

Maternity

Pain relief for giving birth if your baby has died

Finding out your baby has died before birth is devastating. It can be difficult to take in everything you are told at such a difficult time, so having this information written down may help.

Your doctor will talk with you about the different ways your baby can be born. While the thought of a vaginal birth may be distressing, it is often recommended as it is safer for your body and recovery is usually quicker. An experienced midwife will look after you. If possible, you will stay in a private room, and your birthing partner can stay with you.

This leaflet explains the pain relief options that may be available to you during labour and birth.

Labour pain

Labour is usually painful. Each woman feels labour pain differently. Some women find it very painful and need extra help to cope. It is okay to change your mind and ask for more pain relief. We will support you in whatever choice you make. If you have any questions, please speak with your midwife or ask them to call an anaesthetist to speak with you.

Pain relief choices for birth

Having good pain relief during labour and birth is important. Labour is difficult but trying relaxation techniques like deep breathing, a massage, or listening to music can help. There also different types of pain relief that can help during labour.

Your midwife or doctor will talk with you about your pain relief choices. They will think about what you want, your health, and your past pregnancies, to help find what is best for you.



Patient information

TENS (transcutaneous electrical nerve stimulation)

A TENS machine uses sticky pads that are placed on the skin on your lower back. It sends gentle electrical impulses that feel tingly and can help reduce pain, especially back pain. The machine helps your body release natural pain relief hormones, to reduce how much pain you feel.

It works best in early labour, mainly for backache. It may not be strong enough later, so you might need other pain relief too.

Entonox (gas and air)

Entonox is a safe mix of oxygen, and another gas called nitrous oxide. You breathe it in through a mouthpiece that you hold yourself. It can help you feel more relaxed and reduce pain, but it can make you feel light-headed. Some women find it is all the pain relief they need.

- It does not take all the pain away, but it can make it easier to cope.
- You are in control, and it is easy to use when you need it.
- Start breathing in as contractions begin, as it takes 15 to 20 seconds to work.
- Stop using it when the pain starts to go, so you feel clear-headed again.
- It may make you feel sick or give you a dry mouth.
- Your midwife will help you use Entonox during labour.
- You can use Entonox at the same time as the other pain relief.

Injections – Pethidine

Pethidine is a strong pain-relief medicine. It is given as an injection into a muscle, usually in your leg. It takes about 30 minutes to work and can last for 3 to 4 hours. Some women find pethidine helpful. It does not always take the pain away, but it can help you feel calmer and less worried. It makes you feel more distant from the pain. You can use pethidine at the same time as Entonox.

Some women cannot have pethidine if they have epilepsy or a pethidine allergy. You can talk to your midwife if you have any questions.

Pethidine and similar medicines can cause side effects, such as:

- Feeling very sleepy (drowsiness)
- Feeling sick or being sick (nausea and vomiting)
- Slower digestion, which can make your stomach feel full
- Many women still use Entonox while having pethidine or diamorphine.

Patient information

Injections – Diamorphine

Diamorphine is another strong pain-relief injection. It works in a similar way to pethidine and takes about 30 minutes to work. Diamorphine often works a little better than pethidine for labour pain. Many women are more satisfied with diamorphine. Diamorphine has similar side effects to pethidine, but usually women feel better using diamorphine.

You cannot have diamorphine if you are allergic to morphine. It is safe for women with epilepsy.

Morphine PCA (patient-controlled analgesia)

Morphine PCA is a stronger type of pain relief than pethidine or diamorphine injections. It may be helpful if you cannot have an epidural, or if staying fully alert is not important to you.

You will have a drip (cannula) in your arm with a pump attached. The pump has a button. When you press the button, a safe amount of morphine goes into your body. This can make you feel very sleepy. It may dull the pain and the experience of giving birth.

If you feel sick, we can give you anti-sickness medicine to help.

You can also use Entonox at the same time if you want.

Epidural pain relief

An epidural is a strong and reliable way to reduce pain in labour. An anaesthetist gives it. It works by temporarily numbing the nerves carrying pain signals in your body. Most women who ask for an epidural can have one. Before giving it, we will need to check your medical history and any medicines you have taken. We may not offer an epidural if you have spinal surgery or taken blood thinning injections in the last few hours. To help you keep you safe, we may also need to check your blood tests, as sometimes if a baby has died before birth there is higher risk of bleeding to infection.

Epidurals can only be given once labour has started. They can be harder to give in time if labour is very advanced. If an epidural is not possible, we will try to offer other options.

Patient information

How we do epidurals:

- You will have a tube (cannula) put into a vein in your hand or arm.
- You can have an epidural while lying on your side or sitting up. The anaesthetist will choose the best position for you.
- You will need to curl up, relax your back, and try to stay as still as you can. Tell the anaesthetist if you feel a contraction starting.
- The anaesthetist will insert the epidural into your lower back. They will numb your skin and place a thin plastic tube through a needle. The needle is taken out, but the tube stays in.
- It usually takes 20 minutes to put in the epidural and test it, and 20 minutes to properly relieve the pain.
- A mix of pain relief medicine is given through the tube using an epidural pump. This will continue throughout your labour.
- You will get a button controller to give yourself epidural doses when you need them. This low-dose method usually gives very good pain relief while keeping your head clear and your legs able to move.
- Sometimes, the epidural does not work well and may need replacing.
- You may need a bladder catheter, as you may not feel when you need to wee (pass urine).

Benefits of an epidural

- An epidural usually gives very good pain relief.
- You are in control, using a button to give yourself extra pain relief.
- Epidurals are recommended if you need a hormone drip (oxytocin), which can make contractions stronger and more painful.
- The epidural wears off soon after birth. Most women get feeling and strength back in their legs within about 4 hours.

Important things to know about epidurals

- The epidural may not work well at first and may need to be replaced sometimes, but then usually works well.
- Your temperature may go up (fever). You may be offered paracetamol.
- Your legs may feel tingly or heavy, but you can still move in bed. You will be supported to choose a comfortable birth position.
- Repeated top-ups with stronger local anaesthetic can cause temporary leg weakness.
- Your back might feel sore for a few days. Epidurals do not cause long-term back pain, but backache is common after pregnancy.

Patient information

Possible risks of an epidural

This information was taken from www.LabourPains.org. The information available from the published documents does not give accurate figures for all 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
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

Patient information

Where to get more help

If you are unsure about anything, please ask the healthcare staff looking after you. The anaesthetist on the labour ward may be the best person to talk to about pain relief.

Sands is a charity that supports families affected by the death of a baby. They have information on their online and a free helpline.

Website: <https://www.sands.org.uk/support-you>

If you need more information, you can contact the Labour Ward on 024 7696 7339 or see below.

Reading more

You can find more helpful information at <https://www.LabourPains.org>.

You can also use the QR code on the right.

Parts of this leaflet have been taken from this website.



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.

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