DECISION AID

Pain during childbirth:
What can help?

Different women experience labor pain very differently. It is normal to wonder how you'll cope when the time comes. Having a caring support person to look after you and encourage you can be a big help. Other options without medication include controlled breathing, relaxation techniques and moving around. You can practice these in places like birthing classes. They can help you handle the pain and the contractions.

Medication can be used too. This decision aid describes the medication-based pain-relief options. The aim is to help you find the best solution for you, together with your midwife and doctor. You can make your final decision during the birth, depending on how bad the pain is.

THESE ARE THE TREATMENT OPTIONS:

Please note that some of the following information describes the situation in Germany specifically. You may find that things are different in other countries.

Epidural
- Medication is delivered close to the spinal cord.
- Makes the lower body go numb.

Opioids
- Medication is injected into a muscle or vein.
- Effect is felt in the whole body.

You can read about the pros and cons of these options on the next few pages.

Other medication-based options – such as spinal anesthesia, pudendal nerve blocks, or "gas and air" – are not used as much.

MAKING AN INFORMED DECISION

This decision aid probably won't include all of the information that you need. It is still important to talk to a midwife or doctor, but the decision aid can help you. The pain-relief approach you decide on will also depend on personal factors, like your overall health and your experience of previous births. Make sure you ask your childbirth team what pain-relief options they can offer.

! If you're considering using medication-based pain relief, it's often possible to go to the hospital for a pre-admission consultation before the birth to discuss the pros and cons.

HOW CAN YOUR SUPPORT PERSON HELP?

Reliable support and understanding throughout the birth can help you cope better with the physical strain and pain. Research has shown that good support can help improve the experience of giving birth and shorten labor a little. It can also reduce the likelihood of needing pain-relief medication.

A good support person should ensure you're not left on your own during the birth (unless you want to be alone). They should encourage and reassure you. Little things – like making sure you're warm enough or giving you a gentle massage – mean a lot and can really help. Your support person can also help you keep track of what's going on and encourage you to ask questions.

Midwives and doctors are highly skilled and know how to help women find ways to cope with the pain. They can react quickly to the changing situations and needs in labor, and explain what the options are.

MOVING AND BREATHING – A BIG HELP

Moving around and frequently changing positions can help to cope with the pain. The midwife will help you to work out what makes you feel more comfortable at that moment – like standing, sitting, squatting, lying down, walking around, or moving your hips in a circle. If, for instance, the baby's head is pressing deeply against your back, changing position can relieve the pain. Walking and moving around might make the birth easier, or even speed it up. Making a conscious effort to breathe calmly, and especially to breathe out slowly during contractions, can help too.

WHAT ARE THE OTHER NON-MEDICATION OPTIONS?

Research suggests that the following things can help:

- Relaxation techniques and certain yoga-based breathing exercises and movements – taught in places like birthing classes
- Taking a bath
- Heating pads
- Massages
- Using an exercise ball
- Aromatherapy
- TENS (transcutaneous electrical nerve stimulation), where electrodes that send out weak electrical signals are placed on your skin
- Virtual reality (VR goggles)
- Acupuncture and acupressure
- Sterile water injections

There's no scientific proof that other approaches help, including hypnosis, biofeedback and homeopathy.

PROS AND CONS OF MEDICATION-BASED TREATMENTS

	Epidural	Opioids
What does the treatment involve?	The doctor pushes a thin tube through a hollow needle that is inserted between two bones in the lower spine. The tube is used to deliver a local anesthetic and, if needed, pain-relief drugs (opioids) to an area near your spinal cord. This stops pain signals being sent from your lower body to your brain.	Opioids are strong painkillers. There are different types: Some start working faster, some last longer, and some are stronger. Opioids are injected into a muscle or delivered into a vein through a thin tube. Some women are given a PCA (patient-controlled analgesia) pump that allows them to adjust the dose themselves.
Who is the treatment suitable for?	Most women, unless not possible for health reasons.	Most women, unless not possible for health reasons. The opioids described above are mainly considered when an epidural isn't possible or the woman doesn't want one.
How much can the treatment help?	About 75 out of 100 women who had an epidural were very satisfied with the pain relief.	About 50 out of 100 women were very satisfied with the pain relief from opioids.
What are the possible side effects for the woman?	• Trouble peeing (about 18 out of 100 women) • Nausea and vomiting (16 out of 100) • Low blood pressure (16 out of 100) • Fever (13 out of 100) • Trouble breathing (2 out of 100)	• Nausea and vomiting (about 25 out of 100 women) • Trouble breathing (7 out of 100) • Fever (5 out of 100) • Low blood pressure (1 out of 100)
	Drowsiness (about 55 out of 100), Itchy skin (around 3 out of 100)	
Can the treatment affect the baby?	There are no known special risks to the child if their mother has an epidural. If opioids are used for the epidural, they may affect the baby's breathing after birth. But this is rare.	Opioids can affect the baby's breathing after birth. Then their breathing can be improved with medication. This medication is more commonly needed here than after an epidural.
How does the treatment affect the course of the birth?	On average, women who have an epidural take a bit longer to give birth than those who are given opioids directly into a muscle or vein. The risk of needing a Cesarean section is the same with both types of pain management.	

YOUR DECISION

You can now weigh the pros and cons of the different options for yourself. Which of them are better suited to you and what you want, and which of them aren't?

WHAT IS IMPORTANT TO YOU?

You can use this table to note the main issues for you when considering the options. Which of them will affect your decision? How important are they to you? Mark the statements that apply to you, and add any thoughts of your own. You can rank the statements: For instance, you could mark the statements that are especially important to you with a 1, those that are a little less important with a 2, and so on.

Which statements apply to you?		Ranking (1, 2, ...)
I want to try all the non-medication options before I try anything else.	○	
I want to feel as little pain as possible during the birth.	○	
I'm worried about the side effects of the medications.	○	
I'm scared about the epidural being placed near my spinal nerves.	○	
I had a good experience with an epidural the last time I gave birth.	○	
I had a good experience with opioids the last time I gave birth.	○	
	○	
	○	
	○	
	○	

WHICH OPTION WOULD YOU CONSIDER?

You can use this table to assess the different approaches and treatments. Mark the ones you would consider and write down what you like and don't like about them.

Which option would you consider?		What do you like about it?	What don't you like about it?
Strategies without medication, like moving around, doing relaxation and breathing techniques, or applying heating pads	○		
Epidural	○		
Opioids	○		

HOW FAR HAVE YOU GOT WITH YOUR DECISION?

You can use this section to record how far along you are in your decision-making process.
Mark where you are on a scale of 0 to 10.

0 **10**

I haven't decided yet. **I've made my decision.**

If you still aren't sure and need more help, you can find some tips and more information on the following pages.

WHAT ELSE DO YOU NEED IN ORDER TO MAKE A DECISION?

If you still can't decide, the following might help:

Knowledge If you feel that you don't have enough information:	☐ Write down any questions you still have (see below). ☐ Take this decision aid and your list of questions along to your next appointment with your midwife or doctor to discuss them. ☐ Get more information (for example, on the internet) but make sure your sources are reliable!
Support If you feel you need more support:	☐ Discuss the various options with a trusted person (for instance, with your midwife, doctor, someone in your family, or a friend). ☐ Contact patient advice services or a support group. You will find more information about this on the next page. ☐ Arrange practical support (like transport for appointments, someone to go with you, or childcare).

PREPARING FOR YOUR APPOINTMENT WITH THE MIDWIFE OR DOCTOR

Do you still have any questions or concerns? Write down your questions or your own thoughts to talk about at the appointment.

There's a list of possible questions here:

www.informedhealth.org/questions

YOU WILL FIND IN-DEPTH INFORMATION ABOUT THE FOLLOWING TOPICS ON THE INTERNET:

	**Managing pain during childbirth** www.informedhealth.org/managing-pain-during-childbirth.html
	**Epidurals and other medications to relieve labor pain** www.informedhealth.org/epidurals-and-other-medications-to-relieve-labor-pain.html
	**At the hospital in Germany** www.informedhealth.org/at-the-hospital.html
	**Patient advice services and support groups** www.informedhealth.org/support-groups-and-information-centers

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PUBLISHING DETAILS

Institute for Quality and Efficiency in Health Care (IQWiG, Germany)

www.informedhealth.org/about-us

Last updated: 03/2026

The format of this decision aid is based on the following:

- Ottawa Personal Decision Guide. O'Connor, Stacey, Jacobsen 2012. Ottawa Hospital Research Institute and University of Ottawa, Canada.
- MAKING SDM A REALITY – Hospital-wide shared decision making – G-BA Innovation fund 2023.
- Institute for Quality and Efficiency in Health Care (IQWiG, Germany). Development of a decision aid for hysterectomy: Rapid Report; Commission P18-01. 2019.