• For delivery if you do not feel your contractions, the nurse will guide you when to push.

• There is evidence that epidurals do not cause backache, even though there may be localised tenderness for 2 – 3 days.

• There is some possibility (1:200) of getting a severe headache after insertion of an epidural.Our anaesthetist will discuss this possibility and treatments with you.

• There is evidence that having an epidural too early in labour may increase your chances of having an assisted delivery. It may be wise to use this option of pain relief when labour is well established (4cm or more dilated).

And finally, no one can tell you what your labour will feel like in advance. Even if you think you would prefer not to have any pain relief keep an open mind. In some instances it could help make your labour enjoyable and fulfilling.

Ref: NICE Guideline, 4th November 2021



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MILLENNIUM
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Pain relief in labor

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Pain relief in labour

• Labour is a natural process but can be very painful so it is important to learn about all the ways you can relieve pain in labour and how your partner /labour supporter can help you.

• Attend antenatal classes as the classes may help you to understand the mechanism of labour and instruct you on how you can help yourself.

Types of pain relief

Self help

• Using relaxation techniques, breathing, keeping mobile, having a birth partner or someone to support you and massage you.

• Having confidence in your body will also help.

Entonox (Gas and air)

• This is a mixture of oxygen and another gas called nitrous oxide.

• You breathe it in through a mouth piece which you hold yourself.

• Gas and air won't remove all the pain but it can help by reducing the pain, so making it easier to bear

• Many women like it as it is easy to use and you can control it yourself

• The gas takes 15 – 20 seconds to work, so you breathe it in just as your contraction begins and stop breathing in the gas and air after the end of the contraction

• The gas and air could possibly make you feel a little light-headed. There are no harmful side effects for you or your baby

• Some women also find it may make them sleepy or unable to concentrate on what is happening but if you continue to use it these will disappear

• Your nurse will instruct you on how to use the gas and air when you are in labour .

Injections (Pethidine)

• we currently use Pethidine as a pain relieving injection in labour.

• It is given into your buttock and takes about 20 minutes to work. The effects last between 3 and 4 hours

• Some women find this helps lessen their pain

• Some women find this method used in conjunction with gas and air provide them with effective pain relief for their labour

• However it can make some women feel drowsy, dizzy, sick and forgetful.

• If Pethidine is given too close to delivery it may affect the babies breathing but this is very rare. An antidote can be given, if needed to the baby.

• You may be excluded from using this option if you have a proven allergy or you have had a previous reaction to opiates particularly pethidine.

• Some medical conditions preclude the use of pethidine. If you are unsure discuss this further with your doctor.

Epidural Analgesia

• An epidural is a special type of local anaesthetic procedure.

• It numbs the nerves which carry the feeling of pain from the womb and the birth canal to the brain.

• There may be a need to discuss suitability of this method of pain relief with an anaesthetist early in pregnancy especially if you have any medical, skeletal or allergy problems.

• For most women an epidural gives good pain relief in labour, but occasionally it may not work effectively. In that case, it can be inserted again

• It may take up to half an hour to complete. It is done by a specialist doctor called an anaesthetist. Occasionally there may be a delay if there is an emergency on labour ward, or if another person requires an epidural for medical reasons

• The epidural is inserted with you either sitting or lying on your side

• The anaesthetist inserts a fine plastic tube through a needle in between the bones of your spine; the needle is withdrawn leaving the fine plastic tube in place. This is secured in place with a dressing until the baby is born.

• Local anaesthetic can then be injected through the fine plastic tube

• In some cases of assisted delivery for example Caesarean Section or Instrumental delivery the same epidural can be used to give stronger local anaesthetic drugs to deliver the baby.

 You may experience the following:

• Your legs may feel heavy. You will not be able to get out of bed because of this heaviness during labour and possibly for a few hours later

• You may find it difficult to pass urine . A small tube called a catheter may be passed into your bladder to help you.

• Before the epidural is started you need to have a drip inserted into a vein in your hand. This helps to control your blood pressure.

• Your contractions and baby's heart beat continuously monitored by a machine called a Cardiotocograph (CTG).