

References:

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Pain relief Options for Labour pain.

Information for
Pregnant Women

A part of preparing for labour and birth is thinking about the choices you have to help you cope with pain. Some of these choices involve medications (drugs) which a midwife or doctor must prescribe for you. These are called pharmacological. There are also other options which do not involve medications and these are known as non-pharmacological, natural or complimentary methods. This pamphlet describes both.

If you wish to use some non-pharmacological methods you will need to find your own practitioner (a person who provides the method). Many midwives have information but do not provide the service themselves.

Non-pharmacological pain relief.

Some methods have been tested and some appear to work. Others have either not been proven to work or have not yet been tested. What seems certain from the tests already done is that the methods do not appear to do any harm to mother or baby.

This pamphlet will tell you a little about each method but we encourage you to find more information if you choose to use one. Choose a practitioner who has studied the subject, is registered with a professional group and has a particular interest in, and experience with, pregnancy.

Breathing; using controlled breathing is one of the commonest ways of coping with labour. The use of taking long deep breaths is used by most midwives but you can learn breathing styles such as Lamaze.

Mantra/affirmations; some women feel they are helped by repeating words with their contractions. These can be simple words or even nursery rhymes and also positive affirmations. These are words or sentences which reassure the mother that she can birth her baby. Some women call their baby and others talk to their body to encourage birth.

Water; Water eases pain and relieves tension. This works not only in the bath but also under a shower. It is possible to use water in labour without birthing in water. This is very popular in our community birthing units but can be used anywhere.

- Treat this or wait for it to go away but it is a rare complication and will be fully explained if it happens to you.
- 1: 550 women experience ongoing numbness at the site of the epidural.
- Back pain has not been proven to be caused by epidural use.

Having an epidural will not change your post natal care plans e.g. going to one of our outlying units however you will be kept at Middlemore until the numbness has reduced enough to allow you to walk and pass urine.

Entenox and Pethidine are options available at all of our birthing areas however, epidurals are only available at Middlemore Hospital.

Although the internet is a very useful resource, please remember that much of the information is not based on studies. Please discuss any information with your lead maternity carer or chosen practitioner.

Childbirth education classes are a good resource, as are preparation for childbirth books.

- Establishment of breastfeeding as pethidine stays in babies system much longer than in an adult. This can make baby sleepy and too tired to feed. For some babies this can last for several days.

Pethidine may slow down the baby's breathing at birth and therefore the baby will require Oxygen and in some cases medication to assist the baby. Pethidine may also interfere with the start and

Epidural Anaesthesia:

A specialised doctor (anaesthetist) carefully places a fine tube into an area called the epidural space in the lining of the spinal cord.

Local anaesthetic (a numbing drug) and a pain relieving drug are injected down the tube which makes the woman feel numb and pain free from the waist down. This option provides pain relief for vaginal delivery, or allows the mother to stay awake and alert during the baby's birth by caesarean section. Because of the numbness, women with epidurals need to stay in bed. (Middlemore hospital does not currently offer 'mobile epidurals') Possible side effects and complications of epidural anaesthesia include:

- Pain relief is not always complete and some women have one side or an area in which they still feel pain. There are a number of things we can do to try and solve this.
- Due to reduced feeling in the lower body, your bladder needs to be emptied regularly by the insertion of a catheter (tube).
- Having an epidural can drop your blood pressure and we prevent/control this by giving you extra fluid by a drip into your hand/arm
- Epidurals can lengthen the duration of labour
- Due to reduced sensation, some women find it hard to push well, and occasionally the baby needs to be helped out by forceps, vacuum cup or by caesarean

About 1 % experience headaches caused by a small hole being made into the part of the spine which holds the spinal fluid. We can

Aromatherapy: Not tested a lot but does not seem to help pain although it may help anxiety levels and mood; people choose this because they enjoy it.

Massage: You can learn massage during pregnancy but you can just go with what you feel helps you at the time. Rubbing the back is a very common and easy to do form of massage. Along with massage is touch which can be very reassuring. We do not encourage any firm tummy massage, only gentle stroking.

Movement: Movements can release endorphins (the body's own pain killers), within the nervous system. The Alexander Technique trains you to move in set ways but it can be as simple as rocking your hips and your midwife will help you with ideas.

Heat and Cold: Soaking in water gives heat but heat packs to painful or aching areas can really help. Caution; when using a heat pack/hottie, get someone else to check the temperature as when we are in pain we might have it hotter than is safe and cause burns. If cool feels better, that is fine and a cold flannel on the forehead usually feels soothing.

Music: Use music that will help you feel calm and relaxed as well as positive about the labour and birth.

TENS (transcutaneous electrical nerve stimulation): This nerve stimulation technique helps the body to release its own endorphins. You feel pain when the message from the area of pain reaches the brain. To get to the brain it passes through 'gates' and it is thought that the TENS keeps some of these gates open so not all of the message reaches the brain. Speak

to your lead maternity carer if you wish to arrange a TENS as they are better started in early labour and can be hired.

Hypnosis: Tests show hypnosis means using less pain killing drugs. It might also help a woman have a vaginal birth rather than caesarean section. Women seem to need less of the synthetic (man made) hormone Syntocinon to help contractions because of slow labour.

Acupressure: Acupressure reduces anxiety in labour and may mean a shorter labour once it is established.

Acupuncture: Women having acupuncture need less other pain relief and felt more relaxed. Less synthetic hormone Syntocinon seems to be needed to help progress in labour.

Reflexology: This massage of the feet presses points which are thought to match different parts of the body and have an effect there.

Sacral Water Papules: This was first tested in the late 1980's and 1990's but has recently been studied again. Injecting tiny amounts of sterile water into the skin at four places on the lower back seems to help severe back pain in labour. Similar to the TENS machine, it opens some of the 'gates' taking pain messages to the brain. It provides intracutaneous nerve stimulation.

The two main problems are the strong discomfort of the injections and that there are very few people who have been trained to use this method locally.

Important points to remember;

This pamphlet gives you basic information on the methods available to you for your labour and birth. The choice is always yours. The methods described here have some benefits;

- ◆ They do not involve drugs to affect you or your baby
- ◆ They can be used where ever you are in labour and birth
- ◆ They do not stop you from taking pharmacological pain relief if you wish

- ◆ They allow you and your supporters to have control and feel that you are working in a positive way.

Pharmacological pain relief.

It is important that you make decisions based on what you want as you are the one coping with labour. It is not wrong to use pain relief if you need it. Often you might not make your final decision on this until you are in labour.

Entonox / Nitrous Oxide (Laughing Gas):

Nitrous oxide is mixed with oxygen and you inhale it through a mouthpiece. The gas takes a few seconds to work, so it is important to breathe from the mouthpiece as soon as a contraction begins. Entonox does not stop the pain entirely, but takes the 'edge' off each contraction. A bonus of Entenox is control – you hold the mouthpiece yourself and take deep breaths with each contraction. This drug does not change your contractions, and is quickly breathed out of the body. Entonox does not appear to affect the baby at all.

Possible problems for some women with the nitrous oxide include:

- Nausea and vomiting
- Confusion and disorientation
- Nitrous oxide doesn't offer effective pain relief for about 30% of women.

Pethidine:

Pethidine is a strong sedative usually given by intramuscular (into the muscle in the leg or bottom) or intravenous injection (into a fine tube in the hand/arm). The effect of pethidine can last from 2-4 hours. Pethidine can make you feel sick, so anti-nausea medications are usually given at the same time. For most women, pethidine does not take away all of the pain but makes each contraction feel shorter and weaker. Possible side effects with pethidine include:

- Giddiness and nausea
- Hallucinations (seeing things not there), disorientation (confusion about time and place) and altered thinking/understanding
- Respiratory depression (slower breathing)
- Not enough pain relief in some cases