



Pain relief in labour

Department of Midwifery and Women's Health

A patient's guide



Coping with pain in labour

This leaflet will give you some idea about the pain of labour and what can be done to help you cope. Pain in labour is an individual experience and each woman will make her own choices about how to deal with it. Women who feel good about themselves and their labour are those who feel they:

- ❖ have enough information to make decisions
- ❖ made their own choices about pain relief
- ❖ were well supported

This leaflet is only a guide and you should ask your midwife for further information when you need it.

Some women find that their ideas about labour and pain change as labour progresses. It is important to keep an open mind and to keep talking to your midwife about how you feel. There is no right or wrong way to approach labour and pain and your midwife is there to guide and support you.

What will labour feel like?

Towards the end of pregnancy, you may notice your uterus (womb) tightening from time to time. These are known as Braxton-Hicks contractions and they are quite normal. When labour starts these tightenings become more regular, closer together and much stronger. It is important to remember contractions come in waves with a gap in-between when there is no pain. At their strongest the contractions will last for about a 60-90 seconds with a 1 to 2-minute gap in which you and your baby can rest and recover.

Support in labour

Research shows that support in labour, from your partner, a family member or a friend can go a long way to help you cope with the trials and tribulations of labour. As well as your chosen support person the midwives in the Labour Ward or birth centre at the Whittington or at home if this is your chosen place of birth will be there to advice and care for you throughout your labour and birth. Good support can ease the fear and anxiety women may experience and reduce the need for pharmacological (drugs) pain relief.

Antenatal preparation

Antenatal classes can help to keep you informed about what to expect during labour and birth and what choices are available to you. Most women find that attending antenatal classes during pregnancy helps to prepare them. The midwives at the Whittington regularly run antenatal classes in the community and at the hospital for women and their partners. Your midwife can advise you on the best ones to attend. There are also private classes run by various groups that may better suit your needs. It is important that you feel you are prepared for this great event in your life and comfortable with the choices you make.



Labour is hard work. Throughout your pregnancy eating well and taking regular exercise, such as walking, swimming and yoga will help you keep fit and prepare you for labour.

Coping with the pain of labour

There is a lot that you can do for yourself while you are in labour, both at home and in hospital. It is important when you are in early labour to get some rest and drink plenty of fluids. Eat little and often to keep up your strength.

Keeping active helps to:

- ❖ Distract you
- ❖ Encourage your baby to be in the best position for labour and birth.

Once labour is established you can try different positions and see which is more comfortable.

- ❖ If you have backache and feel that baby is pressing on your back, try getting on all fours. Ask your support person to apply gentle pressure to your lower back. Massage in small circular movements can also help.
- ❖ If you feel you need to lie down, then you may feel better on your side rather than lying on your back.
- ❖ Move your hips in circles first one way and then the other
- ❖ Stand and lean against your supporter
- ❖ Kneel and lean on a chair or beanbag
- ❖ Use a birthing/ gym ball to either sit on or lean over
- ❖ Sit astride a chair and lean on a pillow placed across the back of the chair
- ❖ Sit backward on the toilet and lean on the cistern.
- ❖ Squat on a low stool.
- ❖ Get down on all fours on a mattress on the floor

Breathing:

Many women find that thinking about how they breathe helps them cope. If you become panicky, your breathing becomes fast and uneven and this can mean that there is less oxygen for you and your baby. This kind of breathing can make you feel dizzy and sick.

- ❖ During contractions breathe in and out slowly. Sighing can help.
- ❖ Try to 'blow the pain away' as you breath out
- ❖ Try not to hold your breath as this makes the pain worse
- ❖ When you breathe out, let your shoulders drop. If your shoulders are relaxed, your breathing will be easier



Finding ways to relax and comfort yourself in labour can be very helpful. Many women find music, dim lights, big cushions to rest on and warm or cold packs for your back can be very soothing. If you wish to listen to music in labour ward, you are welcome to bring in your tape recorder and some tapes.

Massage, particularly on your back, can also help you to cope. Ask your partner or a friend to help you. Bring in some talc or oil to use.

Complementary Therapies

Some women may choose to use alternative therapies to help them cope with pain during labour. Some commonly used therapies include:

- Acupuncture: the stimulation of particular points on the body using special needles to enhance the body's natural energy along pathways called meridians. Acupuncture should only be used in pregnancy under careful supervision.
- Aromatherapy: The use of essential oils to stimulate, refresh, soothe and heal. During pregnancy it is associated with reducing stress and relieving pain.
- Homeopathy: uses a variety of plants, minerals and salts in extremely diluted forms to treat a range of conditions and can, with expert supervision, be used in childbirth.
- Hypnotherapy: A state of concentration which when combined with relaxation allows a heightened state of awareness. It requires practice and supervision.
- Osteopathy: involves manipulation of the spine, other joints and muscles to treat the body's whole mechanical system. It can be used during pregnancy with caution.
- Reflexology: The 'reflex zones' on the feet, which are said to correspond to different parts of the body, are massaged to help increase blood circulation and relax tension.

Please gain advice from an appropriately qualified practitioner before using any alternative therapy in pregnancy or during labour. Most midwives do not have this specialist knowledge and so will not be able to offer you advice in this area. The use of alternative therapies in labour may mean the involvement of a practitioner in that field. They can accompany you in the hospital, but you must discuss this with your midwife. For women using these therapies during pregnancy and labour, a non-NHS Practitioner Contract will be issued for you to sign.

Water for labour and/or birth

At the Whittington there are 4 birthing pools on the birth centre and 2 pools on the labour ward that women can use to help cope with their pain in labour. Relaxing in a pool supports your weight and can alleviate the pain of contractions. Many women who find the pool a great comfort, do not wish to give birth in water and will get out before the baby is born. Labouring or giving birth in the bath has not been shown to harm you or your baby providing you have both been well in pregnancy and throughout your labour.

Advantages:

- ❖ Being in water doesn't affect your baby
- ❖ You stay in control of it because you can get out at any time
- ❖ You can use some other types of pain relief at the same time (Entonox)



Disadvantages:

- ❖ You can't stay in the pool if you are using a TENS machine or want to use diamorphine or an epidural
- ❖ Some risk factors mean that the pool may be unsuitable. Discuss these with your midwife.

A warm shower can also be very soothing especially if you direct the spray onto your back.

Transcutaneous electrical nerve stimulation (TENS)

Many women find using TENS very effective. The TENS machine is a small device that fits into the palm of your hand and is battery-operated. Four (4) small self-adhesive pads are placed on your back. The machine sends gentle electric pulses down the leads to the pads. TENS is thought to work by interfering with the pain signals going to the brain and by encouraging the body's production of its own pain-relieving chemicals. To get the best effect from TENS it should be put on in early labour.

Advantages:

- ❖ You control both the strength and the frequency of the pulses boosting them during contractions.
- ❖ You can still move around during labour
- ❖ TENS can be used both at home and in hospital.
- ❖ It can be used throughout labour except when you are in the bath or shower.
- ❖ TENS has been shown to be safe for you and your baby.
- ❖ TENS can be used in conjunction with other pain relief methods including Entonox and diamorphine.

Disadvantages:

- ❖ You need to hire the machine before hand
- ❖ You cannot use a TENS machine in the bath or shower or when an epidural has been sited

Entonox (Gas and Air)

This is a mixture of the pain-relieving gas, nitrous oxide with oxygen, which you breathe in through a mouthpiece.

Advantages:

- ❖ You control how much gas you breathe in and how often you take it.
- ❖ It acts quickly but to get the best effect you need to start breathing the gas as soon as you feel a contraction coming on.
- ❖ Entonox helps to take the edge off the pain and can be used any time during your labour.
- ❖ When used properly, there are no side effects for you or your baby.



Disadvantages:

- ❖ Some women feel a little dizzy and/or queasy when using entonox, but it wears off very quickly when you stop breathing in the gas.

Diamorphine

Diamorphine is a, morphine-like drug that can be given during labour by injection. The drug takes about 20 minutes to work when given into a muscle in your thigh or bottom.

Advantages:

- ❖ It may help you cope better with contractions
- ❖ It may help you relax and get some rest.
- ❖ It works well in early labour

Disadvantages:

- ❖ You may feel sick with this drug and so another drug may be given to help ease the sickness.
- ❖ It may make you feel drowsy
- ❖ You cannot use a birthing pool for at least 4 hours following the injection
- ❖ Like most drugs, diamorphine will pass through the placenta (afterbirth) to your baby. This means that your baby may be sleepy and, in some cases, be slow to start breathing when they are born.
- ❖ Your baby may be sleepy in the early days and take longer to learn to breastfeed. Your midwife will be there to help you and your baby.

Epidurals

An epidural is pain relief that goes into your back. It blocks pain messages to your brain by numbing the nerves in the lower back.

The insertion of epidurals is a medical procedure that can only be done by an anaesthetist, a doctor who specialises in pain relief. An anaesthetist is on call for labour ward at the Whittington 24 hours a day and he/she will try to meet your request for an epidural as soon as possible. However, he/she may be with another woman or may be in theatre. Every effort will be made to attend to you as soon as possible.

When having an epidural, you will also need a drip, which is a small plastic tube in a vein in your arm or hand, through which you will be given extra fluid. This is necessary because when you first have an epidural your blood pressure can drop which can be a risk for you and your baby. The extra fluid will help to counteract this. You will be asked to either lie on your side or sit on the edge of the bed curled over, to allow the anaesthetist easy access to your back. He/she will numb the skin at the epidural site with a local anaesthetic, similar to what you have at the dentist. Then a thin, soft, flexible, plastic tube (epidural catheter) is inserted into your back through a needle. **It is important to keep still at this point.** The needle is removed, and the catheter is kept in place with a dressing and tape. The catheter remains in your back until after your baby is born.



The pain-relieving drugs are then given through this tube. It will not restrict your movements. The anaesthetist will give you the first dose and will stay around until he/she is sure that all is well. It takes about twenty minutes for the drugs to have their full effect. You will be given a patient-controlled handset and you will be able to give yourself a top up of the pain relieving drug when necessary

Advantages:

- ❖ The drugs used in your epidural will provide you with good pain relief without causing complete numbness. This means that you can still feel your uterus tightening but it should not be painful.
- ❖ The drugs given do not affect your baby.
- ❖ You should still be able to move around and may be able to walk with help from your support person. Changing position is important so your skin does not get sore.
- ❖ It is usually possible for women to get into different positions when it is time to give birth.
- ❖ Women with high blood pressure may benefit from an epidural.

Disadvantages:

- ❖ Your blood pressure may drop when your epidural is first put in and whenever you have a top-up. The midwife will take your blood pressure regularly.
- ❖ A sudden drop in your blood pressure can affect your baby and therefore your baby will be continuously monitored for 30 minutes after the 1st dose and again if you require and larger top-ups in labour.
- ❖ A severe headache is another side effect from epidurals. It is caused by a puncture in the sac that contains the spinal fluid. The anaesthetist can treat this after the baby is born.
- ❖ Occasionally epidurals do not work or only partly work, leaving you with patches of pain. This can be corrected in most instances, and the anaesthetist can resite the epidural if necessary.
- ❖ It is very common to lose some sensation and it may be difficult to know when you need to pass urine. Your midwife will encourage you to pass urine frequently. If it is not possible for you to do so you will have a thin tube put into your bladder temporarily to drain the urine out.
- ❖ With the loss of sensation, you may find you do not have the urge to push when it is time for your baby to be born. However, with patience and encouragement your midwife can help you to achieve a normal birth.
- ❖ There is a slightly increased chance that you will need an instrumental delivery.
- ❖ The evidence is unclear as to whether or not an epidural increases your chance of having a caesarean section.
- ❖ Some women find that they become itchy after the epidural drugs. This is harmless and can be treated if it is severe.
- ❖ Occasionally epidurals can make you shiver. This can be alarming, but the effect wears off quickly.
- ❖ Very rarely more serious complications can occur such as infection and nerve damage.



Epidurals do not cause long term backache but can cause local tenderness around the needle site. This will only last a few days. They are a very effective method of controlling the pain of labour. There are a few women who cannot have epidurals perhaps because of previous surgery to their back or in certain medical conditions. You can discuss this with your midwife, and you can always ask to speak to an anaesthetist.

Further information

Community Midwives – 0207 288 3482

Tommy's – Pain Relief in Labour and Birth Information:

<https://www.tommys.org/pregnancy-information/labour-birth/pain-relief-labour-and-birth>

Labour Pains Information:

http://www.labourpains.com/FAQ_Pain_Relief

The National Childbirth Trust (NCT) – offers advice on all aspects of pregnancy including pain relief options for labour.

w: www.nctpregnancyandbabycare.com **t:** 0870 444 8708

National Institute for Health and Care Excellence (NICE) - provides information and guidance on aspects of healthcare, including maternity. The following NICE guideline includes information on pain relief – NICE Guideline on Intrapartum care CG55. **w:** www.nice.org.uk/CG55

NHS Choices – provides information on a range of medicines and medical conditions as well as information about pregnancy and pain relief in labour.

w: www.nhs.uk/Planners/pregnancyareplanner/pages/Painrelief

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whithealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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