

## **Information to Mothers**

### **Pain relief during Labour**

The process of delivering baby and having labour pains can be painful. Many, medical organisations have set up website portal to mothers on information about options available to them to help manage labour pains. It's also helpful for your birth partner present with you during labour, to be aware of different options along with its advantages and risks associated. Ask your midwife or doctor to explain what's available so you can decide what's best for you. Write down your wishes in your birth plan, but remember you need to keep an open mind. You may find you want more pain relief than you might have planned. Your doctor or midwife may suggest more effective pain relief to help manage labour pain.

#### **Self-help in labour**

- You're likely to feel more relaxed in labour and better placed to cope with the pain if you
- learn about labour – this can make you feel more in control and less frightened about what's going to happen; talk to your midwife or doctor, ask them questions, and go to antenatal classes
- Learn how to relax, stay calm, and breathe deeply
- Keep moving – your position can make a difference, so try kneeling, walking around, or rocking backwards and forwards
- Bring a partner, friend or relative to support you during labour, but don't worry if you don't have one – your midwife will give you all the support you need
- Ask your partner to massage you – although you may find you don't want to be touched
- Have a bath

#### **Gas and air (Entonox) for labour**

This is a mixture of oxygen and nitrous oxide gas. Gas and air won't remove all the pain, but it can help reduce it and make it more bearable. Many women like it because it's easy to use and they control it themselves.

You breathe in the gas and air through a mask or mouthpiece, which you hold yourself. The gas takes about 15-20 seconds to work, so you breathe it in just as a contraction begins. It works best if you take slow, deep breaths.

#### **Side effects**

- There are no harmful side effects for you or the baby
- It can make you feel light-headed
- Some women find that it makes them feel sick, sleepy or unable to concentrate – if this happens, you can stop using it
- If gas and air doesn't give you enough pain relief, you can ask for a painkiller injection as well

## **Pethidine injections in labour**

This is an injection of the drug pethidine into your thigh or buttock to relieve pain. It can also help you to relax. Sometimes, less commonly, a drug called diamorphine is used.

It takes about 20 minutes to work after the injection. The effects last between 2 and 4 hours, so wouldn't be recommended if you're getting close to the pushing (second) stage of labour.

### **Side effects**

- It can make some women feel drowsy, sick and forgetful
- If pethidine or diamorphine are given too close to the time of delivery, they may affect the baby's breathing – if this happens, another drug to reverse the effect will be given
- The drugs can interfere with the baby's first feed

## **TENS machines**

This stands for transcutaneous electrical nerve stimulation. Some hospitals have TENS machines. If not, you can hire your own machine.

TENS has not been shown to be effective during the active phase of labour, when contractions get longer, stronger and more frequent. It's probably most effective during the early stages, when many women experience lower back pain.

TENS may also be useful while you're at home in the early stages of labour or if you plan to give birth at home. If you're interested in TENS, learn how to use it in the later months of your pregnancy. Ask your midwife to show you how it works.

### **How TENS machines work**

Electrodes are taped on to your back and connected by wires to a small battery-powered stimulator. Holding this, you give yourself small, safe amounts of current through the electrodes. You can move around while you use TENS.

TENS is believed to work by stimulating the body to produce more of its own natural painkillers, called endorphins. It also reduces the number of pain signals sent to the brain by the spinal cord.

### **Side effects of TENS machines**

There are no known side effects for either you or the baby.

## **Epidural**

You can watch video about epidural on [www.labourpains.com](http://www.labourpains.com)

### **Setting up your epidural**

You will need to have an intravenous cannula and maybe a drip. 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. Usually takes 20 minutes to set up and 20 minutes to work. Some epidurals do not work fully and need to be adjusted or replaced.

### **Advantages of an epidural**

Usually provides excellent pain relief. Sometimes a spinal is given first for a quicker effect. The dose or type of local anaesthetic can sometimes be altered to allow you to move around the bed. This is a low-dose (or mobile) epidural. In general epidurals do not affect your baby. Can be topped up for caesarean section if required.

### **Risks associated with your epidural**

| Type of risk   | How often does this happen?           | How common is it? |
|--|---------------------------------------|-------------------|
| Significant drop in blood pressure                               | One in every 50 women                 | Occasional        |
| Not working well   | One in every 8 women                  | Common            |
| Severe headache  | One in every 100 women (epidural)     | Uncommon          |
| Nerve damage (numb patch on a leg or foot, or having a weak leg) | Temporary - one in every 1,000 women  | Rare              |
| Effects lasting for more than 6 months                           | Permanent - one in every 13,000 women | Rare              |
| Epidural abscess (infection)                                     | One in every 50,000 women             | Very rare         |
| Meningitis   | One in every 100,000 women            | Very rare         |
| Epidural haematoma (blood clot)                                  | One in every 170,000 women            | Very rare         |
| Accidental unconsciousness                                       | One in every 100,000 women            | Very rare         |
| Severe injury, including being paralysed                         | One in every 250,000 women            | Very rare         |

Repeated top-ups with stronger local anaesthetic may cause temporary leg weakness and increase the risk of forceps or ventouse delivery.

- The epidural may slow down the second stage of labour slightly
- You may develop low blood pressure, itching or a fever during the epidural
- The epidural site may be tender but usually only for a few days. Backache is NOT caused by epidurals but is common after any pregnancy

