

Obstetrics and Gynaecology Women and Children's Services

Pain relief in labour

What is available?

Labour is a natural process but can be very painful so it is important to learn about all the ways you can relieve pain in labour and how your partner /labour supporter can help you. Remember to be flexible as you may find you may want more or less pain relief than you had planned and more effective pain relief may be advised to assist with delivery.

Attend parentcraft classes as the classes may help you to understand the mechanism of labour and instruct you on how you can help yourself. Ask your midwife for an information leaflet of what is available at UHCW NHS Trust. It can be helpful if you write your ideas down in a birth plan that you can discuss with your midwife.

Types of pain relief

Self help



Using relaxation techniques, breathing, keeping mobile, having a birth partner or someone to support you and massage you. Having confidence in your body will also help.



Patient Information

Alternative methods of pain relief

Some mothers wish to cope with their labour pain using alternative methods of pain relief. For example acupuncture, aromatherapy, homeopathy, hypnosis, massage and reflexology.

If you would like to use any of these methods it is important to discuss with your midwife early in your pregnancy. It is important that the practitioner you choose is registered to provide treatment in pregnancy.

Water pool for pain relief



At UCHW NHS Trust we have a birthing pool. If you are planning a home delivery pools are available for hire. Speak to your midwife about this.

- Your midwife could encourage you to have a warm bath in early labour as this can be beneficial for relaxation in this period.
- It is also possible to use the birthing pool for pain relief. If you have had a trouble free pregnancy and it is your fourth baby or less and the birthing pool is not already in use, feel free to discuss this possibility with your midwife when you arrive on the labour ward.
- The usage of the birthing pool is primarily for those who have planned in early pregnancy to have a waterbirth so priority will be given to those women.

Patient Information

TENS (Transcutaneous Nerve Stimulation)



TENS machines are available to hire or buy from Mothercare, Boots or BabiesRUs

- The midwife on the labour ward or Ward 24 will help you apply the TENS machine
- Electrodes are placed on your back with sticky tape by your birth partner or the midwife
- These are connected to a battery powered stimulator known as an 'Obstetric pulsar'
- You hold the pulsar controls and give yourself a small but safe amount of current
- This works by stimulating nerve endings in the body which then release natural painkillers called endorphins so helping with your pain
- It also works by reducing the number of pain signals being sent to your brain

If you are interested in hiring or buying a TENS machine for pain relief in labour speak with your community midwife or your midwife.

Patient Information

Entonox (Gas and air)



This is a mixture of oxygen and another gas called nitrous oxide. You breathe it in through a mouth piece which you hold yourself.

- Gas and air won't remove all the pain but it can help by reducing the pain, so making it easier to bear
- Many women like it as it is easy to use and you can control it yourself
- The gas takes 15 – 20 seconds to work, so you breathe it in just as your contraction begins and stop breathing in the gas and air after the end of the contraction
- The gas and air could possibly make you feel a little light-headed. There are no harmful side effects for you or your baby
- Some women also find it may make them sleepy or unable to concentrate on what is happening but if you continue to use it these will disappear
- Your midwife will instruct you on how to use the gas and air when you are in labour

If you find you need more pain relief there are other choices available at UCHW NHS Trust.

Injections (Pethidine)

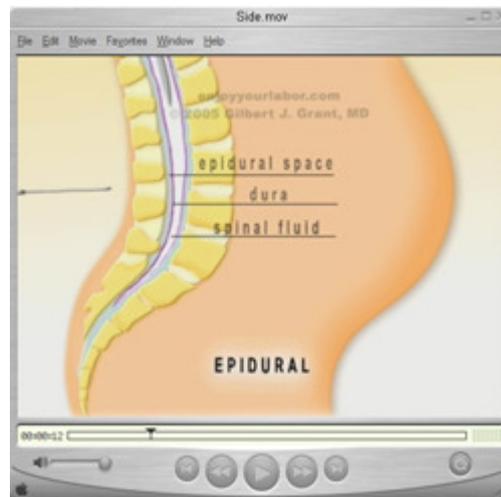
At UCHW NHS Trust we currently use Pethidine as a pain relieving injection in labour.

- It is given into your buttock and takes about 20 minutes to work. The effects last between 3 and 4 hours
- Some women find this helps lessen their pain
- Some women find this method used in conjunction with gas and air provide them with effective pain relief for their labour
- However it can make some women feel drowsy, dizzy, sick and forgetful.
- If Pethidine is given too close to delivery it may affect the babies breathing but this is very rare. An antidote can be given, if needed to the baby.

Patient Information

- You may be excluded from using this option if you have a proven allergy or you have had a previous reaction to opiates particularly pethidine.
- Some medical conditions preclude the use of pethidine. If you are unsure discuss this further with your midwife and doctor.

Epidural Anaesthesia



An epidural is a special type of local anaesthetic procedure. It numbs the nerves which carry the feeling of pain from the womb and the birth canal to the brain.

There may be a need to discuss suitability of this method of pain relief with an anaesthetist early in pregnancy especially if you have any medical, skeletal or allergy problems.

This can be discussed further with your community midwife who can also arrange for a convenient appointment with an anaesthetist if needed.

- For most women an epidural gives good pain relief in labour, but occasionally it may not work effectively. In that case, it can be inserted again
- It may take up to half an hour to complete. It is done by a specialist doctor called an anaesthetist. Occasionally there may be a delay if there is an emergency on labour ward, or if another person requires an epidural for medical reasons
- The epidural is inserted with you either sitting or lying on your side
- The anaesthetist inserts a fine plastic tube through a needle in between the bones of your spine; the needle is withdrawn leaving the fine plastic tube in place. This is secured in place with a dressing until the baby is born.
- Local anaesthetic can then be injected through the fine plastic tube
- In some cases of assisted delivery for example Caesarean Section or Instrumental delivery the same epidural can be used to give stronger local anaesthetic drugs to deliver the baby.
- In rare circumstances spinal anaesthetic may be considered instead of an epidural. Your anaesthetist will discuss this with you.

Patient Information

You may experience the following:

- Your legs may feel heavy. You will not be able to get out of bed because of this heaviness during labour and possibly for a few hours later
- You may find it difficult to pass water. A small tube called a catheter may be passed into your bladder to help you.
- Before the epidural is started you need to have a drip inserted into a vein in your hand. This helps to control your blood pressure.
- You will be advised to have your contractions and baby's heart beat continuously monitored by a machine called a Cardiotocograph (CTG).
- For delivery if you do not feel your contractions, the midwife will guide you when to push.
- There is evidence that epidurals do not cause backache, even though there may be localised tenderness for 2 – 3 days. For further information ask to see leaflets "Pain relief in Labour" by Obstetric Anaesthetic Association
- You will be recommended to and encouraged to change position frequently to prevent your bottom getting sore.
- There is some possibility (1:200) of getting a severe headache after insertion of an epidural. Your anaesthetist will discuss this possibility and treatments with you.
- There is evidence that having an epidural too early in labour may increase your chances of having an assisted delivery. It may be wise to use this option of pain relief when labour is well established (4cm or more dilated).

At UCHW NHS Trust mobile epidurals are not available.

Caesarean Section

There are several types of anaesthesia for caesarean section. For more detailed information please refer to the leaflet 'Caesarean section: your choice of anaesthesia' available from the **Health Information Centre**, in the main foyer, opposite Reception, or go to www.youranaesthetic.info

And finally, no one can tell you what your labour will feel like in advance. Even if you think you would prefer not to have any pain relief keep an open mind. In some instances it could help make your labour enjoyable and fulfilling.

References

Belfrage P, Boreus L. O., Hartvig P et al (1981) Neonatal depression after obstetrical analgesia with pethidine acta OBster gynaecol Scand 60 43 - 9

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Reynolds F. Dural puncture and headache. Chapter in Reynolds F (2000) Regional analgesia in obstetrics a millennium update. Springer – Verlag. London

Royal College of Obstetricians and Gynaecologists and Royal College of Midwives joint statement No.1 (2006). Immersion in water during Labour and Birth. pages 1-5

Patient Information

Russell R, Reynolds F (1997) Back pain, pregnancy and childbirth. British Medical Journal 314 1062 – 3

UHCW (2011) Care of women in labour using the birthing pool

UHCW (2009) Obstetric anaesthetists handbook

If you need any further information please contact the Labour Ward 024 7696 7339

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the Ante Natal Clinic and we will do our best to meet your needs.

The Trust operates a smoke free policy

Monitoring of compliance

To ensure information is relevant and beneficial, you may be asked to complete a short questionnaire about this information leaflet.

Document History

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Published	May 2006
Reviewed	July 2008, July 2009, February 2012
Review	February 2014
Version	4
Reference No	HIC/LFT/127/06