Maternity

Pain relief for giving birth if your baby has died

Finding out that your baby has died before birth is devastating. It can be difficult to process all of the information you are given at such a difficult time, so it is helpful to have it in writing as well.

Your doctor will discuss the different options for delivery with you. While the thought of a vaginal birth may be distressing, it is often recommended as there are fewer risks to you and the physical recovery can be quicker. Like any other labour, you will be looked after by an experienced midwife and, where possible, cared for in a private room where your birthing partner can stay with you.

This information leaflet provides information about pain relief options that are available to you during labour and birth.

Labour pain

Labour 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. Some women will want to change their minds 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. If you have any questions, please speak with your midwife or ask them to call an anaesthetist to speak with you.

What are my pain relief choices for birth?

Making sure that you have good pain relief during labour and birth is important. While it is understandably difficult, trying some relaxation techniques such as deep breathing, a massage and listening to music can all help. In addition to these techniques, there are several forms of pain relief below that can help.

Your personal wishes, medical history, and details about this pregnancy and any previous pregnancies will be taken into account when discussing pain relief options to see what may suit you best.

TENS (transcutaneous electrical nerve stimulation)

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

If you have a TENS machine, you may find it useful in early labour, particularly for backache. It probably won't be strong enough to relieve labour pains effectively, and you may well need some other sort of pain relief.

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. It is likely to make you feel a bit light-headed, more relaxed and reduce your pain. It is very helpful for some women, 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.
- It is easy to use, and you can control it yourself.
- Entonox takes 15 to 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.
- Your midwife will help you to use the Entonox when you are in labour.
- You can use Entonox at the same time as the other methods below.

Injections – pethidine

This is an opioid injection given into your muscle (usually your leg) 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 more 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
- 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, taking 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 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.

Morphine PCA

This treatment may be particularly helpful, as the pain-relieving and sedating effect will be greater than with the pethidine or diamorphine injections above. It's an alternative to an epidural if keeping a clear head is not so important to you. 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 an epidural.

Morphine PCA (patient-controlled analgesia) is a pump with a button controller that injects a strong opioid called morphine into your IV cannula. When you press the button, the pump delivers a dose of morphine into your drip. You may become quite sleepy. Some women find that this will dull the pain and the experience of giving birth. If you feel sick, we can give you anti-sickness medicine to help.

You can carry on using Entonox as well if you wish.

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 medicines 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.

To check that it is safe for you to have an epidural, the anaesthetist will need to review your medical history and check your blood tests. If your baby has died before birth, you may be at higher risk of bleeding or an infection. This needs to be ruled out before the anaesthetist inserts an epidural to reduce the risk of complications.

How we do epidurals:

- You will have a tube (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. 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.
- It usually takes 20 minutes to put in the epidural and test it, and 20 minutes to properly relieve the pain.
- A mixture of local anaesthetic and painkiller is given down the plastic tube using an epidural pump. This 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, the epidural may not work very well and it may need replacing.
- 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.
- 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.
- It wears off soon after birth – most women will recover power and have feeling in their legs by 4 hours after birth.

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 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 heaviness in your 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.
- 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 www.LabourPains.com. 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**
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**
Infection (epidural abscess)	Very rare – about **1 in 50,000**

Possible problem	How common the problem is
Meningitis	Very rare – about **1 in 100,000**
Blood clot (epidural haematoma)	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**

Where can I get more information?

If at any time you feel uncertain about anything, the healthcare professionals looking after you are there to help. The anaesthetist on duty on the delivery suite may be the best person to discuss your pain relief options with you. Sands, the Stillbirth and Neonatal Death charity, offers support to anyone affected by the death of a baby. They have information online in addition to a helpline that is free to call from a landline.

https://www.sands.org.uk/support-you

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

Reading more

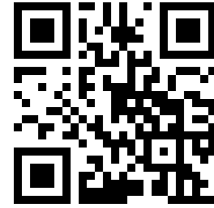
As well as this information, there is good material on the **https://www.LabourPains.com** web site. We recommend that you go to look at this web site – go directly or use the QR code on the right. Parts of this leaflet have been taken directly from information on LabourPains.com.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact us on 024 7696 5871 and we will do our best to meet your needs.

The Trust operates a smoke-free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.



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