مستشفى الزهراء دبي

AL ZAHRA HOSPITAL DUBAI

Care in Style

رعاية راقية

# PAIN RELIEF IN LABOUR

**This information will give you some idea about the pain of labour and giving birth, and what can be done to make it less painful. The people who are looking after you (for example, your midwife, anaesthetist or obstetrician) will give you more information about the types of pain relief. We hope that, if you know what to expect and what pain relief is available, giving birth to your baby will be a satisfying experience.**

# WHAT WILL LABOUR FEEL LIKE?

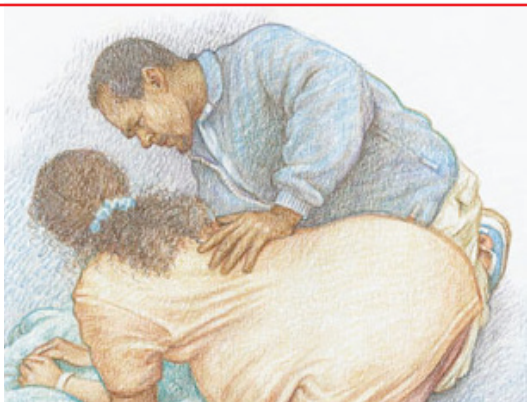
• While you are pregnant, you may feel your uterus (womb) tightening from time to time. When you go in to labour, this tightening feeling becomes regular and much stronger.
• The tightening may cause pain that feels like period pain, and usually becomes more painful the further you get in to labour. Different women experience labour pains in different ways.
• Usually, your first labour will be the longest.
• If medication is used to start off (induce) labour or speed up your labour, your contraca tions may be more painful.
• Most women use a range of ways to cope with labour pain. It is a good idea to have an open mind and be flexible.

# WHAT PAIN RELIEF IS AVAILABLE?

It is difficult to know beforehand what sort of pain relief will be best for you. The midwife who is with you in labour should be the best person to give you advice. Here is some information about the main methods of pain relief available.

# SELF-HELP METHODS

• Breathing calmly may increase the amount of oxygen that is supplied to your muscles, and so make the pain less intense. Also, because you are focusing on your breathing, you are likely to be less distracted by the pain.
• It can be difficult to relax when you are in pain, so it can be helpful to practice before you actually go in to labour. There are a number of different ways you can learn to relax.
• You may find that having a massage while you are in labour can be very comforting and reassuring.



# USING A BIRTHING POOL DURING LABOUR

A birthing pool has been shown that if you have your labour in water you will find it less painful and you will be less likely to need an epidural to reduce the pain. The midwife will continue to monitor your progress and your baby's well-being.

# COMPLEMENTARY THERAPIES (THESE DO NOT USE MEDICATIONS)

**Aromatherapy** involves using concentrated essential oils to reduce fear, improve your well-being and give you encouragement.

**Hypnosis**. Can distract you from the pain. You can be trained to do the hypnosis yourself (self-hypnosis), which you will need to practice while you are pregnant.

Hypnobirthing is a birthing method that uses self-hypnosis and relaxation techniques to help a woman feel prepared, narrow her focus, and reduce her awareness of fear, anxiety and pain during childbirth.
If you're tense or afraid during labor, stress hormones can redirect blood flow to your limbs, heart and brain-the fight –or-flight reaction- and waste precious energy. You can use a combination of music, visualization, positive thinking and words to relax the body and control sensation during labor. Keep in mind that hypnobirthing can be used in combination with many other birthing techniques.
Research found that hypnobirthing reduced the used of pain medication during labor.

# ENTONOX

it is a gas made up of 50% nitrous oxide and 50% oxygen. It is sometimes known as gas and air.

- You breathe Entonox through a mask or mouthpiece
- It is simple and quick to act, and wears off in minutes.
- It sometimes makes you feel light headed or a little sick for a short time
- It does not harm your baby and it gives you extra oxygen, which may be good for you and your baby.
- It will not take the pain away completely, but it helps.
- You can use it at any time during labour.

You control the amount of Entonox you use, **but to get the best effect it is important to get the timing right**. You should start breathing Entonox as soon as you feel a contraction coming on, so you will get the full effect when the pain is at its worst. You should not use it between contractions or for long periods as this can make you feel dizzy and tingly.

# OPIOIDS

Examples opioids include morphine, pethidine, fentanyl and remifentanil. All these morphine like painkillers act in a similar way.

- A midwife usually gives opioids by injecting them into a large muscle in your arm or leg

- The pain relief is often limited. You will start to feel the effects after about half an hour and they may last a few hours.
- Opioids are less effective at easing pain in labour than Entonox.

- Although pain relief may be limited, some women say it makes them feel more relaxed and less worried about the pain (see reference 7)

- Other women are disappointed with the effect of opioids on their pain and say they feel less in control.

**Side effects of opioids**

• They may make you feel sleepy.
• They may make you feel sick, but you will usually be give anti sickness medication to stop this.
• They delay your stomach emptying, which might be a problem if you need a general anaesthetic.
• They may slow down your breathing. If this happens, you may be given oxygen through a face mask and have your oxygen levels monitored.
• They may make your baby slow to take their first breath, but your baby can be given an injection to help with this .
• They may make your baby drowsy, and this may mean that they cannot feed as well as normal (especially if you are given pethidine).
• If you are given opioids just before you give birth to the baby, the effect on your baby is very small.

# PATIENT CONTROLLED ANALGESIA (PCA)

Opioid scan also be given direct into a vein for a faster effect, using a pump that you control yourself by pressing a button attached to the pump. PCA is available if an epidural (an injection into your back to numb the lower half of your body) is not possible or you do not want one.

PCA allows you to give yourself small doses of opioids when you feel that you need them. You have control over the amount of opioid you use. For safety reasons,the PCA limits how quickly you take the opioid. However, if you use the PCA for a long time, some opioids may build up in your body which may increase the side effects of the opioid on you and your baby.

In ALZAHRA private hospital you may be offered PCA using an opioid called remifentanil. Your body breaks down remifentanil very quickly, so the effects of each dose do not last long. This opioid has a strong effect on pain but it is also more likely to slow down your breathing, so your breathing needs to be checked carefully. However, its effects can be reversed quickly and it will not affect your baby.

# EPIDURALS AND SPINALS

• Epidurals and spinals are the most complicated method of pain relief and are carried out by an anaesthetist.
• Epidurals and spinals are the most effective method of pain relief.

**For an epidural**, the anaesthetist inserts a needle into the lower part of your back and uses it to place an epidural catheter (a very thin tube) near the nerves in your spine. The epidural catheter is left in place when the needle is taken out so you can be given painkillers during your labour. The painkillers may be a local anaesthetic to numb your nerves, small doses of opioids, or a mixture of both.

• **An epidural may take 40 minutes to give pain relief** (including the time it takes to put in the epidural catheter and for the painkillers to start working).
• An epidural should not make you feel drowsy or sick.
• Having an epidural increases the chance that your obstetrician will need to use a ventouse (a suction cap on your baby 's head) or forceps to deliver your baby.
• An epidural can usually be topped up to provide pain relief if you need a ventouse, forceps or a Caesarean section.
• An epidural will have hardly any effect on your baby.

# WHO CAN AND CANNOT HAVE AN EPIDURAL?

Most people can have an epidural, but certain medical problems (such as spinabifida, a previous operation on your back or problems with blood clotting) may mean that it is not suitable for you. The best time to find out about this is before you are in labour. If you have a complicated or long labour, your midwife or obstetrician may suggest that you have an epidural as it may help you or your baby. If you are overweight, an epidural may be more difficult and take longer to put in place. However, once it is in you will have all the benefits.

# WHAT DOES AN EPIDURAL INVOLVE?

First, a cannula (a fine plastic tube) will be put in a vein in your hand or arm, and you will usually have a drip (intravenous fluid) running as well (you may also need a drip in labour for other reasons, such as to give you medication to speed up your labour or if you are being sick). Your midwife will ask you to curl up on your side or sit bending forwards, and your anaesthetist will clean your back with an antiseptic.

Your anaesthetist will inject local anaesthetic into your skin, so that putting in the epidural does not usually hurt much. The epidural catheter is put into your back near your nerves in the spine. Your anaesthetist has to be careful to avoid puncturing the bag of fluid that surrounds your spinal cord, as this may give you a headache afterwards. It is important to keep still while the anaesthetist is putting in the epidural, but after the epidural catheter is fixed in place with tape you will be free to move.

Once the epidural catheter is in place, you will be given painkillers through it. It usually takes about 20 minutes to set up the epidural and 20 minutes for it to give pain relief. While the epidural is starting to work, your midwife will take your blood pressure regularly. Your anaesthetist will usually check that the epidural painkillers are working on the right nerves by putting an ice cube or cold spray on your tummy and legs and asking you how cold it feels. Sometimes, the epidural doesn 't work well at first and your anaesthetist needs to adjust it, or even take the epidural catheter out and put it in again.
During labour, you can have extra doses of painkillers through the epidural catheter either as a quick injection (a top up), a slow, steady flow using a pump, or with a patient controlled epidural analgesia (PCEA) pump, with patient controlled epidural analgesia, you can give yourself doses of the painkiller when you need them by pressing a button attached to the pump.

After each epidural top up, the midwife will take your blood pressure regularly in the same way as when the epidural was started.

The aim of the epidural is to take away the pain of contractions. Usually your doctor prefer to have some feeling during the delivery so they have a better idea of how to push the baby out., so there is more chance that you may have an uncomfortable sensation during labour as well. The epidural cannot be adjusted exactly. You will be able to breastfeed your baby after the epidural.

# WHAT IF I NEED AN OPERATION?

If you need a Caesarean section, the epidural is often used instead of a general anaesthetic. A strong local anaesthetic is injected into your epidural catheter to make the lower half of your body very numb for the operation. This is safer than a general anaesthetic for you and your baby. Occasionally the epidural may not work well enough to be used for a Caesarean section. This can happen in 1in 8 to 10 people. If this happens, you may also need another anaesthetic such as a spinal or general anaesthetic.

If you need a Caesarean section but you do not already have an epidural, a spinal will often be used but with a bigger dose of local anaesthetic than the dose which is used for a spinal in labour.

# BENEFITS AND RISKS OF EPIDURALS

**The following information is based on the results of randomized studies.**

# BENEFITS OF HAVING AN EPIDURAL

• Epidurals reduce the pain of labour more than any other treatment.

• With an epidural, there is less acid in the newborn baby's blood.

• With an epidural, there is less need to use medication to make your baby start breathing when they are born, compared with opioids given in other ways (into a muscle or a vein).

# THINGS AN EPIDURAL DOES NOT MAKE A DIFFERENCE TO

• With an epidural, you do not have a higher chance of needing a Caesarean section.

• There is no greater chance of long term backache. Backache is common during pregnancy and often continues afterwards. You may have a tender spot in your back after an epidural which, rarely, may last for months.

# RISKS WHILE THE EPIDURAL IS BEING USED

• With an epidural, the chance of the obstetrician having to use a ventouse or forceps to deliver your baby is 14%. Without an epidural it is 7%.
• With an epidural, the second stage of labour (when your cervix is fully dilated) is longer and you are more likely to need medication (oxytocin) to make your contractions stronger.
• You have more chance of having low blood pressure.
• Your legs may feel weak while the epidural is working.
• You will find it difficult to urinate. You will probably need to have a tube passed into your bladder (a bladder catheter) to drain the urine.
• You may feel itchy.
• You may develop a slight fever.
• If you have higher doses of opioid through an epidural, your newborn baby may be more likely to need help with breathing and you may have less chance of breastfeeding successfully.

# OTHER RISKS

On average, having an epidural does not give you a higher risk of a headache. However, in around one in every 100 women who have an epidural the bag of fluid which surrounds their spinal cord is punctured by the epidural needle (this is called a 'dural puncture '). If this happens to you, you could get a severe headache that could last for days or weeks if it is not treated. If you do develop a severe headache, your anaesthetist should talk to you and give you advice about the treatment you could have.

# THE FOLLOWING INFORMATION IS BASED ON THE RESULTS OF OBSERVATIONAL STUDIES

• The risks of epidurals and spinals are shown in the table below.
• About one in every 24,000 women gets long lasting nerve damage after an epidural, causing problems such as weakness in your leg or a feeling of tingling or numbness down one leg However, nerve damage after giving birth can happen whether you have an epidural or not, and is actually about five times more common without an epidural, with one in every 2,500 women being affected by it.
• There is no evidence to show that having an epidural while you are in labour causes the nerves in your spine to become permanently inflamed (that is, swollen and sore).

If you are worried about the risk of serious problems that might happen with an epidural, talk about this with your anaesthetist

# AN IDEA ABOUT DURAL TAP

What is blood patch ?
If you have an Dural tap, you are advised to lay down , take simple pain relief drugs (paracetamol, Ibuprufen) may help. You should drink plenty of fluids. Caffeine drinks such as tea, coffee or cola are especially helpful. You should avoid heavy lifting and straining.
If still you have severe headache then you should go for blood patch.

# WHAT IS BLOOD PATCH?

The anesthetist will take blood from your arm, and inject into your back near to the hole in the Dura the blood will clot and tend to plug the hole.

In 60-70% people, the blood patch will cure the headache within 24 hours if after this you still have a headache or if the headache returns, you may be advised to have another blood patch.
There are other causes for severe headache after childbirth.
All severe or persistant headaches after child birth should be reported immediately to the obstetric team for further investigation and appropriate management.

# Risks of having an epidural or spinal to reduce labour pain

| Type of risk | How often does this happen? | How common is it? |
|---|---|---|
| Significant drop in blood pressure | One in every 50 women | Occasional |
| Not working well enough to reduce labour pain so you need to use other ways of lessening the pain | One in every 8 women | Common |
| Not working well enough for a caesarean section so you need to have a general anaesthetic | One in every 20 women | Sometimes |
| Severe headache | One in every 100 women (epidural)<br>One in every 500 women (spinal) | Uncommon |
| Nerve damage (numb patch on a leg or foot, or having a weak leg) | Temporary – one in every 1,000 women | Rare |
| Effects lasting for more than 6 months | Permanent – one in every 13,000 women | Rare |
| Epidural abscess (infection) | One in every 50,000 women | Very rare |
| Meningitis | One in every 100,000 women | Very rare |
| Epidural haematoma (blood clot) | One in every 170,000 women | Very rare |
| Accidental unconsciousness | One in every 100,000 women | Very rare |
| Severe injury, including being paralysed | One in every 250,000 women | Extremely rare |

The information available from the published documents does not give accurate figures for all of these risks. The figures shown above are estimates and may be different in different hospitals.

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