire for pain relief with concerns about side effects that could harm you or your baby or interfere with the progress of your labor.

There are many approaches to pain relief in labor, both nonmedicinal and medicinal. Nonmedicinal approaches are based on helping you relax, easing your fears, removing some of your pain, and giving you constructive ways to help yourself. Some of these techniques require equipment (tubs, showers, hot or cold packs, music, comfort items). Others require your active involvement (positions, movement, conscious relaxation, visualization, breathing patterns). Some require the continuous presence and assistance of one or more knowledgeable, nurturing people (massage, holding, encouragement, information about what is happening, suggestions, reassurance). These people might include loved ones who have attended childbirth classes, a doula

(a trained, experienced labor support provider), a nurse, or a midwife.

There are also several medicinal approaches to pain relief – many drugs and many ways to give them. Narcotics (or narcotic-like drugs), sleep medications, tranquilizers, and anesthetics are available. They can be injected into your skin, muscle, vein, or a cervix or dripped via catheter into areas in or near your spine. Some can be inhaled as gas or swallowed in pill form.

Even if you plan to use pain medications in early labor, you should learn some of the nonmedicinal methods because:

- It takes time after labor begins to get into the hospital. Once you are in the hospital, it also takes time to assess your labor and begin giving the medications.
- It is sometimes unsafe to medicate you heavily enough to remove all or most sensations of labor until it is clear that labor progress is well underway.

## Four Factors That Determine Whether You Use Pain Medications in Labor

**1. Your Desires.** Your preferences regarding pain medications during labor play a large role in determining whether you will use them. If you want medications, you will almost surely get them. If you do not want to use medications, the following three factors become very important.

**2. Childbirth Education.** If you have taken childbirth classes in which the process of giving birth and emotions of labor are explained and self-help comfort measures are taught and practiced, you will be more able to cope without pain medications.

**3. Support and Assistance.** If you have continuous support and knowledgeable assistance in the use of comfort measures from your partner and a doula, as well as from your healthcare professionals, you are less likely to need pain medications.

**4. Labor Pattern.** If labor is prolonged or complicated, if it includes the use of painful interventions or if you are unable to use some of the nonmedicinal approaches to pain, you will be more likely to need pain medications.

## How to Use the Pain Medications Preference Scale

- Before you decide your pain medication preferences, learn about the labor process, comfort measures, self-help techniques, and the various medications available. How are they given? How do they work? What are their benefits and risks? How will they affect your baby, your labor and you? Childbirth classes, your healthcare professionals, books, videotapes, the internet, and your family and friends can give you helpful information. Also, honestly examine your personal feelings about birth, pain, and your support system. How much help do you want and can you realistically expect from your partner, doula, caregiver, or the nursing staff?
- Use the PMPS on the other side of this sheet for approaches to pain relief that will best suit you and to understand the level of assistance that you will need. The numbers from +3 to +10 indicate degrees of desire to avoid pain medications. Be sure everyone who will be with you during childbirth understands how to help, no matter where you are on the scale.
- You and your partner should go over the PMPS separately and each select the number that most closely reflects your own desires about whether the mother uses or avoids pain medications. If the two of you do not agree, you should discuss your opinions and find ways to ensure that you have the support

you need for your preferences. (Partners often select “0,” wanting to support whatever the woman wants.)

No one knows in advance how long or painful labor will be or whether there will be complications. The PMPS takes that into account by mentioning these possibilities. Even with all the unknowns, your desires – as expressed with the PMPS before labor – are a valuable guide to those who are there to help you.

You will always remember your birth experience. Recognizing and expressing your desires and needs to your loved ones and caregivers will help you get the kind of support you need and contribute to a rewarding experience and a positive lifelong memory of your baby’s birth.

*The information contained in this document is not intended to replace the advice of a healthcare professional. If you have any questions, please contact your healthcare professional.*

