

Different ways to help manage pain in labour

This leaflet will help to describe what causes the pain that you may experience in labour, and it will try and help you to understand the choices you have to help you to manage that pain. It will explain the benefits and risks to each method. Midwives can help by discussing the options with you and will be able to answer your questions. This can be done at Parentcraft classes that your midwifery team will hold or in discussion with your midwife when she is undertaking your antenatal care.

What causes the pain and what does it feel like?

Pain in labour comes from the nerves around the bottom of your womb – the nerves pass through muscles to reach the brain. Women describe labour pain in many ways, and they also feel the pain in different places – such as the lower back, lower tummy, legs or labia. At the point of giving birth, women often describe a very strong burning sensation. Many things will affect the pain you experience, such as the position of your baby in the womb, how tired you may be, or whether you have someone with you for support. Other things that are going on in your life can affect how you cope with your labour pain, and if you are anxious, you could speak to your midwife, who will support you.

Drug free methods

There is much you can do to help yourself during labour. For example, studies have shown that women find it important to have a birth partner throughout labour, and continuous one-to-one care can reduce the need for pain relief using drugs. It is known that upright positions and walking often help labour to progress, so it may help to remain mobile, adopting different positions as you are able. Use chairs, cushions and the bed to move between positions that make you feel most comfortable and relaxed. Sitting on a birthing or exercise ball and rocking gently may help, and certainly you should avoid lying down on your back. Try relaxation methods and breathing techniques.

Complementary Therapies

Some women may use complementary therapies such as acupuncture, reflexology, aromatherapy and hypnosis, if you wish to use complementary therapies; you will need to be trained in its use, and to bring a support therapist with you when in labour as midwives will not be able to undertake this for you.

Water

Many women find a warm bath comforting in early labour, but some women use the water birth pool as their labour progresses. Using the pool can assist a woman who wishes to avoid pain relief using drugs. At Hinchingsbrooke we have a birthing pool available for use; it is important that you understand that should the pool be in use when you are in labour, this option will not be available to you. If you chose to labour and birth in the pool you will not be able to use pain relieving drugs, with the exception of Entonox. If you are planning to give birth to your baby at home, you can hire or buy a pool.

Transcutaneous Electrical Nerve Stimulation (TENS)

A small battery operated pulsar sends gentle electrical impulses through 4 electrodes taped to your back. The machine is designed for use in labour, and the impulses stimulate your body to produce pain-relieving hormones called endorphins. They also interrupt the pain signal pathway sent through your spinal cord to your brain reducing the pain sensation. The TENS is most effective if used from early labour, as it takes around 30 – 40 minutes to build up the endorphin levels, and the electrical stimulation can be increased as the contractions become stronger.

Entonox (Gas and Air)

Entonox is a gas, which is a mixture of 50% oxygen and 50% nitrous oxide, which many women refer to as gas and air. The gas may be piped from a wall attachment or come from a cylinder. You breathe this in through a mouthpiece during a contraction to reduce the pain; to get the best effect, the timing is very important – your midwife will help you. Each mouthpiece is disposable and only used for one woman. Entonox is also available for use in a home birth.

Opioids

Opioids are strong pain-killing injections - Pethidine, Diamorphine and Meptid are the most common. All have the same effect and are normally given as a single injection into your buttock or leg.

Benefits

- You will probably feel very sleepy and relaxed and may even go to sleep.
- For some women, these drugs work very well.

Risks or disadvantages

- Some research suggests that they have little or no pain relieving effect.
- There is a limit to how much of the drug you can safely have in labour.
- You may experience hallucinations with these drugs.
- You may feel sick, but can be given something to reduce this effect.
- It may make your baby drowsy, and occasionally an antidote has to be given by injection to your baby after birth. The effect on your baby will be only slight if you are given this type of pain relief only shortly before birth.

- Babies who are drowsy may be less interested in breastfeeding for the first 48 hours.
- You will be less mobile.
- You will not be able to use the birthing pool if you have these drugs.

Epidural

The nerves from your womb and surrounding muscles pass through the lower part of your spine to reach the brain. Most of the pain felt during labour comes from these nerves. An epidural is an anaesthetic, which is injected into this part of your spine to numb the nerves so you don't feel the pain of contractions during labour. An anaesthetist performs the procedure. A drip is inserted into a vein in your arm. Your back is cleaned and local anaesthetic injected, and then a fine hollow tube (catheter) is inserted into your back whilst you sit up very still, curled forwards. This is securely taped into place so that you can freely move into comfortable positions. Pain relieving drugs are then given through this catheter as needed or continually by a pump. If you need an epidural putting in just for your baby's birth, such as for a suction or Caesarean birth, the anaesthetist is likely to put in a 'spinal'. This is very similar to an epidural, but goes a little deeper, and is quicker acting.

Benefits

- The epidural aims to provide adequate, often complete, pain relief within about 20 minutes. If the pain relief is complete, you will be able to rest.
- Normally epidural analgesia is straightforward and very effective, with little risk of harmful effects.
- You may still be able to change your position or even sit out in a chair, but you will not be able to walk around following the procedure.
- Once you have an epidural in place, it can be very easily and safely 'topped up' if you need a forceps, Ventouse (suction) or even Caesarean delivery.

Risks or disadvantages

- Some complications of pregnancy and some blood disorders may make epidural unsuitable for you – your midwife and doctor will advise you about this.
- Epidurals may cause low blood pressure, but the fluids given via the drip in your arm aim to prevent this.
- Approximately 1 in 100 women can experience a headache after an epidural. If this happens it can be treated, but it is unpleasant.
- You will have reduced sensation to your lower limbs and may lose feeling altogether. Normal sensation will return within a few hours.
- Back pain is common during pregnancy and will often continue afterwards. Evidence shows that epidurals do not cause long term back pain.
- An epidural may slow the second stage of labour.
- An epidural slightly increases the chance of you needing a forceps or Ventouse (suction) delivery, but does not increase the chance of needing a Caesarean section.
- It is very unlikely that you will be able to walk around, and some women find this restricting.
- The baby's heart rate will be continuously monitored with the CTG machine.
- Some women feel a bit 'shivery' at first, but this should pass.

- You may find it hard to pass urine, and you will need a catheter to empty your bladder.

Further Information

The information in this leaflet is gained from guidelines which midwives and doctors use all the time. They are from local and national guidelines, and are produced from research. Your midwife or doctor can give you more information should you require it.

References

<http://nuh.nhs.uk>

<http://nice.org.uk>

<http://www.oaa-anaes-ac.uk>

<http://www.nuh.nhs.uk/qmcmaternity>