

Pain relief in labour

Not all women experience pain during the birth of their baby and the degree of pain varies from woman to woman and labour to labour. This leaflet will give you some basic information about the various methods of pain relief available to help you cope with your labour. After you have read it, take some time to discuss it with your midwife or the doctors before deciding. Alternatively, you may wish to wait and see how your labour progresses before making up your mind.

Relaxation and breathing exercises

At your antenatal classes you will be shown methods of relaxation and breathing exercises. These can be extremely useful and for some women this is all that is needed. They can help women to cope better with the pain of labour and can be used alongside all other forms of pain relief.

Aromatherapy

Aromatherapy has been shown to be beneficial in helping you to relax and as a pain relief in labour. The essential oils are administered by inhalation (in the air), during a massage or in the bath. Most women are able to use aromatherapy in labour and increasing numbers of midwives are able to offer aromatherapy. If you are interested in using aromatherapy ask early on so the right midwife can be allocated to you.

Water

Some women find taking a bath or using the birthing pool useful. This can be combined with relaxation and breathing exercises and entonox (gas and air). Again, let your midwife know if you are interested.

Sterile water injections for relief of back pain in labour

You may be offered this by your midwife if you are experiencing severe back pain in labour from a back to back labour (OP position). This technique consists of up to 4 small injections of sterile water into your skin in 4 areas of your lower back. This may help to provide you with some relief from your back pain and can be combined with other forms of pain relief. This is a new form of pain relief therefore the research is in its early stages. As a result it is not nationally recommended but our local audit showed that women found this helpful in coping with back pain, especially in early labour. The only side effect of the injection was stinging in the skin during the injections which subsided after about a minute so the technique is considered very safe for mothers and babies. More research is being undertaken to see how effective the

injections are and we are continuing to offer sterile water injections until the results of larger studies are known. If you are interested please speak to your midwife.

Gas and air (entonox)

This is a mixture of nitrous oxide (laughing gas) and oxygen. You breathe it in through a mouthpiece or mask during your contractions. It can be very useful, particularly towards the end of labour, either on its own or in addition to other pain relieving drugs. It can sometimes make you feel a bit sleepy or sick while you are breathing it but this does not last long and it has no effect upon the baby.

TENS

This is a self-administered form of pain relief. It consists of four rubber pads placed on the lower half of your back. Small electrical impulses are sent through these all the time, which you can boost during a contraction. They cause a tingling sensation. The pain relief works by helping to release your body's own painkillers (endorphins). It may be all you need to control your pain but it can also be combined with most other types of pain relief. However, if you need an epidural or decide to use the pool the TENS would have to be stopped and the pads removed. The advantage of TENS is that you are in control of your pain relief and it does not make you or the baby sleepy as no drugs are involved. If you think that you would like to try TENS, talk to your midwife, as you will need to arrange hire of a machine.

Pain relieving injections

A morphine based drug can be given into a muscle in your leg during labour to help with the pain. In some women it's very successful and all they need. However, it can make you sleepy and sick and your baby may be born a bit sleepy.

All the methods so far discussed are available on both the Rushey Midwife led Unit and the Delivery Suite.

However, epidurals and patient controlled intravenous analgesia (Remifentanil PCA) are only available in the main Delivery Suite. These are discussed in a separate leaflet. Please ask your midwife for a copy or visit www.royalberkshire.nhs.uk/maternity to download a copy.

Finally

This is only a brief explanation about pain relief in labour. You may have lots of questions. Ask your midwife or the anaesthetist and we will do our best to help you.

For more detailed information, visit The Obstetric Anaesthetists Association website: www.oaa-anaes.ac.uk and go to the "information for expectant parents" page.

References

1. Intrapartum care. Care of healthy women and their babies during childbirth. National Collaborating Centre for Women's and Children's Health. Commissioned by the National Institute for Health and Clinical Excellence. 2007 RCOG Press, London
2. Jones L, Othman M, Dowswell T, Alfirevic Z, Gates S, Newburn M, Jordan S, Lavender T, Neilson JP. Pain management for women in labour: an overview of systematic reviews. Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.: CD009234. DOI: 10.1002/14651858.CD009234.pub2

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Please ask if you need this information in another language or format.

Dr L Williams, Consultant Anaesthetist, January 2006

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