



PREPARING FOR CHILDBIRTH

Pain Medications Preference Scale

Penny Simkin, PT, 1998

You and your partner may use this scale to determine your preferences regarding the woman's use of pain medications in labor. Begin with each of you choosing the number that best matches your feelings. Then compare. If you are not in close agreement, discuss why and come to an agreement. The woman's preferences are more important and must prevail if you cannot agree. The right hand column describes what help she needs.

Number	What It Means	How the Birth Partner Helps
+10	A desire that she feel nothing; a desire for anesthesia before labor begins.	This is an impossible extreme; if she is a +10, she has no interest in helping herself in labor. Help her accept that she will have some pain.
+9	Fear of pain; lack of confidence that mother will be able to cope; dependence on staff for pain relief.	Follow recommendations for +10. Suggest she discuss fears with caregiver or childbirth educator.
+7	Definite desire for anesthesia as soon in labor as the doctor will allow it, or before labor becomes painful.	Be sure the doctor is aware of her desire for early anesthesia; learn whether this is possible in your hospital. Inform staff when you arrive.
+5	Desire for epidural anesthesia before transition (7-8 cm dilation). Willingness to cope until then, perhaps with narcotic medications.	Encourage her in breathing and relaxation. Know comfort measures. Suggest medication to her in labor as she approaches active labor.
+3	Desire to use pain medications, but would like as little as possible. Natural childbirth is not a goal.	Plan to be active as a birth partner 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" epidural block.
0	No opinion or preference. This is a rare attitude among pregnant women; not uncommon among birth partners.	Become informed. Discuss medications. Commit yourself to helping her decide her preferences. If she has no preference, let the staff manage her pain.

Number	What It Means	How the Birth Partner Helps
-3	Would prefer that pain medications be avoided, but only if labor is short or easy. Wants medication otherwise.	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 baby's benefit. Is actively preparing (practicing labor coping skills and reading outside childbirth class) and learning comfort measures but will accept medications for difficult labor.	Prepare your self for a very active role and, if possible, invite or hire an experienced labor support person to accompany and help the two of you. Practice together in advance. Thoroughly learn how to help her relax and breathe in pattern. Know the comfort measures. Do not suggest medication. If she asks, try other alternatives. Have her checked for progress. Ask her to try five more contractions without medication. Be firm, confident and kind. Maintain eye contact and talk her through each contraction. Get help from others.
-7	Very strong desire for natural childbirth, for sense of personal gratification as well as to benefit baby. Will be disappointed if she uses medications.	Follow the recommendations for –5, but with even greater commitment; interpret requests for pain medications as an expression that she needs more help. Use the Take Charge Routine. Only if that does not work do you stop trying to help her cope without medications.
-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 the final decision is not yours. It is hers.
-10	Will not use 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.