

Women and Children's

Pain relief in labour

This leaflet is designed to give you information about the types of pain relief that are available to you for your labour. It's best to read it before you go into labour or before you are very far along in your labour, so that you know the range of choices you will have.

We have other leaflets on pain relief and anaesthesia:

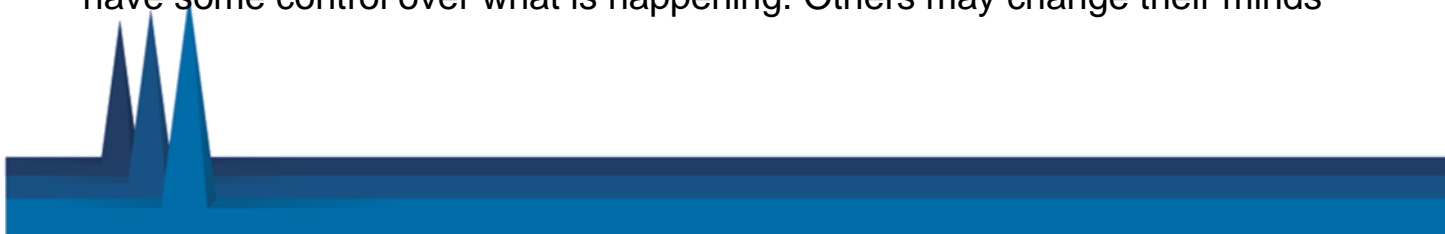
- Epidurals in labour
- Remifentanil in labour
- Anaesthesia for urgent obstetric operations

Labour pain

Labour is a natural process and almost always comes with significant pain. Each woman's experience is different, as is the way you will respond to that pain. For some women it can be very painful indeed, and you will want help and care to deal with it. This is especially true of women having a first baby, where about half of women will ask for an epidural, or having an induction of labour. If you have a hormone drip (oxytocin) to make your labour contractions stronger, you are very likely to need strong pain relief such as an epidural.

It is important that you understand the options available to you. We will help you choose pain relief techniques that can help to avoid a bad experience and unpleasant memories. Keep an open mind about pain relief during labour as you may want more or less pain relief at different times. Knowing about your different options will help you make your choice as to what you want.

It is possible to have some pain and still have a positive experience. Some women will be happy with the pain reduced to a level they can cope with, as long as they feel that some effective action has been taken and they have some control over what is happening. Others may change their minds



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during labour and ask for more pain relief. We will do our best for you whatever your choice.

Your midwife and anaesthetist are here to support your choices for pain relief. Having pain relief that works for you can help your midwife deliver your baby safely. If you have any questions, please speak with your midwife or ask them to call an anaesthetist to speak with you.

Helping yourself to stay comfortable

Before you go into labour, think about what you will do. Learn and practise relaxation and breathing techniques. Keep moving around and have a birth partner or someone to support you and massage you. Having confidence in your body will also help.

Going into labour

If you think you may be going into labour, telephone us on 024 7696 7333 to discuss with a midwife and take advice. Do not give yourself any Clexane injections unless the midwife says it is alright to do so.

Birthing pool for pain relief

A birthing pool can help relieve labour pains. It can help you relax and make the contractions seem less painful. If you have had a low risk pregnancy, discuss this possibility with your community midwife or the midwife caring for you in labour.

- The birthing pool encourages you to gently move and relax which may help labour progress.
- We have a birthing pool on labour ward and several in the Lucina birthing centre, although we cannot offer them if women have a suspected or actual COVID-19 infection. If you are planning a home delivery, pools are available for hire. Speak to your midwife about this. You could have a warm bath in early labour to help you relax.

Complementary methods

These are methods that can help some mothers, particularly if you have a positive attitude to them, though there is no good evidence that they work for many mothers. You are welcome to use things such as acupuncture, acupressure, aromatherapy, homeopathy, hypnosis, massage and reflexology.

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You must discuss this with your midwife early in your pregnancy if you would like to use any of these methods with a therapist. The therapist you choose must be registered to provide treatment in pregnancy. We have registered midwives who provide aromatherapy here at UHCW.

TENS (transcutaneous electrical nerve stimulation)

A TENS machine has leads with sticky pads which are placed on the skin over your lower back. You can buy or rent one. Gentle electrical impulses through the pads cause a tingling sensation that may help to relieve pain sensations, particularly backache. TENS stimulates the release of endorphins (natural painkiller hormones) and reduce the pain signals going to your brain.

It is sometimes helpful in late pregnancy and at the very beginning of labour, particularly for backache. If you buy or rent a TENS machine, you can start to use it at home. You can use it in the delivery room, but it is not usually strong enough to relieve labour pains effectively. You may well need some other sort of pain relief later on in labour.

TENS machines have no known harmful effects on your baby.

Entonox ('gas and air')

This is a safe mixture of oxygen and another gas called nitrous oxide. It is piped to labour rooms or available in a cylinder. You breathe it in through a mouthpiece which you hold yourself. Most labouring women will have Entonox at some time or another, and for some it will be all the pain relief they need – it gives moderate help. You must use it properly if it is to work well.

- Entonox won't remove all the pain, but it can help you 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 Entonox takes 15-20 seconds to work, so you should breathe it in just as your contraction begins and before it gets painful. To clear your head between contractions, stop breathing in the Entonox as soon as the contraction pain starts to go away.
- The gas and air could possibly make you feel a little light-headed or sick (nauseous), and your mouth a bit dry.
- There are no known harmful side effects for your baby. Your midwife will help you to use the Entonox when you are in labour.

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Injections – pethidine

This is an opioid injection given into your muscle and takes about 30 minutes to work. The effects last between 3 to 4 hours. Some women find this effective pain relief for their labour, though mostly it works by making you feel a bit less anxious, and a bit more distant from the pain and the experience of labour. You can use it in combination with Entonox. Some women cannot have pethidine if they have epilepsy or a pethidine allergy. You can discuss this further with your midwife if you have any questions.

Pethidine and other opioids can have some side effects:

- Feeling very sleepy (drowsiness)
- Feeling or being sick (nausea and vomiting)
- Opioids delay the digestion of food and your stomach may be fuller
- Very rarely and if given close to delivery, it may affect the baby's breathing
- The baby may be a bit drowsy and slow to feed
- Women who use opioids like pethidine and diamorphine often carry on using Entonox as well

Injections – diamorphine

This is an opioid injection with similar actions and side effects to pethidine. It takes 30 minutes to work. Diamorphine has been shown to be a little better for pain relief in labour than pethidine and many women are more satisfied with diamorphine.

We cannot offer you diamorphine if you are allergic to morphine.

Diamorphine is suitable for women with epilepsy.

Diamorphine has similar side effects to pethidine, though usually women feel better using diamorphine.

Remifentanil PCIA

Remifentanil PCIA (patient controlled intravenous analgesia) is a pump under your control that injects a strong opioid called remifentanil into your IV cannula. The evidence shows that it is not as strong as an epidural, but is a good alternative choice for stronger pain relief in labouring women who do not want, or cannot have, an epidural. Some women may have had previous spinal surgery or have taken blood thinning injections in the last few hours, and so we may not be able to offer you an epidural.

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Remifentanyl is not as available as an epidural and we cannot always offer it. It is not available in the Lucina centre (midwife-led unit) or at home.

- Your breathing and oxygen levels will be checked before your PCIA is started and will be monitored continuously while using the PCIA. You may need extra oxygen or have to stop using remifentanyl if it makes you too sleepy or slows your breathing too much.
- You may not be able to have the PCIA if you have had any other opioids within 4 hours or if you have certain heart or chest disorders, including COVID-19 with symptoms.
- You may experience drowsiness, itching, feeling sick (nausea) and dizziness. Your body breaks down remifentanyl very quickly, so the effects of each dose do not last long. If you don't like it, you can stop using it, and all side effects will quickly wear off.
- You will have a separate cannula solely for the PCIA and this will be attached to a pump that you will be shown how to use. You press a button to give yourself a dose when you feel a contraction starting.
- Women who use remifentanyl often carry on using Entonox as well.
- Your baby may be a little slow to breathe at first.

Epidural pain relief

An epidural is a reliable method of pain relief in labour and is inserted by an anaesthetist. It works by temporarily numbing the nerves carrying pain signals during labour and delivery. Most women who ask for an epidural are able to have one, but we will need to check your medical record and ask about any drugs you have had before doing it. We can't offer epidurals before you are in labour, and they can be difficult to insert in time if you wait until late in labour. We will try to offer something else if an epidural cannot be used.

If you are planning a birth at home or in the Lucina centre (midwife-led unit) epidurals are not available as a choice. If you decide you want epidural pain relief, there will usually be time to transfer from the Lucina centre to labour ward, where we can insert an epidural.

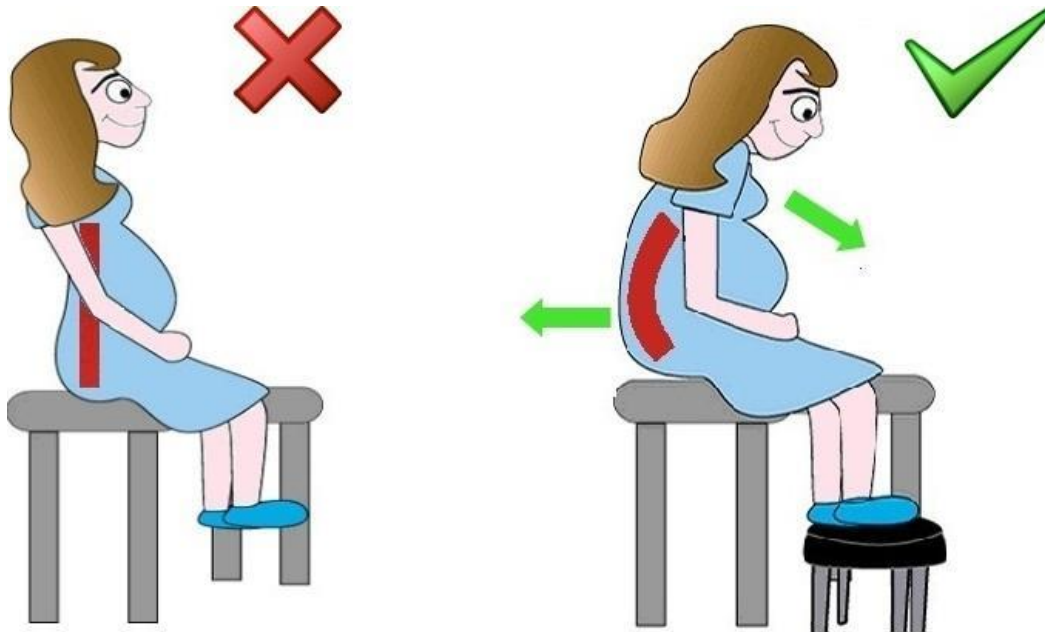
How we do epidurals:

- You will have a cannula in a vein in your hand or arm.
- Epidurals can be done either lying on your side or in the sitting position depending upon which is most suitable for the anaesthetist and yourself. You will need to curl up while it is done and let your back relax.

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While the epidural is being put in, it is important that you keep still and let the anaesthetist know if you are having a contraction.

- The anaesthetist will insert the epidural into your lower back. They will numb your skin and place a fine plastic tube through a needle. The needle is removed leaving the plastic tube in place.



Used with permission from Liverpool Women's Hospital

- It usually takes 20 minutes to put in the epidural and test it, and 20 minutes to properly relieve the pain. This may take longer if you have suspected or actual coronavirus infection as we may need more protective equipment.
- A mixture of local anaesthetic and painkiller is given down the plastic tube using an epidural pump. It will continue throughout your labour. You will be given a button controller to give your own epidural doses. This low-dose method is likely to give very good pain relief with a clear head and legs that do not become numb.
- Sometimes it may not work very well and may need replacing.
- The midwife will monitor your baby all the time while an epidural is in use.
- You may need a bladder catheter from time to time, as you will lose the sensation to wee (pass urine).

Advantages of an epidural

- An epidural usually provides excellent pain relief.
- You control your own pain relief with a button to give your own doses.

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- The drugs and doses used in an epidural do not affect your baby.
- Epidurals are recommended if you have a hormone drip (oxytocin) to help your labour (make your contractions stronger). The oxytocin makes the contractions more painful.
- If you need a caesarean section, it can provide anaesthesia for surgery.
- Epidurals can reduce the chance of having a caesarean section if you are having VBAC (vaginal birth after caesarean section).
- It wears off soon after delivery – most women will recover power and have feeling in their legs by 4 hours after delivery

Key points about epidurals

- The epidural may not be effective at first and occasionally has to be replaced, but usually works well afterwards.
- Having an epidural does not increase the chance you will require a caesarean section.
- Having an epidural may lead to a small rise in your body temperature (fever) and we may offer you paracetamol for this.
- You may have some tingling and heavy legs. You will still be able to move yourself around the bed and we encourage you to choose whatever position you wish to deliver in.
- Repeated top-ups with stronger local anaesthetic may cause temporary leg weakness and might increase the risk of forceps or ventouse delivery.
- The epidural site may be tender for a few days. Backache is not caused by epidurals but is common after any pregnancy.

Detailed risks of having an epidural to reduce labour pain

These details are taken from the <https://www.LabourPains.org> website. The information available from the published documents does not give accurate figures for all of these risks. The figures shown below are estimates and may be different in different hospitals.

Possible problem**How common the problem is**

Significant drop in blood pressure

Occasional – about **1 in 50**

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Possible problem	How common the problem is
Not working well enough to reduce labour pain so you need to use other ways of lessening the pain	Common – about 1 in 8
Not working well enough for a caesarean section so you need to have a general anaesthetic	Sometimes – about 1 in 20
Severe headache	Uncommon – about 1 in 100
Nerve damage (for example, numb patch on a leg or foot, weakness of a leg)	Effects lasting less than six months: Rare – about 1 in 1,000
	Effects lasting more than six months: Rare - about 1 in 13,000
Epidural abscess (infection)	Very rare – about 1 in 50,000
Meningitis	Very rare – about 1 in 100,000
Epidural haematoma (blood clot)	Very rare – about 1 in 170,000
Accidental unconsciousness	Very rare – about 1 in 100,000
Severe injury, including being paralysed	Extremely rare – about 1 in 250,000

Having an operation while in labour

About a third of women in labour will need an operation, whether this is a caesarean section, forceps delivery, stitches or an operation to remove your placenta after the delivery. We have another leaflet about this – Anaesthesia for urgent obstetric operations. If you would like a printed copy, ask your midwife.

Further Information

And finally, no one can tell you in advance what your labour will feel like. It is a very personal experience and women's expectations and choices can change during labour. Even if you think you would prefer not to have any

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pain relief keep an open mind. Sometimes having effective pain relief will help make your labour enjoyable and fulfilling.

If you need any further information, please contact the Labour Ward on 024 7696 7339 or see the next page.

As well as this information, there is good material on the <https://www.LabourPains.org> website. We recommend that you go to look at this website – go directly or use the QR code on the right.



NICE National Institute for Health and Care Excellence

You can read more about the NHS national standards in offering pain relief in labour on the NICE web site at <https://www.nice.org.uk/guidance/cg190>.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact us on 02476 965871 and we will do our best to meet your needs.

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