

Childbirth - pain relief options

Labour and childbirth is usually a painful experience and women vary in their response to it. Some women are keen to avoid drugs or other medical interventions while others are happy to consider all available options. For a woman having her first baby, the experience of labour and her reaction to it is unpredictable.

For this reason, it is a good idea to be aware of the options for pain relief that are available and to know something about different methods. You may have a plan for how you hope to manage your labour, but it is best to be prepared to be flexible.

Non-drug pain relief options

Research suggests that adequate preparation can help to reduce pain or at least modify the perception of pain and reduce anxiety, which can help you better cope with labour. There are a number of non-drug pain relief options:

- Being in good physical condition is important. Exercise gently and regularly throughout your pregnancy, avoid cigarettes and alcohol, and eat a healthy, balanced diet.
- Knowing what to expect during the various stages of labour can help reduce anxiety. Antenatal classes are strongly recommended.
- Breathing techniques may help you to 'ride the waves' of each contraction.
- Constant, close support from your partner (or a trusted friend or loved one) for the duration of labour can reduce anxiety.
- Hot or cold packs, massage, hot showers and keeping active may all be helpful.
- Hypnosis and acupuncture are areas in which there has been little research but these may be considered.

TENS

TENS is a technique in which nerves in the lower back are stimulated using a small hand-held device controlled by the woman. It has no known side effects for mother or baby and many women find it helpful either alone or in combination with other methods of pain relief.

Medical pain relief options

The three main medical pain-relieving options for labour include:

- Nitrous oxide
- Pethidine
- Epidural anaesthesia.

Nitrous oxide

Nitrous oxide ('laughing gas') is mixed with oxygen and administered to the mother through a facemask or a tube held in the mouth. The gas takes a few seconds to work, so it is important to breathe from the mask as soon as a contraction commences. Nitrous oxide doesn't stop the pain entirely, but takes the 'edge' off the intensity of each contraction. Many women prefer nitrous oxide because it allows them direct control – you can hold the mask yourself and take deep breaths whenever you feel the need. This drug doesn't interfere with contractions and doesn't linger in either the woman's or baby's body.

Possible problems with nitrous oxide include:

- Nausea and vomiting
- Confusion and disorientation
- Claustrophobic sensations from the facemask
- No pain relief, in some cases – nitrous oxide doesn't offer any pain relief at all for around one-third of women.

Pethidine

Pethidine is a strong painkiller (related to morphine and heroin), usually given by intramuscular injection into the buttock. It may also be administered intravenously (directly into a vein). Depending on various factors, the effect of pethidine can last anywhere from two to four hours. Pethidine can make you feel sick, so anti-nausea medications are usually administered at the same time.

Possible problems with pethidine for the mother include:

- Giddiness and nausea
- Disorientation and altered perception
- Respiratory depression (reduced breathing)
- No pain relief, in some cases.

Possible problems with pethidine for the baby include:

- The unborn baby is exposed to the drug via the umbilical cord and may experience respiratory depression at birth, particularly if several doses are given or the baby delivers soon after a pethidine injection. This effect can be reversed by an injection given to the baby.
- The baby's sucking reflex may also be depressed, as well as other normal reflexes. Debate persists over the effects of pethidine on the neonate.

Epidural anaesthesia

Anaesthetic is injected into the lining of the spinal cord through the back, which makes the mother feel numb from the waist down. This option provides pain relief during labour for vaginal delivery or allows the mother to stay awake and alert during the baby's birth by caesarean section.

Possible side effects and complications of epidural anaesthesia include:

- The anaesthesia may not be complete and the woman may still experience some pain. This may require the procedure to be repeated.
- After the epidural has been inserted, the woman's blood pressure may drop, causing her to feel faint and nauseated. This may also cause stress to her baby. This is treated by giving intravenous fluid.
- As there is often some muscle weakness in the legs, women with an epidural anaesthetic may be confined to bed.
- The lack of sensation in the lower body means a urinary catheter must be inserted in most cases.
- Epidurals can lengthen the duration of labour.
- The likelihood of having a normal vaginal delivery is reduced.
- If the woman is unable to push effectively, due to altered sensation and reduced muscle strength, the baby may have to be delivered by forceps or vacuum cup.
- Around one per cent of women experience headache immediately following the procedure.
- Some women experience pain or tenderness where the epidural was injected.
- Around one in 550 women experience ongoing patches of numbness on the back near the injection site.

Where to get help

- Your doctor
- Obstetrician
- Midwives

Things to remember

- Childbirth is usually a painful experience.
- There are a range of options for pain relief in labour including drug free techniques and medical pain relief options such as nitrous oxide, pethidine and epidural anaesthesia.
- Particularly if you are having your first baby, consider all options and be flexible.
- If you planned for a drug free birth but find the labour pains are overwhelming, don't be reluctant to ask for pain relief.

This page has been produced in consultation with, and approved by:

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