NHS
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NHS Foundation Trust

Pain Relief in Labour

Patient information Leaflet

August 2018

This information will give you some idea about the pain of labour and giving birth, and what can be done to make it less painful. The people who are looking after you (for example, your midwife, anaesthetist or obstetrician) will give you more information about the types of pain relief available to you. We hope that, if you know what to expect and what pain relief is available, giving birth to your baby will be a satisfying experience.

What pain relief is available?
It is difficult to know beforehand what sort of pain relief will be best for you. The midwife who is with you in labour should be the best person to give you advice. Here is some information about the main methods of pain relief available.

Using a birthing pool during labour
- It has been shown that if you have your labour in water you will find it less painful and you will be less likely to need an epidural to reduce the pain (see reference 4).
- Studies have shown that there is no more risk to you or your baby if you have your labour in water than if you have it out of water. The midwife will continue to monitor your progress and your baby's well-being.
- If you require continuous monitoring in labour waterproof wi-fi monitoring can be used in the pool.

Transcutaneous Electrical nerve stimulation (TENS)
- A gentle electrical current is passed through four flat pads stuck to your back. This creates a tingling feeling. You can control the strength of the current yourself.
- It is sometimes helpful at the beginning of labour, particularly for backache. If you hire a TENS machine, you can start to use it at home.
- TENS machines have no known harmful effects on your baby

While you may manage your labour with only the help of TENS, it is possible that you will need some other sort of pain relief later on in labour.

Entonox (Gas and Air)
- This gas is made up of 50% nitrous oxide and 50% oxygen. You breathe Entonox through a mask or mouthpiece
- It is simple and quick to act, and wears off in minutes.
- It sometimes makes you feel lightheaded or a little sick for a short time
- It does not harm your baby and it gives you extra oxygen, which may be good for you and your baby.
- It will not take the pain away completely, but it may help.
- You can use it at any time during labour.

You control the amount of Entonox you use, **but to get the best effect it is important to get the timing right**. You should start breathing Entonox as soon as you feel a contraction coming on, so you will get the full effect when the pain is at its worst. You should not use it between contractions or for long periods as this can make you feel dizzy and tingly.

Opioids

Opioids are painkillers which work in a similar way to morphine. They include painkillers such as pethidine and diamorphine. Both are given as an intramuscular injection.

- A midwife usually gives opioids by injecting them into a large muscle in your arm or leg
- The pain relief is often limited. You will start to feel the effects after about half an hour and they may last a few hours.
- Opioids are more effective at easing pain in labour than Entonox.

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Side effects of opioids

- They may make you feel sleepy.
- They may make you feel sick, if this happens you will be offered anti sickness medication to help with this
- They may delay your stomach emptying, which might be a problem if you need a general anaesthetic
- They may slow down your breathing. If this happens, you may be given oxygen through a face mask and have your oxygen levels monitored.
- They may make your baby slow to take their first breath, but your baby can be given an injection to help with this
- They may make your baby drowsy, and this may mean that they cannot feed as well as normal (especially if you are given pethidine).

Epidurals and spinals

- Epidurals and spinals are the most effective method of pain relief.
- For an epidural, the anaesthetist inserts a needle into the lower part of your back and uses it to place an epidural catheter (a very thin tube) near the nerves in your spine. The epidural catheter is left in place when the needle is taken out so you can be given painkillers during your labour. The painkillers may be a local anaesthetic to numb your nerves, small doses of opioids, or a mixture of both.
- An epidural may take 40 minutes to give pain relief (including the time it takes to put in the epidural catheter and for the painkillers to start working).
- Having an epidural increases the chance that your obstetrician will need to use a ventouse (a suction cap on your baby's head) or forceps to deliver your baby.
- An epidural can usually be topped up to provide pain relief if you need a ventouse, forceps or a Caesarean section.

Spinal and combined spinal epidural (CSE)

- Epidurals can take some time to be fully effective, especially if you have one late in labour. If the painkillers are injected directly into the fluid surrounding the nerves in your back, they work much faster. This is called a spinal.
- Unlike an epidural, it is given as a one off injection without a catheter. If an epidural catheter is put in at the same time, this is called a combined spinal epidural. This form of pain relief is used for women undergoing caesarean section.

Who can and cannot have an epidural?
Most people can have an epidural, but certain medical problems (such as spina-bifida, a previous operation on your back or problems with blood clotting) may mean that it is not suitable for you. The best time to find out about this is before you are in labour. If you have a complicated or long labour, your midwife or obstetrician may suggest that you have an epidural as it may help you or your baby. If you are overweight, an epidural may be more difficult and take longer to put in place. However, once it is in you will have all the benefits.

What does an epidural involve?
First, a cannula (a fine plastic tube) will be put in a vein in your hand or arm, and you will usually have a drip (intravenous fluid) running as well (you may also need a drip in labour for other reasons, such as to give you medication to speed up your labour or if you are being sick).

Your midwife will ask you to curl up on your side or sit bending forwards, and your anaesthetist will clean your back with an antiseptic.

Your anaesthetist will inject local anaesthetic into your skin, so that putting in the epidural does not usually hurt. The epidural catheter is put into your back near your nerves in the spine. Your anaesthetist has to be careful to avoid puncturing the bag of fluid that surrounds your spinal cord, as this may give you a headache afterwards. It is important to keep still while the anaesthetist is putting in the epidural, but after the epidural catheter is fixed in place with tape you will be free to move.

Once the epidural catheter is in place, you will be given painkillers through it. It usually takes about 20 minutes to set up the epidural and 20 minutes for it to give pain relief. While the epidural is starting to work, your midwife will take your blood pressure regularly. Your anaesthetist will usually check that the epidural painkillers are working on the right nerves by putting an ice cube or cold spray on your tummy and legs and asking you how cold it feels.

Sometimes, the epidural doesn’t work well at first and your anaesthetist needs to adjust it, or even take the epidural catheter out and put it in again.

During labour, you can have extra doses of painkillers through the epidural catheter (top up).

After each epidural top up, the midwife will take your blood pressure regularly in the same way as when the epidural was started.

The aim of the epidural is to take away the pain of contractions. Usually, the epidural also completely takes away the pain when your baby is delivered. Some women prefer to have some feeling during the delivery so they have a better idea of how to push the baby out. The epidural cannot be adjusted exactly, so if you want to have some feeling when your baby is delivered, there is more chance that you may have an uncomfortable sensation during labour as well.

Benefits of having an epidural

- Epidurals reduce the pain of labour more than any other treatment.
- With an epidural, there is less need to use medication to make your baby start breathing when they are born, compared with opioids given in other ways (into a muscle or a vein).

Things an epidural does not make a difference to

- With an epidural, you do not have a higher chance of needing a Caesarean section.
- There is no greater chance of long term backache. Backache is common during pregnancy and often continues afterwards. You may have a tender spot in your back after an epidural which, rarely, may last for months

Risks while the epidural is being used

- With an epidural, the second stage of labour (when your cervix is fully dilated) is longer and you are more likely to need medication (oxytocin) to make your contractions stronger.
- You have more chance of having low blood pressure.
- Your legs may feel weak while the epidural is working.
- You will find it difficult to urinate. You will probably need to have a tube passed into your bladder (a bladder catheter) to drain the urine.
- You may feel itchy.
- You may develop a slight fever.

Other risks of having an epidural or spinal to reduce labour pain

Type of risk	How often does this happen?	How common is it?
Itching	One in every 3 to 10 women depending on the drug and dose used	Common
Significant drop in blood pressure	One in every 50 women	Occasional
Not working well enough to reduce labour pain so you need to use other ways of reducing the pain	One in every 8 women	Common
Not working well enough for a caesarean section so you need to have a general anaesthetic	One in every 20 women	Sometimes
Severe headache	One in every 100 women (epidural) One in every 500 women (spinal)	Uncommon
Nerve damage (numb patch on a leg or foot, or having a weak leg) Temporary	one in every 1,000 women	Rare
Effects lasting for more than 6 months Permanent	one in every 13,000 women	Rare
Meningitis	One in every 100,000 women	Very rare

Epidural abscess(infection)	One in every 50,000 women	Very rare
Epidural haematoma(blood clot)	One in every 170,000 women	Very rare
Accidental unconsciousness	One in every 100,000 women	Very rare
Severe injury, including being paralysed	One in every 250,000 women	Extremely rare

LabourPains.com is the public website of the Obstetric Anaesthetists Association. This booklet was written by the Information for Mothers Subcommittee of the Obstetric Anaesthetists' Association. The subcommittee includes representatives from the National Childbirth Trust, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and patient representatives. This is based on the written leaflet, 4th edition, July 2013. © Obstetric Anaesthetists' Association 2013.

If you have any questions you want to ask, you can use this space below to remind you

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