



## Options for pain relief in labour.

One of the biggest concerns of women approaching birth, is that of coping with the pain of labour and birth. For most women birth is painful and so it is a valid fear, but understanding why it hurts and having investigated the options for managing that pain can help.

**There are no right or wrongs in the choices you can make about managing pain in labour, whatever is the choice that makes a woman feel most positive about her birth experience is right for that woman.**

### **Gas and Air (Entonox)**



This is a mixture of oxygen and nitrous oxide (laughing gas). It is usually breathed in through a mouthpiece, which the woman holds and self administers. It can be used at home or in hospital. Entonox works by altering perception of pain rather than anaesthetizing it. Its effect is delayed so the woman needs to begin inhaling as soon as the contraction begins and it is important that she only takes 4 or 5 breaths so the effect does not continue between contractions. Some women find that it makes them nauseous, some say it helps them relax enough to cope with contractions. It can be used in conjunction with other forms of pain relief and can be stopped at any time without repercussions. There are no known adverse effects for baby.

### **TENS (Transcutaneous electrical nerve stimulation)**

Used for many years to treat muscle injury and back pain, TENS emits small pulses that block the pain messages being sent to the brain by the uterus and cervix as well as stimulating the release of endorphins, by sending tingling sensations across the skin.

Four of self-adhesive electrodes are put on the back. These are connected by wires to a hand held control held by the mother. The dials control the strength and frequency of the pulses of electricity the machine gives out. The TENS machine needs to be worn from the very start of labour to be effective. Some find it very helpful and others a distraction.



If a woman doesn't like it she can simply take it off. There are no known adverse effects for baby. It can be used at home or in hospital. TENS machines are available for hire.

### **Pethidine**



Pethidine is a morphine derived drug that works to alter your perception of pain and is more of a sedative than a painkiller. Administered as an injection by the midwife, Pethidine is given at a standard dose of 100mg or for a small woman a half dose may be used. It takes about 20 minutes to take effect and lasts for around 4 hours.

Because Pethidine crosses the placenta to the baby and can make baby sleepy and slow to breathe it should not be given within 4 hours of delivery. The midwife will check dilatation before giving Pethidine - it should be avoided if the woman is over seven centimetres dilated.



As a mood enhancer (like alcohol) Pethidine can make women feel drowsy and out-of-control, some feel sick and most aren't able to move about after having it. Some women love the euphoric "drunk" feeling, but others find it very frightening. Once administered, it can't be 'un-administered' but you won't know how it may affect you until it is tried. As having Pethidine makes most mothers immobile and because of the effects on baby it is linked with a higher risk of assisted delivery and caesarean section. However, it does still have a role in childbirth as it can enable women who need it to rest, or even sleep, during a long-drawn-out labour.

### **Epidural**

This is an injection of an anaesthetizing drug given through a catheter (a fine tube) inserted between two of the spinal vertebrae. It is administered by an anaesthetist (so can't be used at home) and once in place can be topped up as required. It is a regional anaesthetic, which means the drug is injected around the nerves that carry signals from the part of your body that feels pain when you're in labour.

A 'mobile' epidural is now available at this hospital that uses a combination of drugs that maximise pain relief while limiting the loss of sensation in your legs. Remember, though, that the main aim of this kind of epidural is to relieve pain and that keeping you mobile is only a secondary concern. It may allow you to make use of upright positions or walk with support however some women do find that they're not really mobile at all. It takes about 20 minutes to set up and the mother will need to sit very still whilst it is administered. The woman will need to be constantly monitored to assess baby's reaction and possibly put on a drip to counter any drop in blood pressure.

In most cases labour will slow down once normal sensations have been numbed. It is most likely that all pain will be relieved although occasionally women still feel a small patch of pain.

Side effects can include feeling sick from the drop in blood pressure and headaches, backaches and bladder problems are all possible side effects. The drug crosses the placenta and can make babies fretful or slow to respond. If the epidural is not given time to wear off some women may find pushing more difficult, giving rise to a greater risk of instrumental deliveries. It may not be given if second stage is imminent. However, when in place most women experience excellent pain relief.

