

# Coping methods and options for pain relief in labour

This leaflet gives information about a variety of methods that you might like to use to help you cope with any pain or discomfort you may experience during your labour. Each pain relief option includes a list of advantages and disadvantages to help you decide which method is best for you. If you have any questions or concerns, please speak to your midwife.

## Preparing for the arrival of your baby

To prepare for the arrival of your baby, you may find it helpful to attend antenatal classes. As well as giving you information about what happens during your pregnancy and how to care for your baby, they will also show you what to expect when you go into labour and how your birth partner can support you. You will also learn about methods available to help you cope with, or to relieve, labour pain. You can find out more about the antenatal classes on our website [www.guysandstthomas.nhs.uk/our-services/maternity/care-during-pregnancy/antenatal-classes.aspx](http://www.guysandstthomas.nhs.uk/our-services/maternity/care-during-pregnancy/antenatal-classes.aspx)

You may also choose to attend a talk about pain relief in labour by one of our anaesthetists. These take place once a month in the antenatal education room, 8th floor, North Wing. Please speak to your midwife for exact dates and times.

No matter how much you prepare, it is hard to know how you will actually feel when you are in labour, so it is a good idea to think about your options beforehand. Labour pain is very subjective, meaning that each woman will experience and cope with pain differently from the next woman. Labour pain and contractions will also change in sensation, frequency and duration, so you may consider trying a variety of different methods of pain relief to help you work with or through the labour.

## Coping methods and options for pain relief in labour

This is not a complete list of all the possible coping methods or options for pain relief in labour, but it gives information about what is available in our maternity unit and where you can find out more.

- positions for labour
- relaxation techniques
- using the birthing pool
- aromatherapy
- other complementary therapies and self-help
- transcutaneous electrical nerve stimulation (TENS)
- entonox
- diamorphine
- epidural.

Most of these methods will help you to cope with the pain of labour, but will not remove the pain completely.

## Coping methods for labour: non-pharmacological

### Positions for labour

You will be encouraged to move around during labour, as this helps your baby to move down the pelvis and diverts your attention away from the pain. We encourage you to try different positions, use a birthing ball, mats, beanbags, a birthing stool or wall bars to hold on to. There are pictures of different positions in all the labour rooms and your midwife will be able to give information and advice about these.

Advantages	Disadvantages
<ul style="list-style-type: none"><li>• Easily accessible.</li><li>• Can be done anywhere.</li><li>• Helps your baby move down through the pelvis.</li><li>• Shortens the length of your labour.</li><li>• Can be used with other complementary therapies (alternative forms of pain relief).</li></ul>	<ul style="list-style-type: none"><li>• Will not get rid of your pain completely.</li><li>• Can become tiring if your labour lasts a long while.</li><li>• You will need good support from your birth partner.</li></ul>

### Relaxation techniques

There are different methods of relaxation, including the use of breathing techniques, meditation and massage. Relaxation techniques can distract you from labour pain. They can be used with other pain relief.

Basic massage techniques can be learned during antenatal classes. However, you do not need to have any prior knowledge of massage before you go into labour – the midwives in the birth areas can also advise you about some helpful massage techniques.

Advantages	Disadvantages
<ul style="list-style-type: none"><li>• Easily accessible.</li><li>• Can be done anywhere.</li><li>• Can be used with alternative forms of pain relief.</li></ul>	<ul style="list-style-type: none"><li>• More effective if practised antenatally (before labour).</li><li>• Will not get rid of your pain completely.</li></ul>

### (Hydrotherapy) Birthing pool

Water is useful for managing pain in labour. It encourages you to relax and is thought to make the contractions seem less painful. The use of water for pain relief is available once you are about halfway through your labour, as long as there are no contraindications (factors that mean a birthing pool should not be used). The birthing pools are large, deep oval baths with enough room for you to move around with ease. It takes approximately 20 minutes to fill the pool. The water will be kept at a temperature that is comfortable for you but not above 37°C (98.6°F). Your temperature will also be monitored closely. If any problems are detected with either you or your baby, you will be asked to leave the pool.

Advantages	Disadvantages
<ul style="list-style-type: none"><li>• Increases relaxation.</li><li>• Decreases pressure on your abdominal (tummy) muscles.</li><li>• Allows you to feel supported by the water's buoyancy effect.</li><li>• Relaxes perineal tissue (the muscle that lies between the bottom part of the vagina and the anus).</li><li>• Lowers blood pressure.</li></ul>	<ul style="list-style-type: none"><li>• There are two birthing pools at the Home from Home birth unit and occasionally during busy times they may both be in use. You may find it helpful to have a bath or shower in your labour room if the birthing pools are unavailable.</li><li>• Being in the birthing pool will not take away your pain completely.</li></ul>

### Aromatherapy

Aromatherapy is a complementary therapy which uses highly concentrated essential oils that have been extracted from various parts of different plants. Essential oils are used for their therapeutic properties.

Aromatherapy can be used in massage, in the bath (but **not** the birthing pool), by the application of hot or cold compresses, on a tissue or taper, by inhalation or vaporiser/diffuser.

The use of aromatherapy in this unit is for women who are already in the latent (early) or established (stronger) phases of labour, unless there is some medical and/or obstetric reason why aromatherapy should not be used.

The essential oils used in our maternity unit have been carefully selected for their benefits in labour:

- **Clary sage** – to support labour and encourage regular contractions.
- **Eucalyptus** – for pain relief and nasal congestion.
- **Frankincense** – to help with high anxiety.
- **Jasmine and rose** – to alleviate anxiety and depression.
- **Lavender** – to alleviate anxiety, to aid relaxation and to prevent headache.
- **Lemon and mandarin** – to enhance mood, uplift and energise.
- **Peppermint** – to help with nausea and vomiting.
- **Chamomile** – to help with anxiety.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Increases relaxation.</li> <li>• Decreases pressure on your abdominal (tummy) muscles.</li> <li>• Allows you to feel supported by water's buoyancy effect.</li> <li>• Relaxes perineal tissue (the muscle that lies between the bottom part of the vagina and the anus).</li> <li>• Lowers blood pressure.</li> </ul>	<ul style="list-style-type: none"> <li>• Women with asthma or other allergies/ sensitivities may not be able to use all of the oils on offer as they are not recommended for use with some medical or obstetric conditions (such as previous caesarean section).</li> <li>• Some aromatherapy oils are advised against if women are not in labour or if they are using homeopathic remedies.</li> </ul>

### Other complementary therapies

Some women may wish to explore other complementary therapies and self-help options, such as acupuncture, yoga, hypnosis or reflexology. These options are not offered by midwives in the maternity unit, but if you are interested in trying these you may wish to search for more information and qualified therapists on the internet.

### Transcutaneous electrical nerve stimulation (TENS)

This involves passing a gentle electrical current through four flat pads placed on your back. The current creates a tingling feeling and encourages your body to produce its own pain relief, called endorphins.

Your birth partner can put the TENS machine on you at home when you need some form of pain relief. It can be started during any stage of your labour, but is thought to work better if started early, especially for backache.

TENS machines are not supplied by the unit, but we can give you information before you go into labour about hiring or buying the equipment.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• You can control the strength of the machine yourself.</li> <li>• There are no known side effects to you or your baby.</li> </ul>	<ul style="list-style-type: none"> <li>• Needs to be started in the early stages of labour.</li> <li>• Some women can be allergic to the material used on the electrodes.</li> <li>• Will not completely remove your pain.</li> <li>• Cannot be used in the pool, bath or shower.</li> <li>• Takes about 40 minutes to build up your body's natural pain relief.</li> <li>• Is usually less useful in the latter stages of labour.</li> </ul>

## Pain relief in labour: pharmacological

### Entonox<sup>®</sup>

This is a mixture of half nitrous oxide and half oxygen, also known as 'gas and air'. It is simple, quick to act and wears off in minutes.

The timing is important in the use of Entonox<sup>®</sup>. You breathe the gas through a mouthpiece and to get the full benefit you should start breathing it as soon as the contraction begins and stop as soon as it ends. Breathing the gas between contractions can make you feel light-headed and tingly.

Advantages	Disadvantages
<ul style="list-style-type: none"><li>• It can be used at any time during labour.</li><li>• You are in control of how much you have. As it is a gas, it can be breathed out of your system very quickly.</li></ul>	<ul style="list-style-type: none"><li>• It may make you feel light-headed or a little sick</li><li>• It will not take the pain away completely.</li></ul>

### Diamorphine

This is an opioid (morphine based) injection. It relieves pain by acting directly on your body's central nervous system. It may be offered to you for your labour if you request to have the injection, if you would like to remain at the Home from Home birth unit but would like some stronger pain relief, or if you are unable to have an epidural. It will only be used if it is appropriate to your situation during labour.

Your midwife can give you the injection while you are in hospital. It cannot be used at home. It can be given at anytime during your labour but preferably before you commence pushing.

Diamorphine can have some side effects – these are listed below. You will be given anti-sickness medication along with the diamorphine to reduce some of the side effects.

Advantages	Disadvantages
<ul style="list-style-type: none"><li>• It may help reduce your feelings of anxiety.</li><li>• You can remain on the Home from Home birth unit</li><li>• It may be used with entonox (gas and air) if necessary.</li><li>• Can be used at any time during your labour.</li></ul>	<ul style="list-style-type: none"><li>• It offers limited pain relief during labour.</li><li>• It is not available if you are having your baby at home.</li><li>• It can make you feel drowsy or sick.</li><li>• It can affect the baby, as it crosses the placenta. After the birth, your baby may be drowsy, have problems regulating their breathing and it can have an impact on breastfeeding.</li></ul>

### Epidurals

This is a local anaesthetic given through a very small tube in your back. It is the most complex form of pain relief we offer and must be performed by an anaesthetist.

Most people can have an epidural, but certain bleeding disorders and complications during pregnancy may make it unsuitable.

You will first need a drip, which is a device to give fluid into a vein in your arm. You may also need this during labour for other reasons.

You will be asked to curl up on your side or sit bending forwards. We will clean your back and give you a small injection of local anaesthetic into your skin to reduce your discomfort when the epidural is inserted.

A small tube is passed into your back, near the nerves carrying pain from the womb. This procedure needs to be done carefully, as puncturing the bag of fluid surrounding the nerves may give you a headache afterwards. It is therefore important to keep still while the anaesthetist is putting in the epidural, but after the tube is in place you will be free to move.

Once the tube has been inserted, pain-relieving drugs can be ‘topped up’ as often as required by a pump that you can control.

While the epidural is taking effect, your midwife will check your blood pressure regularly, as the drug may cause your blood pressure to fall slightly. The anaesthetist and your midwife will also check that the epidural is working properly by using a cold spray on your abdomen and legs to test your sensation. We will also ask you about the level of pain you may be feeling to assess the effectiveness of the epidural. It usually takes about 20 minutes to work, but occasionally it doesn’t work well at first, and some adjustment may be needed.

Your baby may be continuously monitored using a fetal heart rate monitor, also known as a cardiotocograph (CTG), once the epidural is inserted. This can be discontinued after 30 minutes if it is safe to do so.

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>• It should not make you feel drowsy or sick.</li> <li>• Can usually take away all of your pain.</li> <li>• It has a minimal effect on your baby.</li> <li>• Nowadays, it is usually possible to provide pain relief without numbness or ‘heavy legs’. This is called a ‘mobile epidural’. Although some women can walk to a chair or the bathroom, many choose to stay in bed. After a few hours, the legs can become quite heavy and you may have to stay on the bed.</li> </ul>	<ul style="list-style-type: none"> <li>• The epidural may not work at first and a further dose of epidural drugs may be given. Occasionally, the epidural may be ineffective and the procedure may need to be repeated.</li> <li>• You may develop a severe headache after having an epidural, although this can be treated. This occurs in approximately one in 100 women.</li> <li>• You may have tenderness where the epidural was given. However, there is good evidence to show that epidurals do not cause long term back problems.</li> <li>• Occasionally an epidural can make your blood pressure drop, which is why you have a drip.</li> <li>• About one in 2,000 mothers get a tingling feeling or numbness in part of one leg after having a baby. These problems are more likely to result from childbirth itself than from an epidural. This will usually fade within a week or two of your baby’s birth.</li> </ul>

Advantages	Disadvantages
	<ul style="list-style-type: none"> <li>• It may make the second stage of your labour longer and reduce your urge to bear down and push your baby out. You are still more likely to have a normal birth than any other type of birth. There is evidence to show that the number of women needing an assisted birth with suction or forceps is increased.</li> <li>• It may make it difficult for you to pass urine and you are more likely to need a catheter (small tube) put into your bladder to help with this.</li> <li>• The epidural may make you feel shivery. This is rare.</li> <li>• The epidural drugs can make you itch, but medicine can be given to reduce this.</li> <li>• Other serious complications can occur, but are very rare.</li> </ul>

## What if I need an assisted birth or caesarean section operation?

If you should need a procedure such as a forceps birth or caesarean section, your epidural can usually be made more effective to allow this to take place painlessly. A stronger local anaesthetic and other pain relieving drugs are injected into your epidural tube. This is safer for you and your baby than having a general anaesthetic.

If you have not had an epidural, a spinal anaesthetic can be used.

## Spinals

Epidurals are rather slow to act, particularly in late labour. If the pain-killing drugs are put directly into the bag of fluid surrounding the nerves in your back, they work much faster. This is called a spinal. A much smaller needle is used than with an epidural, so the risk of headache is small. Spinal anaesthesia is commonly used for forceps births and caesarean sections.

## Patient controlled analgesia (PCA) pumps

Some women are unable to have an epidural or spinal anaesthetic because they have certain medical conditions. If this is the case, the anaesthetist will be able to speak to you about other types of pain relief that may be more suitable, such as opioids (morphine type painkiller). This can be given through a small tube inserted in one of your veins (usually in your arm). The opioids are prepared and put into a pump – like the one used for an epidural – and you are given a button to press so that you can give yourself pain relief when you feel the need to do so (the equipment is set up so that you cannot overdose).

## Sources of useful information?

**NHS Choices** – provides information on a range of medicines and medical conditions as well as information about pregnancy and pain relief in labour.

<https://www.nhs.uk/conditions/pregnancy-and-baby/>



## Contact us

If you have any further questions or concerns, please phone our helpline, **t:** 020 7188 8760, Monday to Friday, 10am to 6pm.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

## Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)      **e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

**t:** 020 7188 8815      **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

## NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

## NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

## Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch.

**t:** 0800 731 0319      **e:** [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)      **w:** [www.guysandstthomas.nhs.uk/membership](http://www.guysandstthomas.nhs.uk/membership)

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