

[www.TensMachines.co.uk](http://www.TensMachines.co.uk)

Mothercare

Babycare TENS Ltd

E18 1AD

Tel: +44 (0)20 8532 9595

Fax: +44 (0)20 8532 9551

[tens-hire@babycaretens.com](mailto:tens-hire@babycaretens.com)

Boots Pharmacy

The Whittington Hospital NHS Trust  
Magdala Avenue  
London  
N19 5NF

Phone: 020 7272 3070

Date published: 12/04/2010

Ref: WH/PL/3

©The Whittington Hospital NHS Trust

Please recycle 

# Coping with pain in labour

A patient's guide



April 2010

...the hospital of choice for local people 



This leaflet will give you some idea about the pain of labour and what can be done to help you cope. Pain in labour is an individual experience and each woman will make her own choices about how to deal with it. Women who feel good about themselves and their labour are those who feel they:

- have enough information to make decisions
- made their own choices about pain relief
- were well supported

This leaflet is only a guide and you should ask your midwife for further information if and when you need it.

Some women find that their ideas about labour and pain change as labour progresses. It is important to keep an open mind and to keep talking to your midwife about how you feel. There is no right or wrong way to approach pain in labour and your midwife is there to guide and support you.

### **What will labour feel like**

Towards the end of pregnancy you may notice your uterus (womb) tightening from time to time. These are known as Braxton-Hicks contractions and they are quite normal. When labour starts these tightenings become more regular, closer together and much stronger. It is important to remember contractions come in waves with a gap in-between when there is no pain. At their strongest the contractions will last for about a minute with a two or three minute gap in which you and your baby can rest and recover.

### **Support in labour**

Research shows that support in labour, from your partner, a family member or a friend can go a long way to help you cope with the trials and tribulations of labour. As well as your chosen support person the midwives in the Labour Ward or Birth Centre at the Whittington will be there to advise and care for you throughout your labour and birth. Good support can ease the fear and anxiety women may experience and reduce the need for pharmacological (drugs) pain relief.

### **Antenatal preparation**

Antenatal classes help to keep you informed about what to expect during labour and birth and what choices are available to you. Most women find that attending antenatal classes during pregnancy helps to prepare them. The midwives at the Whittington regularly run antenatal classes in the community and at the hospital for women and their partners. Your midwife can advise you on the best ones to attend. There are also private classes run by various groups that may better suit your needs. It is important that you feel you are prepared for this great event in your life and comfortable with the choices you make.

Labour is hard work. Throughout your pregnancy eating well and taking regular exercise, such as walking, swimming and yoga, will help you keep fit and prepare you for labour.

## **Coping with the pain of labour**

There is a lot that you can do for yourself while you are in labour, both at home and in hospital. It is important when you are in early labour to get some rest and drink plenty of fluids. Eat little and often to keep up your strength.

Keeping active helps to:

- Distract you
- Encourage your baby to be in the best position for labour and birth.

Once labour is established you can try different positions and see which is more comfortable.

- If you have backache and feel that baby is pressing on your back, try getting on all fours. Ask your support person to apply gentle pressure to your lower back. Massage in small circular movements can also help.
- If you feel you need to lie down then you may feel better on your side rather than lying on your back.
- Move your hips in circles first one way and then the other
- Stand and lean against your supporter
- Kneel and lean on a chair or beanbag
- Sit astride a chair and lean on a pillow placed across the back of the chair
- Sit backward on the toilet and lean on the cistern.
- Squat on a low stool.
- Get down on all fours on a mattress on the floor

Breathing:

Many women find that thinking about how they breathe helps them cope. If you become panicky, your breathing becomes fast and uneven and this can mean that there is less oxygen for you and your baby. This kind of breathing can make you feel dizzy and sick.

- During contractions breathe in and out slowly. Sighing can help.
- Try to 'blow the pain away' as you breath out
- Try not to hold your breath as this makes the pain worse
- When you breath out, let your shoulders drop. If your shoulders are relaxed, your breathing will be easier

Finding ways to relax and comfort yourself in labour can be very helpful. Many women find music, dim lights, big cushions to rest on and warm or cold packs for your back can be very soothing. If you wish to listen to music in Labour Ward or Birth Centre, you are welcome to bring in your own.

Massage, particularly on your back, can also help you to cope. Ask your partner or a friend to help you. Bring in some talc or oil to use.

## **Water for labour and/or birth**

The Birth Centre has four birth pools that women can use to help cope with their pain in labour. Relaxing in a deep bath supports your weight and can alleviate the pain of contractions. Many women who find the bath a great comfort do not wish to give birth in water and will get out before the baby is born. Labouring or giving birth in the water has not been shown to harm you or your baby providing you have both been well in pregnancy and throughout your labour. Please ask your midwife if you wish any more information.

A warm shower can also be very soothing especially if you direct the spray onto your back.

### **Transcutaneous electrical nerve stimulation (TENS)**

Many women find using TENS very effective. The TENS machine is a small device that fits into the palm of your hand and is battery-operated. Four small self-adhesive pads are placed on your back. The machine sends gentle electric pulses down the leads to the pads. TENS is thought to work by interfering with the pain signals going to the brain and by encouraging the body's production of its own pain relieving chemicals. To get the best effect from TENS it should be put on in early labour.

Advantages:

- You control both the strength and the frequency of the pulses boosting them during contractions.
- You can still move around during labour
- TENS can be used both at home and in hospital.
- It can be used throughout labour except when you are in the bath or shower.
- TENS has been shown to be safe for you and your baby.

Disadvantages:

- TENS may not be enough to help you cope with strong labour
- You need to hire the machine before hand
- It costs around £20-£30 per week and can be hired from Boots the Chemist or by mail from:

### **Entonox (Gas and Air)**

This is a mixture of the pain relieving gas, nitrous oxide, with oxygen, which you breathe in through a mouthpiece.

Advantages:

- You control how much gas you breathe in and how often you take it.
- It acts quickly but to get the best effect you need to start breathing the gas as soon as you feel a contraction coming on.
- Entonox helps to take the edge off the pain and can be used any time during your labour.
- When used properly, there are no side effects for you or your baby.

Disadvantages:

- Some women feel a little dizzy and/or queasy when using entonox but it wears off very quickly when you stop breathing in the gas.

### **Pethidine**

Pethidine is a synthetic, morphine-like drug that can be given during labour by injection. The drug takes about 20 minutes to work when given into a muscle in your thigh or bottom.

### Advantages:

- Research has shown that although pethidine may make you feel more relaxed and sleepy, it does little to reduce the pain of labour. It may help you to rest and often works best when given in early labour.

### Disadvantages:

- The effects of pethidine can be disorientating and this makes some women feel anxious.
- You may feel sick with this drug and so another drug may be given to help ease the sickness.
- Pethidine delays the emptying of the food in your stomach, which may be a problem if you need a caesarean section.
- Like most drugs, pethidine will pass through the placenta (afterbirth) to your baby. This means that your baby may be sleepy and, in some cases, be slow to start breathing when they are born. Narcan, a drug, which reverses the effects of pethidine, is always kept in the Labour Ward and Birth Centre. It is given to your baby by injection if needed.
- Your baby may be sleepy in the early days and take longer to learn to breastfeed. Your midwife will be there to help you and your baby.

### Diamorphine

Diamorphine is another morphine-like drug and although it is used less often in labour, it can be prescribed. It acts a little faster than pethidine but other effects are similar.

### Epidurals

The insertion of epidurals is a medical procedure that can only be done by an anaesthetist, a doctor who specialises in pain relief. An anaesthetist is on call for labour ward at the Whittington 24 hours a day and he/she will try to meet your request for an epidural as soon as possible. However, he/she may be with another woman or may be in theatre. Every effort will be made to attend to you as soon as possible. It is not possible to have an epidural on the Birth Centre.

When having an epidural you must have a drip, which is a small plastic tube in a vein in your arm or hand, through which you will be given extra fluid. This is necessary because when you first have an epidural your blood pressure can drop which can be a risk for you and your baby. The extra fluid will help to counteract this. You will be asked to either lie on your side, or sit on the edge of the bed curled over, to allow the anaesthetist easy access to your back. He/she will numb the skin at the epidural site with a local anaesthetic, similar to what you have at the dentist. Then a thin, soft, flexible, plastic tube (epidural catheter) is inserted into your back through a needle. It is important to keep still at this point. The needle is removed and the catheter is kept in place with a dressing and tape. The catheter remains in your back until after your baby is born.

---

The pain relieving drugs are then given through this tube. It will not restrict your movements. The anaesthetist will give you the first dose and will stay around until he is sure that all is well. It takes about twenty minutes for the drugs to have their full effect. Your midwife will top-up the epidural drugs at regular intervals to keep you comfortable.

#### Advantages:

- The drugs used in you epidural will provide you with good pain relief without causing complete numbness. This means that you can still feel your uterus tightening but it should not be painful.
- You should still be able to move around and some women can walk a few steps with help from your support person. Changing position is important so your skin does not get sore.
- It is usually possible for women to get into different positions when it is time to give birth.
- Women with high blood pressure may benefit from an epidural.

#### Disadvantages:

Your blood pressure may drop when your epidural is first put in and whenever you have a top-up. The midwife will take your blood pressure regularly. A sudden drop in your blood pressure can affect your baby and it is recommended that your baby is continuously monitored for at least 30 minutes during establishment of regional

---

analgesia and after administration of each further bolus of 10 ml or more. If there are any concerns about your baby the midwife will recommend that your baby be continuously monitored for the rest of your labour and birth.

- A severe headache is another side effect from epidurals. It is caused by a puncture in the sac that contains the spinal fluid. The anaesthetist can effectively treat this.
- Occasionally epidurals do not work or only partly work, leaving you with patches of pain. This can be corrected in most instances and the anaesthetist can resite the epidural if necessary.
- Some women find that they become very itchy after the epidural drugs. This is harmless and can be treated if it is severe.
- Occasionally epidurals can make you shiver. This can be alarming but the effect wears off quickly.
- Some women say that they feel 'detached' from their baby's birth.
- It is very common to lose some sensation and it may be difficult to know when you need to pass urine. It is recommended that you have a catheter inserted once you have your epidural until after your baby is born.
- With the loss of sensation some women find they do not have the urge to push when it is time for your baby to be born. However, with patience and encouragement your midwife can help you to achieve a normal birth.
- There is a slightly increased chance that you will need an instrumental delivery.

- There is no evidence that having an epidural will increase your risk of having a Caesarean Section.
- Very rarely more serious complications can occur such as infection and nerve damage. Epidurals do not cause long term backache but can cause local tenderness around the needle site.

Epidurals are a very effective method of controlling the pain of labour. There are a few women who can not have epidurals perhaps because of previous surgery to their back or in certain medical conditions. You can discuss this with your midwife and you can always ask to speak to an anaesthetist.

Your midwife or the obstetrician may advise you to have an epidural especially if your labour is prolonged.

### **Complementary Therapies**

Some women may choose to use alternative therapies to help them cope with pain during labour. Some commonly used therapies include:

- Acupuncture: the stimulation of particular points on the body using special needles to enhance the body's natural energy along pathways called meridians. Acupuncture should only be used in pregnancy under careful supervision.

- Aromatherapy: the use of essential oils to stimulate, refresh, soothe and heal. During pregnancy it is associated with reducing stress and relieving pain.
- Homeopathy: uses a variety of plants, minerals and salts in extremely diluted forms to treat a range of conditions and can, with expert supervision, be used in childbirth.
- Hypnotherapy: A state of concentration which when combined with relaxation allows a heightened state of awareness. It requires practice and supervision.
- Osteopathy: involves manipulation of the spine, other joints and muscles to treat the body's whole mechanical system. It can be used during pregnancy with caution.
- Reflexology: the 'reflex zones' on the feet, which are said to correspond to different parts of the body, are massaged in order to help increase blood circulation and relax tension.

The use of alternative therapies may mean the involvement of a practitioner in that field. They can accompany you in the hospital but you must discuss this with your midwife. For women using these therapies during pregnancy and labour, a non - NHS Practitioner Contract will be issued for you to sign.