



Pain Relief in Labour and Childbirth



Every woman experiences pain in a different way. The way you experience pain depends on your emotional, psychological, social, motivational and cultural circumstances. Every woman responds and copes differently with the pain of labour and childbirth.

Preparation for birth can help to reduce the experience of pain and reduce anxiety, which can help you to better cope with labour.

Gather information about labour - talk to your midwife or doctor and attend antenatal classes. Discuss your preferences for pain-relief with your care providers and support-people before you go into labour. You can also record your preferences for pain relief in your birth plan.

Options for pain relief

There are a number of methods you can use to help you cope with your labour pain.

Like the labour experience, this is an individual decision. Some women are keen to avoid medications, others are happy to consider all available options. You need to choose the best coping technique or combination that suits you and your needs. Remember, your plan may change when you are in labour.

During your labour, the midwife will continue to guide you and work with you according to your wishes.

Natural pain relief

Relaxation

Being relaxed in labour has many benefits. Your body will work better if you're relaxed. Your natural hormones that help your labour progress (oxytocin), and those 'natural pain-relief hormones' (endorphins) that help you cope with labour, will be released more readily.

Fear, tension and resistance are a normal response when you feel out of control or you are not sure what to expect next. On the other hand, relaxing and trusting that your body knows what to do will help you manage your pain. Learn how to relax, stay calm and breathe deeply. Breathing techniques may help you to 'ride the waves' of each contraction. Remember that a relaxed mind is a relaxed cervix. If your face is relaxed, the muscles through your pelvis are too.

Active birth

Moving around and changing positions is one of the most helpful things you can do to manage the pain of labour and birth. Being able to move freely and rocking your pelvis can help you to cope with the contractions. If you stay upright, gravity will also help your baby to move down through your pelvis.



Heat and water

The use of heat can help to ease tension and discomfort in labour. Both hot and cold packs are useful, as is being immersed in water in either a shower or a bath. Healthy women with uncomplicated pregnancies may find that having a warm bath in labour helps with relaxation and pain relief. A warm bath increases relaxation and production of endorphins (your body's natural pain relief hormone). It reduces the pain of contractions and the pressure on your pelvis and muscles.

Touch and massage

Feeling stressed and anxious makes pain seem worse. Massage can reduce muscle tension as well as providing a distraction between and during contractions. Practise with your partner during your pregnancy and find out how you like to be massaged. At different stages during labour, massage and touch will feel good and at other times you may find it distracting or annoying.

Complementary therapies

Alternative therapies such as acupuncture, acupressure or aromatherapy can also be very effective, but should only be practised by qualified practitioners.



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Non-medical pain relief

TENS

The TENS machine is a small, portable, battery-operated device that is worn on the body. The box is attached by wires to sticky pads that are stuck to the skin on your back. The machine has dials that you can adjust to control the frequency and strength of small electrical pulses that are transmitted to the body. These pulses stimulate your body to release your endorphins.

Water injections for back pain

Many women have lower back pain that persists throughout their labour. Midwives can use a technique where sterile water injections are given in four different places in your lower back, just beneath the skin. The injections cause a strong stinging sensation, like a bee sting. The sting will last for up to 30 seconds before disappearing along with the back pain. The injections can provide a few hours of pain relief to your lower back without any side effects for you or your baby.

For this reason and due to its relatively short period of effect, it is mostly helpful for women who are in well-established labour but not too close to giving birth.



Epidural

An epidural is a procedure where an anaesthetic (a drug that gives either partial or total loss of sensation) is injected into the small space in your back near your spinal cord by a specialist anaesthetist. Information about the use of epidural anaesthesia for pain relief can be found at www.anzca.edu.au/Patients.

After an epidural, you will have altered sensation from the waist down. How much you can move your legs after an epidural will depend on the type and dose of anaesthetic used. A very thin tube will be left in your back so the anaesthetic can be topped up. Sometimes the tube is attached to a machine so that you have control over when the epidural is topped up.

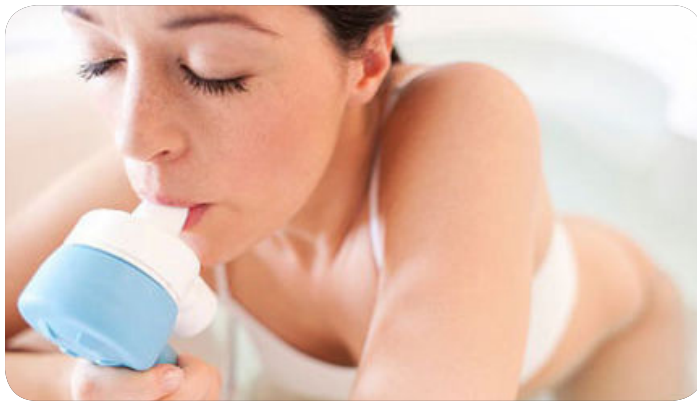
The benefits of an epidural are that it takes away the pain of contractions, it can be effective for hours and can be increased in strength if you need to have an emergency caesarean. In a long labour, it can allow you to sleep and recover your strength. Epidurals can cause a fall in blood pressure, so you will usually have an intravenous drip (a bag of liquid that enters your body through a tube) put into your arm or the back of your hand, and your blood pressure will be monitored more closely. You may also lose the sensation to pass urine, so you will have a catheter tube inserted into your bladder to drain your urine.

Because of the potential side effects such as low blood pressure, the baby's heart rate will need to be continuously monitored by a CTG machine following an epidural. Further information about monitoring the baby's heart rate in labour can be found on the RANZCOG website under patient information. The chance of you needing assistance with the birth of your baby increases once you have had an epidural. A stronger epidural or 'top up' will help relieve the pain of these procedures.

Not all birth places can offer every method of pain management. You might like to talk to your care provider about the pain relief options available to you at your planned place of birth and which methods of pain relief can and can't be used together. You can choose one method or a few, or you change from one to another during labour. Remember it is important to keep an open mind and have a positive attitude and confidence in your ability to labour.

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Medical pain relief

Nitrous oxide gas

Often known as 'laughing gas', women in labour can breathe a mixture of nitrous oxide and oxygen through a mouth piece or mask. The gas is inhaled during a contraction and helps take the edge off the pain. Many women choose the gas as it makes them feel in control of their pain-relief and provides them with something to focus on to get through each contraction. There are no after-effects for you or your baby. The mixture of gas can be changed during different stages of your labour to provide better pain relief or if you feel a little nauseous or light-headed.

Pethidine or morphine injection

Pethidine and morphine are strong painkillers given by injection. You may be offered one of these medications, which work by mimicking the effects of endorphins.

Although they help reduce the severity of the pain, they do not take it away completely. Women have varying responses to morphine and pethidine. Some women will say the injection provided pain relief, while others will say it had no effect at all on their level of pain.

The injections can take up to 30 minutes to work and can make you feel quite nauseated. Because these drugs cross the placenta to your baby, your baby may become sleepy. Sometimes pethidine may contribute to breathing problems in your baby if given within two hours of birth.

DISCLAIMER: This document is intended to be used as a guide of general nature, having regard to general circumstances. The information presented should not be relied on as a substitute for medical advice, independent judgement or proper assessment by a doctor, with consideration of the particular circumstances of each case and individual needs. This document reflects information available at the time of its preparation, but its currency should be determined having regard to other available information. RANZCOG disclaims all liability to users of the information provided.



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