

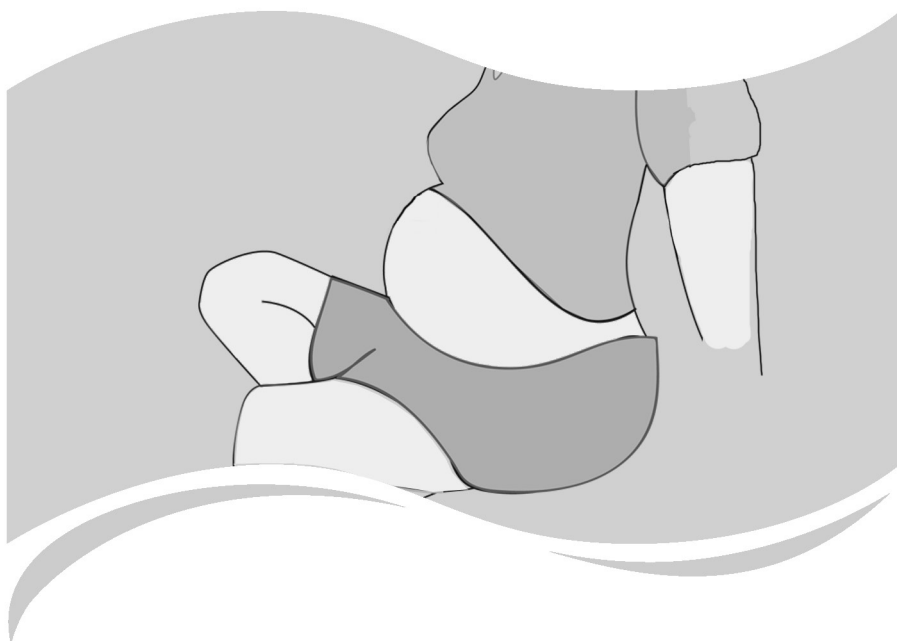
Lanarkshire Acute Hospitals

Wishaw General Hospital



Pain relief in labour

Information for patients
from the Maternity Services



WHAT WILL LABOUR FEEL LIKE?

Towards the end of your pregnancy you may notice your uterus (*womb*) tightening from time to time. When labour starts these tightenings become regular and much stronger. This may cause pain that at first feels like a strong period pain but usually gets more severe as labour progresses. The amount of pain varies. Your first labour is usually the longest and hardest. Sometimes it is necessary to start labour artificially or to stimulate it if progress is slow, and this may make it more painful. Over 90% of women find that they need some sort of pain relief during labour.

PREPARING FOR LABOUR

The midwives hold parenthood classes that both you and your birthing partner can attend. They give you information about pregnancy, labour and caring for your baby. They will discuss with you what to expect when you go into hospital, what procedures may be required and the reasons for them. Understanding what happens during labour will help you to feel less anxious and aid your birthing partner to support you.

During pregnancy your midwives and sometimes the physiotherapists will show you different ways of controlling your breathing and helping you to cope with contractions. They will also show you how to move around correctly and how to relax in order to minimise problems with your back during and after pregnancy.

At these classes you will also get information about the various types of pain relief that are available, to allow you to make an informed choice about your pain relief during labour. If you want further information about any of the various methods of pain relief and whether they would be suitable for you, speak to your community midwife or ask to see an anaesthetist. Anaesthetists are the doctors who provide epidurals, but they can also provide information about other forms of pain relief.

WHAT METHODS OF PAIN RELIEF ARE AVAILABLE?

There are several ways of helping you cope with pain. A supportive birth partner is invaluable. Relaxation is important and moving around sometimes helps. Bathing in warm water and massage, particularly having your back rubbed, can help you to relax and ease some pains away. Music can also be helpful.

It is difficult for you to know beforehand what sort of pain relief will be best for you. Here are some of the facts about the main methods of pain relief that are available.

Tens

TENS stands for Transcutaneous Electrical Nerve Stimulation. It is a form of pain relief delivered by a small box wired to electrodes which fix onto your skin. A gentle current passes through four flat pads stuck to your back. This creates a tingling feeling and can be effective in relieving pain at the beginning of labour, particularly backache. It doesn't restrict your movement in any way, and you are in complete control of the strength of the electrical current. It is safe for you and your baby.

Speak to your physiotherapist or midwife for further information about hiring a TENS machine. You can even use it at home before you come into hospital.

While you may manage your labour with only the help of TENS, it is more likely that you will require some other form of pain relief in the later stages.



Entonox

(nitrous oxide and oxygen, sometimes known as ‘gas and air’)

- ❖ You breathe this through a mouthpiece.
- ❖ It is simple to use, quick to act and wears off in minutes.
- ❖ It sometimes makes you feel light headed or a little sick for a short time.
- ❖ It does not harm your baby.
- ❖ You can use it at any time during labour.
- ❖ Many women find it helpful.

You control the amount of gas you use, but to get the best pain relief timing is important. You should start breathing the gas as soon as you feel a contraction coming on so that you get the full effect at the peak of your contraction. You should not use it between contractions or for long periods as this can make you feel dizzy.

Diamorphine

(occasionally morphine or pethidine is used)

These are drugs which are commonly given in labour. They are given by injection and the dose can be varied.

- ❖ They may make you drowsy.
- ❖ They can make you feel sick but you will be given an 'anti-sickness' injection at the same time.
- ❖ They may make your baby sleepy after birth, but your midwife is trained to deal with this.

If your baby is sleepy, breast-feeding can sometimes be more difficult to begin with after the birth. Plenty of 'skin to skin' contact with your baby is therefore recommended and your midwife is there to help.

Many women find a combination of diamorphine and entonox helpful.

Epidural

What is an epidural?

This is a method of pain relief used during childbirth. A small amount of anaesthesia is injected into a small plastic tube (*epidural*) placed in your lower back.

- ❖ An anaesthetist (*a specialist doctor*) will put in your epidural.
- ❖ Although this is the most complicated form of pain relief, it is also the most effective at completely removing the sensation of pain.
- ❖ It removes much of the stress of labour and may allow you to rest.
- ❖ Once the anaesthetist is aware that you have requested an epidural, he/she will see you as soon as possible. The anaesthetist may however be delayed if he/she is dealing with emergencies.

Who should have an epidural?

Most women can have an epidural, but certain medical conditions, complications of pregnancy or bleeding disorders may make it unsuitable.

If you have a complicated or a long labour your midwife or obstetrician may recommend that you have one.

What does it involve?

The anaesthetist will discuss the epidural with you.

First, you will need a small tube inserted into a vein in your arm. This is then connected to running fluid (**drip**). We will then ask you to either curl up on your side or sit bending forwards. Once you are in the correct position the anaesthetist will clean your back with antiseptic and numb the area with a little injection of local anaesthetic. The small epidural tube is then put into your back using a needle.

The epidural will sit near the nerves that carry pain sensation from your womb. Care is needed to avoid puncturing the bag of fluid that sits around the nerves, as this may give you a headache afterwards. It is therefore important to tell the anaesthetist when you are getting a contraction and to keep still while the epidural goes in. Once in place, the needle is taken out and the epidural tube secured with a dressing.

Pain-relieving drugs are then given down the epidural tube. It usually takes about 20 minutes for these drugs to take away the pain. Although some women do not feel contractions, other women may still be aware of them.

Pain-relief is continued with a patient controlled analgesia (**PCEA**) pump. When this is not possible a continuous infusion pump is used.

How do I use Patient Controlled Epidural Analgesia (PCEA)?

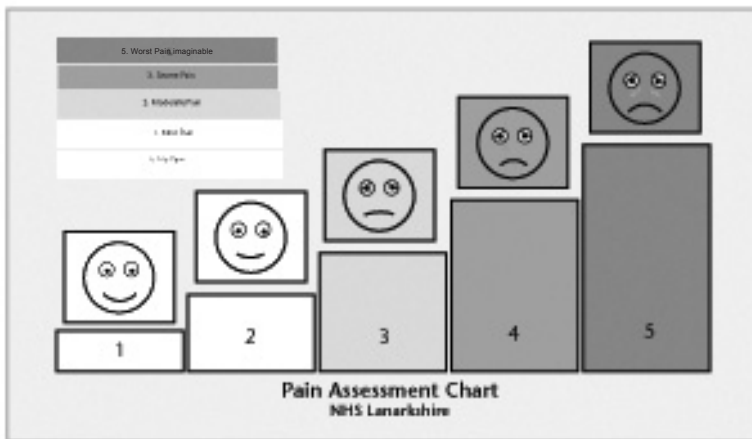
PCEA allows you to control your own pain relief by pressing a small button. Studies have shown that women who have used PCEA for pain relief in labour are highly satisfied.

After the anaesthetist has inserted the epidural, he/she will put local anaesthetic down the epidural to take away the pain of the contractions. Once the epidural is working well you can start to use the PCEA pump. When you press the button the pump will give more local anaesthetic (*a 'top-up'*). You should press the button when you start to feel the return of contractions. You should not wait until you start to feel pain before you press the button. It can take up to 20 minutes for the 'top-up' to work. To ensure safety, the PCEA pump will only give another 'top-up' after 30 minutes. After pressing the button you need to wait for 30 minutes before pressing again.

If you find that you are not receiving good pain relief from the PCEA pump, your midwife will assess what is happening. He/she may be able to advise you how the pain relief can be improved. If not, he/she will contact the anaesthetist for advice.

How do we care for the epidural?

Your midwife will regularly check your blood pressure, heart rate, breathing rate, temperature and power in your legs. You must regularly empty your bladder and move position to avoid any skin damage. Your midwife will ask you on a regular basis to look at a pain scoring scale (*see chart below*) and score your pain. In addition, an ice cube is used on the skin of your abdomen to check which nerves are blocked by the epidural.



0	1	2	3	4
No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Pain imaginable

Will I be able to move about?

The aim is to provide pain-relief without numbness in your legs. If you are using a PCEA pump you may be able to get out of bed, walk around your room and sit in a chair. You may also be able use alternative positions in the bed. Your midwife will check the power in your legs and your balance to decide if this is possible.

You will only be able to get out of bed with the help of your midwife.

If you are able to get out of bed and walk around your PCEA pump and drip will be placed on a drip stand which you can walk about with.

Initially you will sit on the edge of the bed with your feet on the floor. The midwife will support you and ask you to stand. If you feel that the power in your legs and balance are good, you can walk with the midwife's support. This same procedure must be followed every time you get up from the bed or chair and when walking.

If at any time you feel that your legs are getting heavy or you feel 'off balance' you must tell your midwife immediately.

When using the PCEA pump, you must only press the button when you are in bed or in a chair, NOT when walking.

What are the side effects and complications?

- ❖ Your blood pressure may drop, which is why you have a drip.
- ❖ You may shiver, but this usually settles.
- ❖ You may lose the sensation of needing to empty your bladder.
- ❖ A small number of women will have an itch that is not usually troublesome.
- ❖ If your legs become weak you will need to remain in your bed.
- ❖ If the epidural does not work it may need to be taken out and replaced.
- ❖ If the epidural needle goes into the bag of fluid around the nerves you may get a headache. (*1 in 100-200*)*
- ❖ You may sometimes become sleepy and your breathing may slow down.
- ❖ An epidural may prolong the second stage of labour and reduce the urge to push, but with time you should be able to deliver your baby by pushing.

- ❖ About 1 in 2000 mothers get a feeling of tingling or pins and needles down one leg after having a baby. Such problems afterwards are more likely to be due to childbirth itself than the epidural.
- ❖ Backache is common during pregnancy and often continues afterwards when you are looking after your baby. There is now good evidence that epidurals do not cause long-term backache, though you may feel tenderness around the epidural site for a day or two.

In addition the following occur rarely:

- ❖ Infection around the nerves in your back
(1 in 10,000) - approximate incidence.
- ❖ Blood clot around the nerves in your back
(1 in 150,000) - approximate incidence.

WHAT ABOUT SPINALS?

Spinal anaesthesia is commonly used for caesarean section. It involves putting pain-relieving drugs into the fluid around the nerves in your back through a small needle. Unlike the epidural, there is no tube left in your back. The pain relief from a spinal will wear off in a few hours. It therefore cannot be used on its own for pain relief for labour. As a spinal works more quickly than an epidural, it is sometimes used if you are very distressed in late labour in combination with an epidural (*combined spinal epidural - CSE*).

Patient Controlled Remifentanyl?

This option is currently not available, but may become available again in 2012. Remifentanyl is a short acting strong painkiller. A drip is inserted and connected to the pump containing remifentanyl. When you are aware a contraction is starting you press a small button and the pump will deliver the painkiller. The button should be pressed only when you feel a contraction starting. You may feel drowsy and your breathing may slow down. This form of pain relief will only be used in particular situations, when other forms of pain relief are not possible for medical reasons.

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