


# Positive ways to manage pain in labour



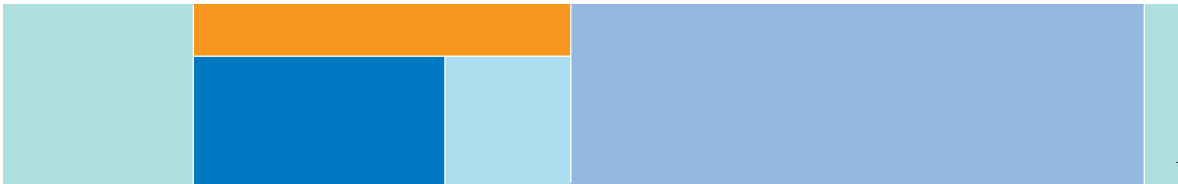
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This leaflet will describe what causes the pain experienced in labour, and will help you to understand the choices you have to help you to manage that pain. It will explain the benefits and risks to each method. Midwives can help by discussing the options with you and will be able to answer your questions, enabling you to choose. Attending childbirth preparation classes can also be helpful.

### 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 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

### **Coping skills for labour**

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 that you may have learned during childbirth preparation classes or yoga groups, or using an audio or videotape.





## Complementary Therapies

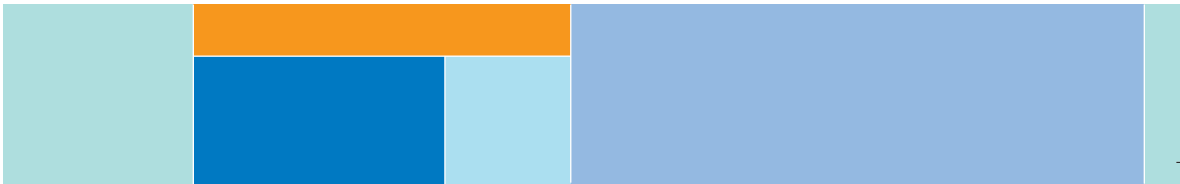
Some women may use complementary therapies such as acupuncture, reflexology and hypnosis. However, whilst most midwives are trained in the use of aromatherapy, if you wish to use another type of therapy, you will need to be trained in its use, and to bring a support therapist with you when in labour.

## Aromatherapy

Aromatherapy is the art of using essential plant oils in a non-invasive way to help physical, mental and emotional wellbeing. The oils are used to help you during labour and after the birth of your baby. Your birth partner, your midwife or yourself may administer aromatherapy. The most helpful ways in labour are by massage, on a taper or vaporizer, or in a bath in early labour.

### *Benefits*

Aromatherapy can help by reducing anxiety, stress or fear, and it can reduce nausea and vomiting and the need for additional pain relief. For some women being induced, aromatherapy may enhance the contractions and the progress of labour, helping them to avoid the use of the hormone drip.



### *Risks or disadvantages*

- Possible adverse effects include headache, nausea, rash or allergic reaction.
- Oils used may affect everyone in proximity of labouring woman, as the oils are volatile and vapours may be inhaled.
- Some oils should be avoided in labouring women, but your midwife will know which oils to use and those to avoid: she can advise you.

### *Alternatives*

Massage without oils can be beneficial.



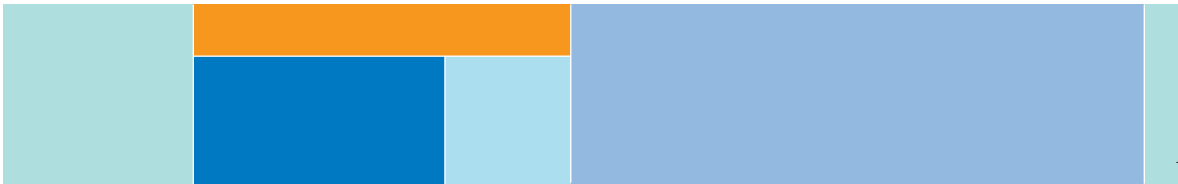



## Using the Pool

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. There is a pool at both the City Hospital and the Queen's Campus, and one disadvantage is that should the pool be in use when you are in labour, this option will not be available to you. Another disadvantage is that it cannot be used together with pain relief using drugs, with the exception of Entonox. Entonox is described in this leaflet. More information is available in the NUH leaflet 'The Birthing Pool' - ask your midwife for details. 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. The TENS machine can be hired for use: always read the instructions carefully. You should speak to your midwife about this well before your due date.

### *Benefits*

- Your birth partner or companion can apply it at home while in early labour and may use it for the journey to hospital and then throughout your labour.
- You will feel in control during your labour.
- The TENS causes your body to produce natural painkillers, called endorphins, which enhance your ability to cope with labour pains.
- You have the freedom to move around and change your position.

### *Risks or disadvantages*

- TENS may not be enough pain relief for you to cope with labour pain.
  - It is not possible to use the TENS in water, so should you wish to use the birthing pool you should remove the TENS.
  - There are no known side-effects, but TENS should not be used if you have epilepsy or have a pacemaker.
  - Do not use before 37 weeks of pregnancy.
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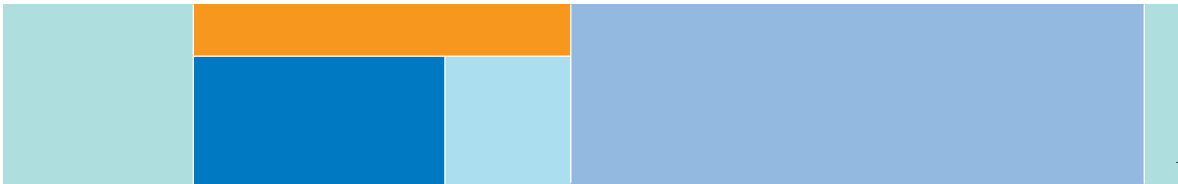


## Pain Relief Using Drugs

### **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.

#### *Benefits*

- The tubing is held by you, this enables you to control how much you have.
  - The effects of Entonox wear off very quickly once you stop using it, usually within a few minutes.
  - Entonox can be used with other pain relief, including if you are in the birthing pool.
  - It can be used at any time during labour and in any position.
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### *Risks or disadvantages*

- It can be quite tiring and research has shown that whilst women find it useful it may not be very effective in controlling the pain for long periods.
- It may be difficult to time the way you use Entonox to fit in with your contractions.
- Entonox can cause vomiting and nausea.
- May cause dizziness.


### **Paracetamol**

Paracetamol may be taken by mouth in tablet form; it is particularly useful in early labour.

### *Benefits*

- Can be used at home.
- Helps with mild pain, allowing you to have some rest.

### *Risks or disadvantages*

- Although rare some women may experience side effects as listed on the packaging.
  - Not to be taken if it is known you have an intolerance or allergy to it.
  - It may not be effective in reducing your pain and will become ineffective as your labour progresses.
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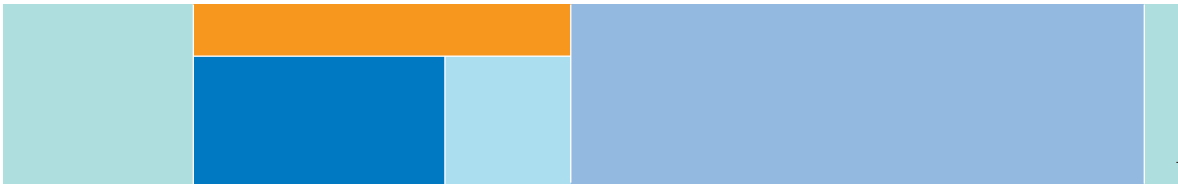
## Opioids

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. You can have two injections in your labour, and sometimes a third is necessary. You can have opioids if you are having your baby at home.

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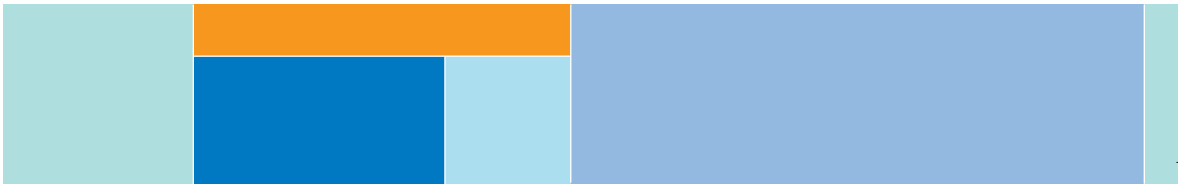
- Babies who are drowsy may be less interested in breastfeeding for the first 48 hours.
- You will be less mobile.
- You will not be able to use the birthing pool if you have these drugs.





## 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, 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.





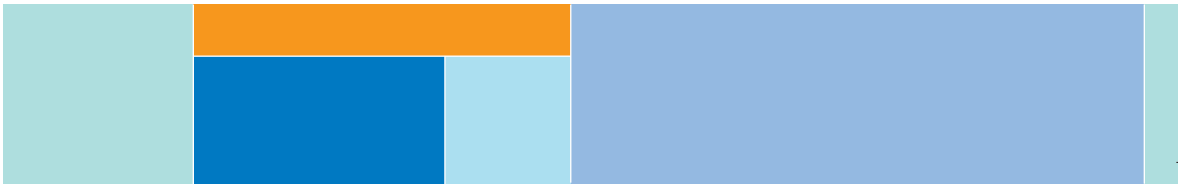


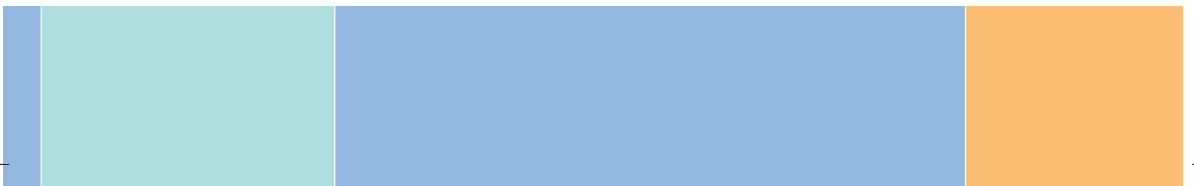
## *Benefits*

- 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.
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- 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 may occasionally need a catheter to empty your bladder.
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## 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.

<http://nuh.nhs.uk>

<http://nice.org.uk>

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

The Birthing Pool (NUH leaflet)

Queen's Medical Centre Campus labour suite: 875 4672

City Hospital Campus labour suite: 962 7710

## Contact us

### City Hospital campus

Hucknall Road  
Nottingham  
NG5 1PB

0115 969 1169

[www.nuh.nhs.uk](http://www.nuh.nhs.uk)

### Queen's Medical Centre campus

Derby Road  
Nottingham  
NG7 2UH

0115 924 9924