



Pain relief choices for labour

A guide for women and whaanau

Part of getting ready for labour and birth is thinking about the choices you have to help you cope with pain.

Labour can be a painful process and a positive mind set can help you during this phase. Having support people with you during your labour and birth who know what choices you have made and who support your choices can help you keep positive.

This pamphlet describes options for your pain relief during labour and birth.

Non-pharmacological (drugless) pain relief and complementary therapies


You will find a little about each of the following methods of pain relief. Should you choose to use these techniques in labour, more detailed information can be obtained from your midwife.

- **Breathing**
Using controlled breathing is one of the commonest ways of coping with labour. Midwives encourage the use of long deep breaths and you can learn breathing styles such as Lamaze.
- **Water**
Warm water (using a bath, or shower) has been shown to ease pain and relieve tension. 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. There are a small number of baths at Middlemore Hospital.

Caution: In some situations having a bath during labour is not recommended. Talk with your midwife about the best options for pain relief for you.

Pamphlet on 'Water during Labour and Birth' is available, please ask you midwife.

- **Heat and Cold**
Applying warm and/or cold packs to painful or aching areas can be helpful. Delivery Suite will provide heat packs that are safe to use. If cool feels better, that is fine and a cold flannel on the forehead usually feels soothing.

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For health and safety reasons, please do not bring your own heat packs/ hotties into the hospital.

- **Aromatherapy**

Essential Oils can be massaged into the skin. Aromatherapy is thought to help ease anxiety levels and elevate mood. Women choose this technique because they find aromatherapy enjoyable.

Burning aromatherapy oils in an oil burner is not permitted in birthing units due to the risk of fire or gas explosion.

- **Acupressure**

Acupressure can be applied by your birth partner after receiving some instruction from an acupuncturist. Acupressure could help anxiety in labour and may help you relax.

- **Acupuncture**

Is performed by a qualified therapist or Midwife trained in its use and application.

- **Massage**

You can learn massage during pregnancy or you can just go with what helps you at the time. Rubbing the back is very common and an easy to do form of massage. Along with massage is touch which can be very soothing.

Caution: We do not encourage any tummy massage, only gentle stroking.




Massage of the lower back.

- **Reflexology**

This form of massage is usually performed by a qualified practitioner. Pressure points on the soles of the feet are thought to match different parts of the body and can help alleviate pain or discomfort in that area of the body. Some women find this relaxing during labour.

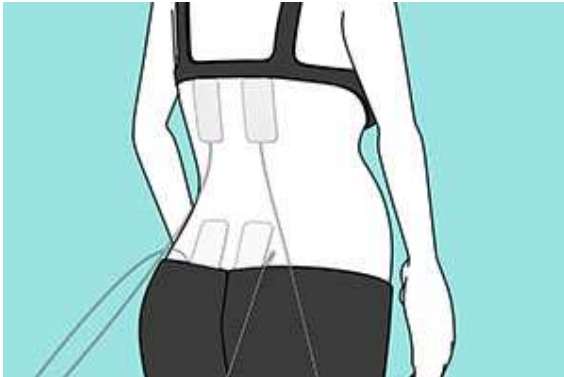
- **Walking around**

If you are well during labour, movement is encouraged. Movements can release natural pain killers (endorphins) in the nervous system and help during your labour. 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.

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----------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

- **Music**
Use music that will help you feel calm and relaxed.
- **TENS (transcutaneous electrical nerve stimulation);**
TENS helps the body to release its own endorphins by passing a small electric pulse through pads on your back. You can control and adjust the amount of pain relief the TENS machine gives you. TENS has been used by people who suffer with long term back pain. The feeling is one of strong tingles on your back.

Speak to your Midwife if you want to use TENS as it is better started in early labour and the machine can be hired from local pharmacies for a fee.




TENS machine in place – some have only 2 pads

- **Hypnosis**
Studies have shown many positive effects on the length of labour and women's ability to manage labour without any medications. A qualified practitioner can teach hypnotherapy techniques to women prior to the birth.
- **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.

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 medication that can affect you or your baby
- They can be used where ever you are in labour and birth
- They do not stop you from taking medication pain relief if you wish
- They allow you and your supporters to feel control and work in a positive way towards the birth.

 <p>COUNTIES MANUKAU HEALTH</p>	<p>Department: Women's Health Approved by: Director of Midwifery Document Owner: Midwife Educator B&A</p>	<p>Updated: June 2019 Review: July 2022</p>
----------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

Please keep in mind that there are not enough studies about the benefits of music, massage, relaxation, acupressure, aromatherapy, TENS or other complementary therapies for pain relief in labour. However, all may give some pain relief and better satisfaction with pain relief.

If you are taking medicines for health or pregnancy problems, please talk to your obstetrician about complimentary methods you would like to use: make sure they are safe to use together.

Pharmacological pain relief (medicines/ drugs)

It is important that you make decisions based on what **you** want as you are the one coping with labour pain. In Middlemore hospital, the following pharmacological pain relief options are available to you:

- 1. Entonox
- 2. Opioids like morphine, fentanyl and Pethidine
- 3. Epidural analgesia

You can find more information with video’s on natural and medicines for pain relief in labour on this website:



YOUR LABOUR PAIN RELIEF CHOICES – A GUIDE FOR NEW ZEALAND WOMEN

OVERVIEW	DRUG FREE	EPIDURAL	GAS	OPIOIDS	TENS
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<https://yourlabouryourway.co.nz>

*If you are labouring in one of the **Primary Birthing Unit**, you may have access to Entonox and Pethidine but epidural analgesia will not be available.*

1. Entonox (also known as “Laughing Gas”)

Entonox is a mixture of nitrous oxide and oxygen. The gas takes a few seconds to work, so it is important to breathe it in from the mouthpiece as soon as a contraction begins.

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Advantages

- Entonox blunts the contraction pain but does not take it completely away. As soon as you stop breathing it in, its effect dissipates as you breathe the gas out.
- Therefore in between contractions, there is minimal lasting effect.
- Entonox does not have any unwanted side effects on your baby

Possible side effects

- Entonox can make some women feel dizzy or nauseated while using it.

2. Opioids (Pethidine/Morphine/Fentanyl)

These drugs are very strong pain killers and can only be prescribed by an appropriately registered practitioner (midwife or doctor). They are usually given as an injection either intravenously (into a drip) or intramuscular (into a muscle).

Opioids are best used in the early phase of labour. When administered in excess, they can cause sedation (excessive sleepiness) and can interfere with breathing.

Advantages

- Pain relief onset is usually within 20 minutes or so.
- In early labour, with mild to moderate pain, a single dose can give you pain relief for 30-60 minutes. You will still feel your contractions but they won't be as painful. Your midwife and doctor can administer repeated doses if necessary.

Possible side effects

- When delivery is imminent, it is best to avoid using opioids as they do cross the placenta and can make your baby sleepy too.
- The other most common side effect of opioids is nausea or vomiting.
- Hallucinations and confusion are very rare side effects, usually seen in elderly patients.
- Also might make baby more sleepy for breastfeeding


3. Epidural analgesia (pain relief)

Labour epidurals are placed by anaesthetists (specialized doctor) only. The epidural placement involves an injection between the bony parts of your spine into a very small space called the epidural space. A thin tube is passed through the needle into that space and through that tubing local anaesthetic is injected.

The local anaesthetic drugs work on nerves to block the transmission of pain. They have no direct effect on the baby as they do not cross the placenta. Local anaesthetic is administered via a pump attached to the epidural. You are able to give yourself extra doses if you need to by pushing a button.

Advantages

- A well working epidural can take away all the pain associated with contractions thus allowing you to rest and even sleep while your body is preparing for delivery.
- Give a longer quality of pain relief compared to Entonox and opioids.
- You control of extra top-up's of medication by pushing a button
- Epidural analgesia can be safely used throughout the entire labour and delivery. As only

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----------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

weak local anaesthetic solutions are used, labour epidurals do not increase your risk of needing a caesarean section or instrumental delivery.


If you have an epidural in place and later need to have a caesarean section, then additional medication can be given in the epidural to provide anaesthesia for this procedure.

Epidurals have a number of important affects you need to be aware of:

- as well as numbing your tummy, they frequently cause decreased feeling and weakness in your legs. Therefore, you may not be able to walk around. These effects disappear within a couple of hours after stopping the epidural.
- the feeling of a full bladder is also taken away, so will need to have a catheter placed to ensure your bladder is emptied properly
- when first placed, epidurals may cause a drop in blood pressure. For most women, the drop is minimal and not dangerous. However, for safety reasons, once an epidural is placed, your midwife will monitor your blood pressure a bit more frequently.
- Epidurals can make labour longer so you may need a drip (IV) containing a drug to help the contractions stay strong and regular

If you want to know more about epidurals or would like to have one placed, an anaesthetist will come and discuss the potential serious problems and risks with you. As with any intervention, labour epidurals do carry a small risk so you need to be well informed. Without your explicit consent, no interventions will be done and you can withdraw your consent at any point.

- Epidural failure – 1 in 10 epidurals will not work very well. There may be either no pain relief at all or very patchy (or one-sided) pain relief. If this happens, the anaesthetist may be able to fix it or he/she may need to replace the epidural.
- Post-dural puncture headache – About 1 in 100 women can get a bad headache if the epidural needle is advanced too far causing a leak of fluid from around the spinal cord and nerves. For most women, this headache will settle on its own within a few days. Few may require specific treatment for this and your anaesthetist can explain what the options are.
- Permanent nerve damage/ bleeding around your spine or bad infection in your back are very serious but extremely rare complications. The chance of permanent nerve injury that leaves you with weak legs or similar is about 1 in 25 000. To put this into perspective, this is similar to the risk of being badly injured or killed in a car accident.

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----------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------



An epidural kept in place by sticky tape and the fine tube in the back.

If you can't have an epidural (Contraindications to epidural placement)

It may not be safe to place an epidural in some women because of certain medical conditions or medications you are taking. Your anaesthetist will be able to ascertain that reasonably quickly and advise you of your options.

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

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