
Childbirth - pain relief options

Summary

- Childbirth is usually a painful experience.
 - There is a range of options for pain relief in labour including non-medical 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 to give birth without using pain relief, but find the labour pains are overwhelming, don't be reluctant to ask the doctor, nurse or midwife for pain relief.
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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 the 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-medical pain relief options for childbirth

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 to better cope with labour. There are several 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.
- Using distractions like music can help to take your mind off the pain.
- Hot or cold packs, massage, a warm shower or immersion in a warm bath, and keeping active may all be helpful.
- Hypnosis, acupuncture and acupressure are areas in which there has been little research but these may be considered also.

Transcutaneous electrical nerve stimulation (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 for childbirth

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

- Nitrous oxide
- Pethidine
- Epidural anaesthesia.

Nitrous oxide

Nitrous oxide, known as 'laughing gas', is mixed with oxygen and administered to the mother through a face mask

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 starts.

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.

Nitrous oxide doesn't interfere with contractions and it doesn't linger in either the woman's or the baby's body.

Possible problems with using nitrous oxide include:

- Nausea and vomiting
- Confusion and disorientation
- Claustrophobic sensations from the face mask
- Lack of pain relief – in some cases, nitrous oxide doesn't offer any pain relief at all (this applies to around one-third of women).

Pethidine

Pethidine is a strong pain reliever (related to morphine and heroin), usually injected directly into a muscle in 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)
- Lack of 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 newborns.

Epidural anaesthesia

Epidural injections are the most effective pain relief available. They are used for vaginal births and also for caesarean sections, because they allow the mother to stay awake and alert during the baby's birth. Anaesthetic is injected into the lining of the spinal cord through the back, which makes the mother feel numb from the waist down. Your baby's heart rate will be monitored continuously.

Possible side effects and complications of epidural anaesthesia include:

- The anaesthesia may not be complete and you may still experience some pain. This may require the procedure to be repeated.
- After the epidural has been inserted, your blood pressure may drop, causing you to feel faint and nauseated. This may also cause stress to your baby. This is treated by giving intravenous fluid.
- An epidural often causes some muscle weakness in the legs, so women who have had an epidural anaesthetic may be confined to bed.
- The lack of sensation in the lower body means that you will not be able to tell when you need to urinate. A urinary catheter will be inserted in most cases.
- Epidurals can lengthen the second stage of labour.
- The likelihood of having a normal vaginal delivery is reduced.

- If you are 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 itchiness after having an epidural. This can usually be effectively treated using antihistamines.
- 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.
- **Very rare** complications include infection, blood clots and difficulty breathing.

An epidural does not:

- Increase the length of the first stage of labour
- Increase the likelihood of a caesarean section
- Cause long-term backache.

Where to get help

- Your doctor
- Obstetrician
- Midwife

Things to remember

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