PAIN RELIEF DURING LABOUR









Natural Pain Relief Options

Massage: Having someone rub your back, will warm your skin and stimulate your body to release its own natural painkillers. A massage may help you to keep calm and cope with labour pain. Tell your birth partner or health professional where you'd like to be massaged. You may prefer it at the very base of your back during contractions. Or you may like your shoulders massaged between contractions to help you relax. Light skin stroking can stimulate oxytocin and also helps with relaxation and calmness.



Breathing Technique: Focusing on your breathing is really a helpful way of getting through each contraction. Breathing in through your nose and breathing out through your mouth, keeping your mouth soft and slightly open is the right technique. Your health professional will explain and help once the contractions get stronger. When the contraction is over, try to relax as much as possible.

Hydrotherapy/Warm Bath: Can relax you and make contractions more bearable, helps to ease tummy ache or backache.

Using a birth pool is likely to shorten the first stage of your labour and help you cope with the pain. Research has found that women who spend some time labouring in water are less likely to need an another pain relief as compared to women who spend their entire labour out of water.

Movement and Positions:

Try out different positions to see what's most comfortable for you. You could:

- Stand up and lean on the bed or on your partner.
- Kneel down on a mat or a pillow and lean on the seat of a chair or birth ball.
- Kneel with one leg raised to make lots of room in your pelvis for your baby to come out.
- Get on all fours to help ease backache. It's likely to be less painful for you and may also help your baby get into a better position for birth.
- Sit for a while in a chair or on a birth ball, then get up and walk around.
- Rock your hips to help your baby to move down.

Aromatherapy:

Aromatherapy is a traditional practice of using essential oils from plants in order to elicit a sense of well-being. The essential oils are usually mixed with a carrier oil such as grape seed, sweet almond or sesame oil. Essential oils may be massaged into the skin, given in a warm bath, or diffused into the air using a diffuser. Aromatherapy is considered a complementary therapy. Which means that it can be used alongside other medical practices. It can also be used on its own or with other non-drug methods as an alternative during labour to pain medications such as an epidural. Aromatherapy could be used during labour to help manage pain, anxiety or to help someone sleep. It may also help to relieve nausea. Anxiety, fear and tension are linked to pain perception in some people. So, often the pain you perceive is related to how anxious you feel. The purpose of using Aromatherapy during labour would be to reduce pain and manage anxiety and also to create a greater satisfaction with the childbirth experience. Please discuss with your midwife/doctor before using at home.



Medication Based Pain Relief

What is Entonox?

Entonox (gas and air) is a colourless, odourless gas made up of 50% oxygen and 50% nitrous oxide. It's also known as laughing gas. It can help reduce labour pain, rather than blocking it out. You may also find that it makes you feel light-headed and giggly. Some women find it makes them sleepy and may also make one nauseous.

Entonox is one of the most popular methods of pain relief used during labour. About 80 percent women use it to help them cope with labour pain.



When can I use gas?

You can have gas whenever you want in labour. Your midwife is likely to advise against using gas and air if you are in for an early labour. Instead, try other things until you really need some extra pain relief. This could be breathing exercises, walking about, using a birth ball, or taking a warm bath.

How do I use gas?

You breathe gas and air in through an antibacterial filter using a mouthpiece or mask, which you hold yourself. The mask is made of a light, transparent plastic. Start breathing the gas and air the second you feel a contraction beginning. If you wait until the contraction really hurts and then start breathing, it will take effect between contractions. Don't breathe in the gas constantly between contractions, or for long periods, as it can make you feel dizzy and tingly. Entonox can make your mouth dry, so use lip balm and keep sipping water between contractions to keep your lips and mouth moist.

What are the advantages of gas?

- Flexible and acts fast
- Easy to use
- You can control how and when to use it
- Doesn't directly interfere with your labour
- The effects wear off very quickly once you stop inhaling
- It doesn't take away the pain, but reduces it to a more manageable level
- It's safe for your baby
- Your baby doesn't need any extra monitoring, as is the care with an epidural
- You can use it even if you're labouring in a birth pool

Other Pain Relief Methods

What is Pethidine?

Pethidine is a morphine-like opioid. Pethidine helps to relieve pain and make you feel more relaxed. About one woman in four uses an opioid such as pethidine in labour.

How is Pethidine given?

Your midwife/nurse will inject the pethidine into your thigh. Pethidine can make you feel nauseous and sick so you may have another injection to help you to control sickness (an antiemetic). It takes between 20 minutes and 30 minutes for pethidine to start work.

Once the pethidine takes effect, it will last for between two hours and four hours. Opioids can also be useful if your early labour has been long and uncomfortable and you need to get some rest.

What are the advantages of Pethidine?

- It can help you to relax and get some rest. Some women say that Pethidine makes them feel less worried about the pain
- It won't slow your labour down, if you're already in established labour
- You can still use a birthing pool or bath during labour, but not within three hours of a dose of Pethidine, or if you still feel drowsy

What are the disadvantages of Pethidine?

- Pethidine provides only limited relief from labour pain. It doesn't cut out pain altogether
- It may make you feel drowsy and can also slow your breathing so that you need oxygen through a face mask
- It can make you feel sick or induce vomit, even if you have an anti-sickness drug
- Your baby may be drowsy for hours after the birth. This may mean that it's more difficult to get breastfeeding started

Fentanyl:

Fentanyl is also an opioid medication and is usually given as an injection. It can help relieve pain although it won't fully block it out. The effects are similar to Pethidine. The advantages of using Fentanyl include:

Works quickly (although, usually lasts only for 45 minutes)

Side effects can include:

- Your baby may be affected and need support through neonatal resuscitation at birth
- You may experience nausea, vomiting and be very drowsy, requiring oxygen

Please see separate Leaflet about Epidural

If you would like more information about any of these options; please discuss with your Midwife or Obstetrician. These options will also be discussed in detail at your childbirth education classes.

References

MIDIRS. 2008. Non-epidural strategies for pain relief during childbirth. MIDIRS Informed Choice - for professionals 14. Bristol: MIDIRS

NCCWCH. 2014. Intrapartum care: care of healthy women and their babies during childbirth. National Collaborating Centre for Women's and Children's Health, Clinical guideline, 190. www.nice.org.uk [Accessed January 2015]

RCM. 2012a. Immersion in water for labour and birth. Royal College of Midwives, Evidence based guidelines for midwifery-led care in labour. London. www.rcm.org.uk [Accessed January 2015]

RCM. 2012b. Supporting women in labour. Royal College of Midwives, Evidence based guidelines for midwifery-led care in labour. London.

www.rcm.org.uk [Accessed January 2015]

RCM. 2012c. Second stage of labour. Royal College of Midwives, Evidence based guidelines for midwifery-led care in labour. London.

www.rcm.org.uk [Accessed January 2015]

Simkin P, Ancheta R. 2011. *The labour progress handbook: early interventions to prevent and treat dystocia.* Chichester: Wiley-Blackwell

