

Pain Relief in Labour

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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There are simple ways women use to help them through labour such as relaxation, massage and music. Having a bath, changing position or walking around during labour may make you more comfortable. There are also complementary therapies such as aromatherapy, reflexology, acupuncture and massage.

You may decide to go through labour without any pain relief but most women choose to have some form of pain relief.

TENS

This method uses a small electric current to change the way you feel pain. The current is delivered by a hand-held machine through electrodes attached by sticky pads to your back.

Some women say that it works well, particularly to ease backache in the early stages of labour.

There is no evidence that TENS has any effects on your baby.

Pethidine or fentanyl

Pethidine or fentanyl are morphine-like painkillers given by injection, usually into a muscle, or through a cannula (a thin, hollow tube) inserted in the back of your hand. They do not actually ease pain during labour but some women find they are less worried about pain.

Although some women find the painkillers helpful, they do have side effects, including drowsiness, feeling sick and vomiting, and they can delay breastfeeding. They can also make your baby drowsy.

Gas and air

Gas and air is the common name for a mixture of oxygen and nitrous oxide gas (a painkiller and weak anaesthetic). You breathe it through a mask or mouthpiece.

The amount of pain relief given by gas and air varies and it does not remove the pain of labour completely. Some women find it helpful, particularly in the early stages of labour.

Gas and air does have side effects, including light-headedness or dizziness, strange dreams, feeling sick and falling asleep.

Epidural pain relief

What is an epidural?

Epidural pain relief involves injecting local anaesthetics and other painkillers into the epidural space (an area near your spinal cord). This numbs your nerves to give pain relief in certain areas of your body. An epidural can be used during labour to give relief from labour pains. It can also be used as an anaesthetic for a caesarean section.

How does an epidural work?

A fine catheter (tube) is inserted in the epidural space, near your spinal cord. Local anaesthetics and other painkillers are injected down the catheter into the epidural space to numb your nerves.

The epidural can be maintained by giving extra doses or by giving a continuous low dose (an infusion).

How is an epidural given?

To insert the epidural catheter, your anaesthetist will ask you to either sit up or lie on your side.

Your anaesthetist will insert the epidural catheter using a needle.

Your anaesthetist will inject a small amount of anaesthetic through the catheter to check the position. Once they have completed this check, they will give more of the anaesthetic until the epidural is working properly.

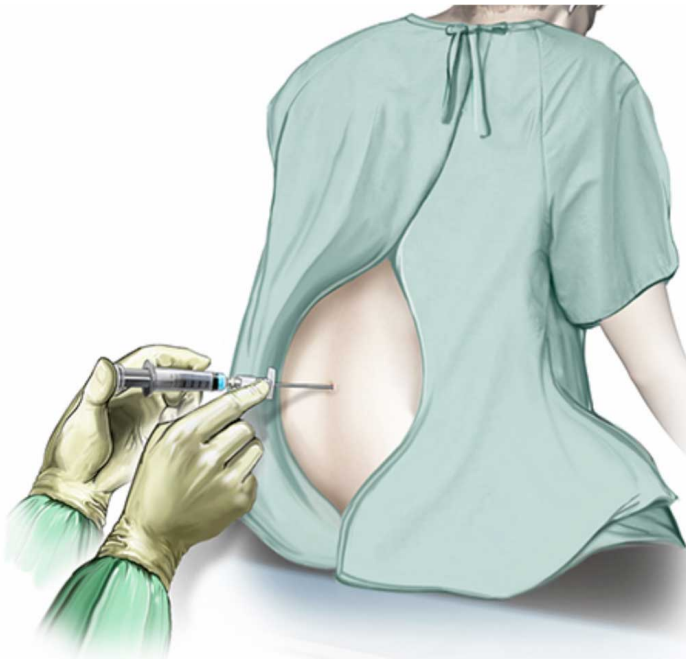
What effect does an epidural have?

The effect of the epidural can be varied by changing the type and amount of medication given. The more anaesthetic you are given, the more numb you will be.

What are the benefits of an epidural?

An epidural gives the most reliable pain relief for labour. It reduces stress on you and sometimes your baby.

An epidural usually does not cause drowsiness or make you feel sick, or delay breastfeeding.



An epidural being given

What complications can happen?

Some of these can be serious and can even cause death.

- Longer second stage of labour and less of an urge to push
- A drop in your baby's heart rate
- The epidural not working properly
- Low blood pressure
- Shivering soon after the catheter is inserted
- Headache
- Allergic reaction to the equipment, materials or medication
- Itching
- Difficulty passing urine
- Temporary leg weakness
- Backache
- Increase in temperature
- Cardiovascular collapse (where your heart stops)
- Short-term nerve injury
- Unexpected high block, if the local anaesthetic spreads beyond the intended area
- Infection around your spine
- Blood clot around your spine

- Nerve injury lasting more than three months

A complication may happen after the epidural has been removed.

- Pus, redness, tenderness or pain
- A high temperature
- Feeling unwell
- Discomfort when in a bright room or sunlight
- Neck stiffness
- Difficulty moving or feeling your legs
- Difficulty passing urine
- Bowel incontinence

Summary

There are many different ways of controlling pain in labour, most with varying levels of success.

An epidural gives the best pain relief.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer

Elizabeth Pemberton (MBBS, BMedSci, FANZCA)

Illustrator

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