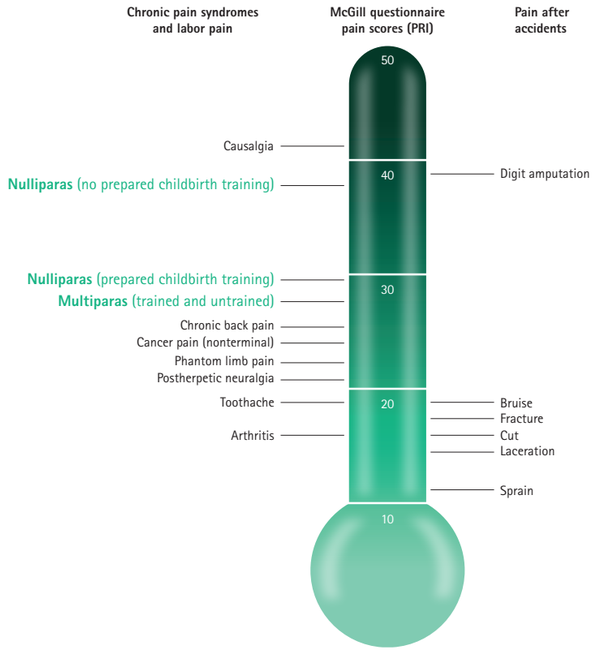
Regional Anesthesia for obstetric pain management

B|BRAUN
SHARING EXPERTISE

Labor pain: A common experience

Regardless of where and how birth takes place, labor is inherently unpredictable. During birth, any of the physiological processes involved can lead to significant discomfort or pain.[1]

For many women, the experience of childbirth proves to be significantly more painful than anticipated as many of them tend to underestimate the intensity of labor pain.[2]



Labor pain is among the most severe types of physical pain that women may experience during their lifetime.

When compared to several chronic pain syndromes and pain levels after accidents, average scores of pain during labor are reported to be higher than those associated with bone fracture, sciatic, or dental pains.[3]

The relevance of labor pain is clear. With over 140 million births per year, the World Health Organization includes pain relief for labor as a key aspect in the guidelines for intrapartum care model for a positive childbirth experience.[4]

Severe labor pain can have consequences

No two people feel pain the same way, even if the reasons for their pain are alike. Pain not only causes discomfort, but it can also affect emotions, mood, daily activities and relationships.[5]

The impact of acute labor pain is documented, research has shown it is a risk factor for persistent postpartum pain and depressive disorders.[6]

Contrary to common belief, it is the severity of acute pain after childbirth, not type of delivery, that predicts persistent pain and postpartum depression.[8]

154 %
is the increased risk of depression development with prolonged pain duration.[7]

250 %
is the increase in the risk of persistent pain due to severe acute pain.[8]

300 %
is the increase in the risk of postpartum depression when preceded by severe acute pain.[8]

In the light of these consequences, and according to published findings, pain should be alleviated as soon and as effective as possible to reduce suffering, promote the healing process and rehabilitation and to prevent complications.[9]

Neuraxial techniques – the gold standard during labor

Since May 2025, the WFSA has launched a **Declaration on Patients' Rights to Labour Analgesia**, endorsed by several country anesthesia societies and other organizations.

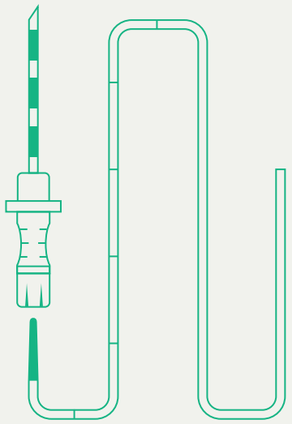
It states: "Anaesthesiologists' expertise empowers pregnant patients by offering them choices in managing labor pain and also enhances the safety and security of obstetric patients across the globe."[10]

Whether the need is spinal, epidural or combined spinal epidural anesthesia or analgesia, we have the portfolio available to cover your needs, from single stand-alone devices to standardized or tailored procedure sets.

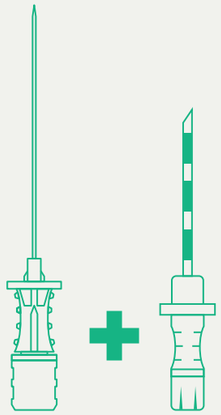
With more than 50 years of experience in neuraxial anesthesia, B. Braun is your partner in relief, every step of the way.

Spinal

Epidural



Combined spinal epidural



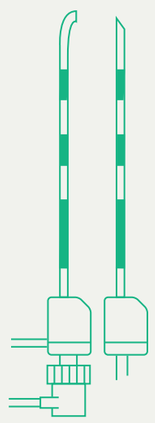
Obstetrics pain management – beyond neuraxial techniques

Some surgical procedures require specific approaches to pain management.

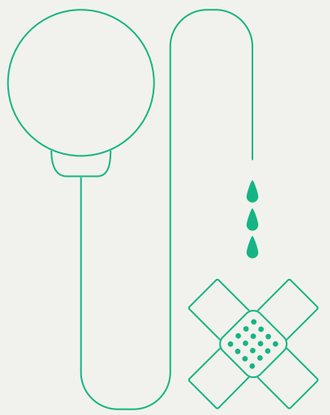
For C-sections, prospect (**pro**cedure **spec**ific post-operative pain management) recommendations, put together by PROSPECT Working Group under the European Society of Regional Anesthesia and Pain Therapy (ESRA), recommends the use of Regional Anesthesia techniques as well as a multimodal pain management strategy.[11]

At B. Braun we have the necessary devices and ready-to-use IV drugs to complement the neuraxial approaches.

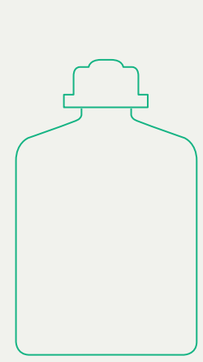
Peripheral nerve blocks



Wound infiltration



NSAIDS – non-opioids



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Regional Anesthesia catalogue

Accomplish Pain Therapy with Regional Anesthesia, supported by B. Braun's product portfolio.

Multimodal pain management

Treating pain immediately after a cesarean section is essential to help mitigate long-term adverse effects.

Literature

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