

Maternity Unit

Patient Information

The Information Standard 

Information

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Pain Relief for Labour

Introduction

This leaflet has been designed to give you an overview of how you can use natural methods to help relieve labour pains and further options that are available if you choose to use drugs for pain relief.

If you have further questions about the methods presented here then ask your midwife.

Natural methods of managing pain

Remaining mobile

Women in labour often find they are more comfortable in certain positions. The midwife will support you in finding the most comfortable position. It has been found that upright positions work for most women such as sitting, standing, leaning forward and walking or rocking their pelvic area during contractions. Some women, particularly when the baby is “back-to-back”, find that being on all fours or sitting facing the back of dining type chair is the most comfortable.

Sitting positions can be supported by your partner, the midwife, a “birth ball”, beanbag and pillows. You may also choose to use the wall or the bed for support when standing. When you choose to lie down, you may feel more comfortable lying on your side supported by beanbags and pillows.

It is very common to change positions frequently, often with each contraction and to feel as though no position is comfortable for longer than a few minutes.

During the second stage of labour and during the birth many women find that being upright is helpful. Your midwife will be able to assist you with different positions.

Advantages:

- Being upright seems to improve the way contractions work and may shorten the length of time it takes for the neck of the womb to open. It may also shorten the time it takes to push the baby out

- Movement may increase the amount of natural painkillers called endorphins in your nervous system
- Upright positions, squatting or semi-squatting, help the pelvis to widen during the birth giving the baby more room to come out. Gravity is another force that helps in pushing the baby out during the birth
- There may be less chance of tearing the vaginal opening as your baby is born

When Movement is Restricted:

- There may be a need to monitor your baby's heartbeat using a machine called a cardiotocograph. If so, your movements may be restricted, but usually you can continue to move around
- If there is a need to restrict your movements, your midwife should explain why
- Some positions can be tiring for your birth partners during labour, so be considerate to them. If labour is long then you too may become tired when using upright positions

Breathing

Breathing techniques used to be taught to help as a distraction during contractions. Nowadays women are encouraged to find their own patterns. If breathing is slow, deep and rhythmical, it may help you feel more in control and less panicky about the experiences you are having.

Outward breathing can be used to "release" tension, helping to deal with high stress levels and pain and can be accompanied by sounds that may channel your feelings, such as sighing, singing, groaning, laughing, swearing or crying. Your midwife or birth partner will be able to help you regulate your breathing if you become tired or begin to feel out of control at any time.

Advantages:

- Slow, deep, rhythmical breathing can enhance any other technique of pain relief
- You are in control of it

Disadvantages:

- If done incorrectly, this technique can lead to over-breathing or hyperventilation which may make you feel panicky or faint
- The outward breathing technique may cause distress to your birth partners unless they are aware of what you are doing

Relaxation

This is something you may learn at antenatal classes. It helps to reduce the muscle tension between contractions and can help to counteract fatigue. It is possible to teach yourself simple methods of relaxation in everyday life. There are tapes available and also hypnobirthing tapes and courses that could be useful. However, a state of relaxation can be difficult to achieve in a busy labour ward environment or when contractions are close together.

Massage

During labour many women appreciate being touched, stroked or massaged. Gentle touch is a sensation that is associated with caring and can make women feel supported and cared for. There are different kinds of touch or massage from simply holding hands with your partner or lightly stroking or rubbing your “bump”, to firm circular massage of the sacrum and centre of back with the heel of your partner’s hand to counter the back pain felt when the baby is in a “back-to-back” position.

Advantages:

- Easy to do and often instinctive
- Often gives a feeling of being cared for, and a way for your partner to communicate this to you
- Easily discontinued

Disadvantages:

- Can become annoying when in very strong labour
- Unless the areas of massage and techniques are varied, the skin may become painful in the area being touched

Water

One of the most popular ways to relieve pain in labour is to use water. This can be through the use of a bath or a birthing pool. Warm water can help with backache and relieve the “heaviness” of being pregnant if the water is reasonably deep. Many women like to labour and give birth in water, using a birthing pool which is deep enough to cover them during labour and allow them mobility during the labour - a normal bath is not usually big or deep enough for this.

Water seems to enhance muscle relaxation, relieving tension and may accelerate labour through this mechanism because women are often fairly upright whilst in the water.

Some women like to be in a warm bath and use the handheld shower attachment to direct water across the back or tummy. Another option is to stand in a shower with the spray directed on to your lower back.

Advantages:

- In the early stages it is a quick way to get relief from persistent backache
- It can be combined with other forms of pain relief including use of nitrous oxide
- Using a birthing pool may accelerate labour and encourage an upright position
- It increases your control over the surroundings for the birth

Disadvantages:

- Occasionally, there may be difficulties with the birth or labour process, which would mean you leaving the water quickly

Acupuncture / acupressure / shiatsu

These are therapies that use pressure points on the body to enhance contractions, and to relieve pain and stress. Acupuncture uses needles inserted into these pressure points and requires a qualified therapist to position them. Otherwise both shiatsu and acupressure can be learnt and carried out by a non-professional partner during labour.

Aromatherapy

This therapy utilises our sense of smell, and the brain's response to these smells, to help in the labour process. The oils are administered either as drops in a bath, in oils during massage or on a handkerchief or flannel applied to the forehead during labour. The oils used are said to have varying specific properties that enhance the body's response to labour, and should be recommended by a qualified aromatherapist who can prepare the oil required.

Transcutaneous electrical nerve stimulation (TENS)

This is an easy to use, non-invasive method of pain relief. It is a portable hand-held box containing a battery-powered generator providing electrical impulses. These impulses are transmitted to the nerves via the skin, using electrodes taped to the skin.

There is a "buzzing" or tingling sensation with the pulses, and the "user" is in control of the frequency and intensity of the sensations as she wishes. It is thought that the nerve stimulation causes the release of the natural painkillers called endorphins, and it may have a part in closing a "pain gate", as the brain can only respond to so many nerve messages at one time.

TENS is at its most effective if used as soon as labour pains and/or backache associated with labour is experienced. It should not be offered to women in established labour as there is no evidence that it will be effective at this stage.

Advantages:

- Easy to use and discontinue if required
- Can be used in combination with other methods of pain relief

Disadvantages:

- To ensure that you have access to a machine and are able to start using it early in labour we recommend that you rent or buy your own machine
- Some women don't like the sensation of the tingling
- TENS cannot be used whilst in the bath
- Some electronic fetal monitoring is sensitive to the TENS signals and TENS may need to be discontinued during monitoring

Medical ways to help with pain during labour and birth

Nitrous Oxide

This is a gas, which may be supplied from a point on the wall of your room or from a mobile cylinder. You may have heard it called “Entonox” after the equipment used to inhale it. It can be breathed in via a facemask or a mouthpiece which is fitted with a special valve so that you do not have to remove it from your face/mouth to breathe out.

Once inhaled, the gas enters the blood stream and is effective in about 15 seconds. It causes the pain sensation to be lessened rather than taken away and has a temporary side effect of sedation or sleepiness. The side effects may make you feel dizzy or “drunk” or disorientated, and there may be nausea or vomiting. These effects will disappear once you stop breathing the gas.

Advantages:

- Easy to use and quick to work
- Can be combined with other methods of pain relief
- No lasting side effects on mother or baby
- Some women find it effective to help them control their breathing, especially during the last part of labour before pushing has started

Disadvantages:

- Some women find that they don't like the sensation of being “removed” or “drunk” that nitrous oxide causes
- May cause feelings of nausea
- It may also interfere with your ability to stay upright during contractions

Pethidine

This drug belongs to a group of powerful pain relievers called opiates. It is given via injection into a large muscle. The largest muscle in your body is in the cheeks of your bottom so it is often given there but it can be given in the thigh and very rarely in the upper arm. It takes 15-20 minutes to start working and its effects peak within 1-2 hours and are ineffective within 4 hours.

It works by fooling the body into thinking it is a natural painkiller or endorphin, acting to block the pain messages sent by nerves. However it is non-specific and blocks the actions of other nerves not sending pain messages, leading to the side effects of dizziness, nausea, vomiting, a drop in blood pressure and sedation or sleepiness. To counteract the nausea, Pethidine is often given with an anti-sickness drug.

Pethidine crosses the placenta and may make the baby sleepy if the birth occurs shortly after the administration of Pethidine. Sometimes the baby may need help to begin breathing and later, the baby may not suck very well causing problems with feeding. It may take a day or two for the sedative effects to fully wear off. 'There is a drug which can be given to the baby by injection to counteract the effects of Pethidine.'

Advantages:

- Easily administered
- If well timed, Pethidine provides good pain relief to women helping them relax during labour, especially if they are tense and nervous or have deep muscle tension
- Pethidine does not interfere with contractions or the progress of labour if given during strong labour

Disadvantages:

- Can cause confusion, dizziness, sedation, nausea and vomiting
- Some women dislike the side effects
- It is unsuitable for use if the baby is premature or if there are any concerns about the baby's heartbeat during labour

Epidural

This is administered by inserting a very small tube into your lower back, between the bones in your spine. It is the most complicated method and potentially the most effective. It is performed by an anaesthetist. A small dose of anaesthetic is injected into the space around your spinal cord called the epidural space. This aims to numb sensation from your womb muscles and vaginal area completely so there should be no pain or discomfort. Often, you are still able to move your legs and feet, but not always.

You will need to have a drip sited in your hand or arm so that extra fluid can be given to you and then you will be required to sit or lie curled up, remaining very still whilst the anaesthetist inserts the thin tube. Usually it takes about 20 minutes to prepare and 20 minutes to insert and put in the test dose. After the initial dose of local anaesthetic has been given, there is then a continuous dose provided by a pump alongside a boost button controlled by you. This allows you to choose to have a top-up when needed – without any risk of an overdose.

Advantages:

- Can potentially provide the most effective pain relief
- In general epidurals have no effects on the baby
- Can be useful in prolonged and difficult labours
- Can be useful where birth using ventouse, forceps or caesarean section may be likely
- An epidural will not make you feel drowsy

Disadvantages:

- It can be uncomfortable and difficult to put the epidural in as you have to remain absolutely still
- You may experience nausea, shivering or itchiness
- You will not be able to move around much and will have to stay on the bed. The effect can be patchy
- Sometimes epidurals do not work

- After an epidural, you and the baby will need to be monitored closely. This often means increasing the amount of machinery around you, and this may or may not reassure you
- You may suffer a bad headache (1:200)
- You may suffer a drop in blood pressure (1:1000)
- Rarely you may suffer nerve damage such as a numb patch on your thigh or a weak leg (temporary 1: 1000-2000, permanent 1:13000)
- The risk of paralysis is very small (1:1million)

Further Information

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