



HEALTH CONSUMERS'
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A06lite Pain Relief in Labour

Expires end of December 2019

A more detailed version of this procedure specific information sheet is available. Please ask your health practitioner at any Western Australian public hospital for a copy.

Write questions or notes here:

This document will give you information about the forms of pain relief in labour. If you have any questions, you should ask your GP or other relevant health professional.

You may decide to go through labour without any pain relief, but most women choose to have some pain relief.

TENS

This method uses a small electric current to change the way you feel pain. The current is delivered by a hand-held machine through electrodes attached by sticky pads to your back. You can change the strength of the current. Some women say that it works well, particularly to ease backache in the early stages of labour. There is no evidence that TENS has any effects on your baby.

Pethidine or Fentanyl

Pethidine or fentanyl are morphine-like painkillers given by injection, usually into a muscle.

Although some women find the painkillers helpful, they do have side effects, including drowsiness, feeling sick and vomiting, and they can delay breastfeeding. They can also make your baby drowsy.

There is good evidence, particularly with pethidine, that these painkillers do not ease pain itself during labour.

Gas and Air

Gas and air is the common name for a mixture of oxygen and a gas called nitrous oxide (a painkiller and weak anaesthetic). You breathe it through a mask or mouthpiece. As it acts quickly but not straightaway, it is most effective if breathed in at the start of a contraction.

The amount of pain relief given by gas and air varies and it does not remove the pain of labour completely.

Gas and air does have side effects including light-headedness or dizziness, strange dreams, feeling sick and falling asleep.

Epidural Pain Relief

What is an epidural?

Epidural pain relief involves injecting local anaesthetics and other painkillers into an area called the epidural space, near your spinal cord. This numbs your nerves to give pain relief in certain areas of your body.

An epidural can be used during labour to give relief from labour pains. It can also be used as an anaesthetic for a Caesarean section.

The epidural can be maintained by giving extra doses or by giving a continuous low dose.

An epidural gives the most reliable pain relief for labour. It reduces stress on you and sometimes also on your baby.

How is an epidural given?

Your anaesthetist will insert the epidural catheter using a needle (see figure 1).

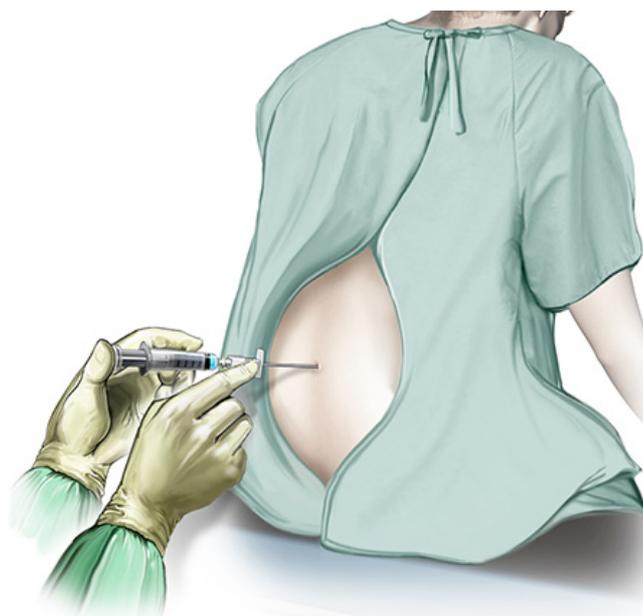


Figure 1

An epidural being given

Your anaesthetist will inject a small amount of anaesthetic through the catheter to check the position. Once they have completed this check, they will give more of the anaesthetic until the epidural is working properly. The effect of the epidural can be varied by changing the type and amount of medication given.

What complications can happen?

- Longer second stage of labour and less of an urge to push
- A drop in your baby's heart rate
- Failure of the epidural
- Low blood pressure
- Shivering
- Headache
- Itching
- Difficulty passing urine
- Temporary leg weakness
- Backache
- Increase in temperature

- Cardiovascular collapse
- Unexpected high block
- Infection around your spine
- Blood clot around your spine
- Nerve injury

Summary

There are many different ways of controlling pain in labour, most with varying levels of success.

Acknowledgements

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