Making a decision about…

Managing Your Pain in Labour and Birth

UNIVERSITY OF CAMBRIDGE
Winton Centre for Risk and Evidence Communication

What is this leaflet?

This leaflet will help you decide about managing your pain in labour and birth.
It explains how to ask for pain relief medicines and what you can do yourself.
It explains how effective each option is and what the side effects or risks might be.
You can make notes on this leaflet. You can fill in page 21 and share it with your midwife when you go into labour.

Labour and birth can be unpredictable. You can't know how you will feel during labour.

This leaflet is separated into three sections

Things I can do myself to manage pain

You can try any of these if you give birth at **home**, in a **midwife unit** or **hospital**.

From my midwife

You can try any of these if you give birth at **home**, in a **midwife unit** or **hospital**.

Pain relief medicines from a specialist pain doctor

You can only have these if you give birth in a **hospital**.

Not everything will always be available or suitable for you. Using this leaflet and talking to your midwife can help you understand what you can choose. Every labour is different.

Labour can be painful or intense. Muscles in your uterus (womb) contract (tighten) to push your baby out of your body.
Everyone experiences this differently.

Labour or pain can feel worse if you are feeling stressed, anxious, out of control or tired.
Learning about what happens during labour and birth might help you feel more in control. It is always okay to ask what is happening. Your midwife and team are there to answer questions and support you.

You don't need to make decisions about what you want to do until you are in labour.
It is always okay to change your mind. Your midwife and team will explain what is available and support you, whatever you decide.

What works for one person may not work for another. It is very individual.

2 Contents

3 Understanding pain research and evidence

What can affect how I feel pain?

- How tired you are
- What you expect to happen
- What your previous experience was like
- How you feel 'on the day'
- If you are stressed or anxious or feel out of control

You might feel different kinds of pain during labour and birth

You might feel pain or discomfort from contractions which can be intense. You might also feel other pain such as back pain.

What can you choose to help with pain?

About **8** in **100** choose no pain relief medicines

- **Do nothing.** You do not have to choose anything. You can always change your mind.
- **Some things can make you more comfortable** such as 'things I can do myself' or using a birthing pool.
- **Medicines from your midwife or anaesthetist** (specialist pain doctor). These can 'take the edge off' and help you cope with pain. They will not take it away entirely.
- **An epidural or spinal anaesthetic** in most cases makes you numb so you should not feel any pain.

Is there evidence about how well each method works?

It is not possible to measure someone else's pain and what helps one person might not help another. This means it is difficult to do research to find out how well each method works.

For each method listed in this leaflet we looked at the available research and we show:

- How **satisfied (happy)** women in the studies were with pain levels.
- How many **also choose a pain relief medicine** in addition to that method.
- Any **side effects** or **risks**.
- **How good the research is according to experts**. We use a scale from 1 star (very low quality evidence) to 4 stars (high quality evidence).

Example

Low quality evidence

★★☆☆

Your midwife is there to support you, whatever you choose.

- You can try something and see if it works for you.
- You do not have to try anything at all.
- You can try one thing, stop and try something else.
- You can sometimes use more than one method at the same time because they work differently.
- You can ask for pain medicines whenever you want them and you can change your mind.

There really is no right or wrong. Everyone is different.

Every birth is different.

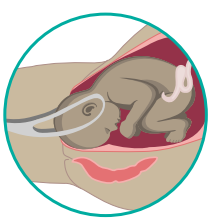
Can the methods listed in this leaflet affect...

Breastfeeding?

If you or your baby are tired after a long difficult labour, breastfeeding might be a little more difficult at first. You will be supported by your team for as long as you need if you want to breastfeed.

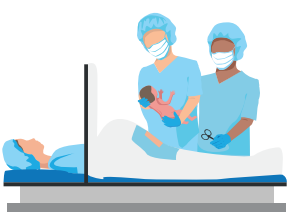
- Some pain relief medicines called **opioids** can make your baby drowsy (sleepy). This might make breastfeeding a little more difficult at first. Opioid medicines do not affect breastfeeding once you have started to breastfeed. Opioid medicines are:
  - Injections such as pethidine (**page 16**)
  - PCA such as remifentanil (**page 17**)
  - Some epidurals (**page 18**)

Likelihood of assisted birth (forceps or ventouse)?



- Assisted birth is where your baby needs a little help to be born vaginally.
- No method in this leaflet will make you more likely to need an assisted birth.

Likelihood of caesarean birth (where your baby is born with an operation)?



- No method in this leaflet will increase your chance of a caesarean birth.

5 Getting ready for labour and birth

The more prepared you are, the better your experience is likely to be.

Learning about labour and birth

Labour and birth can be unpredictable. If you know what might happen, it can be less stressful. Learning about labour and birth (antenatal classes or education) can help you prepare. Ask your midwife about classes or education that is available in your area. There are links on **page 23** for online sources of information.

Make your environment comfortable for you

Wherever you give birth, you can make your surroundings more comfortable. This means something different for everyone. Examples include: taking things from home such as your own pillow, dressing gown or hot water bottle, playing music or TV shows you like, having something that smells comforting or reminds you of home.

Breathe

Your midwife can teach you how to breathe in a way that can help manage pain. Breathing techniques are often taught in antenatal classes.

Paracetamol and other pain relief you can buy

You can take paracetamol to help with pain during pregnancy and early labour. Follow dosing instructions on the packet. You might be offered paracetamol by your midwife.

Will it affect my baby?

- Paracetamol does not affect your baby.

Good to know

You should not take ibuprofen, aspirin or other NSAIDs (non steroidal anti-inflammatory drugs) after week 20 unless they are prescribed for you. They are safe during breastfeeding.

Low dose aspirin is safe in pregnancy if your doctor prescribes it to reduce the chance of pre-eclampsia.

Eating and drinking

Early labour

You can eat and drink during early stages of labour.

You might want to prepare by having some of your favourite foods ready, or a sugary drink for energy. It can be comforting to eat or drink something you enjoy. Or you might not feel like eating at all.

During early labour, do what puts you at ease and makes you feel relaxed.

You might want to move around, go for a walk, take a bath or shower, eat something, watch a comedy. If it is night time, try to get some sleep.

Established labour

At the beginning of established labour you may eat "little and often" if you feel like it. If you are thirsty, choose a still isotonic drink (non-fizzy energy drink) rather than water.

Later stages of labour

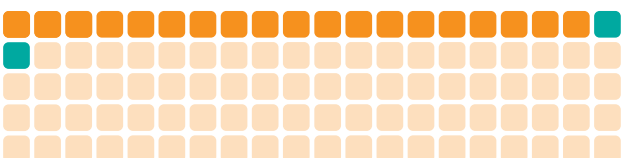
You are advised not to eat in the later stages of labour, or if there are concerns about your labour.

This is in case your baby needs to be born urgently by caesarean and you need a **general anaesthetic**.

A general anaesthetic can be dangerous if you have recently eaten. This is because the contents of your stomach can go up into your lungs.

What is the chance I will have an unplanned caesarean birth?
And what is the likelihood I would have a general anaesthetic if I did?

Out of every 100 births

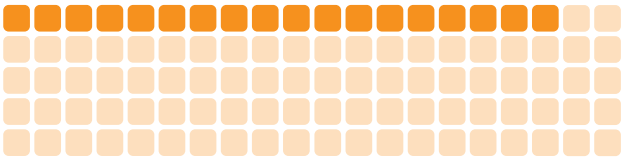


19 have an **unplanned caesarean** with epidural or spinal anaesthetic

2 have an **unplanned caesarean with general anaesthetic**

Having someone with you for support

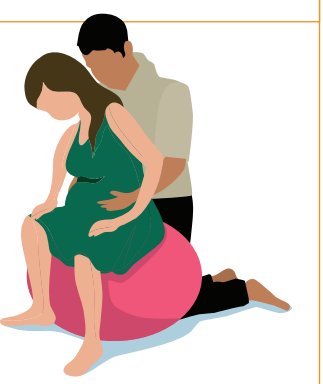
About **18** in every **100** have continuity of carer



Having the right person with you can help you feel safe and calm. You can choose more than one person to be with you. It could be a friend, your partner, family member or a doula.

A midwife should always be with you during labour.

You can ask your midwife if it is possible to have the same team of midwives throughout your pregnancy and labour. This is called "Continuity of Carer" and is available in some areas.



- It is more usual to see different midwives or doctors throughout your pregnancy and labour. To help them know how to help you, it can be helpful to complete **page 21** and take this with you when you go into labour.

Good to know

Even having someone hold your hand can help.

If you have the same support such as your birth partner or under 'continuity of carer'

- Labour can be shorter by about 30 minutes (on average).
- You are slightly less likely to have assisted birth (forceps or ventouse).
- You are slightly less likely to have a caesarean birth.
- You are slightly less likely to choose pain relief medicines.

How many had assisted birth (ventouse or forceps) or caesarean?

Low quality evidence

Without support

30-35 did **65-70** did not

With support

25-30 did **70-75** did not

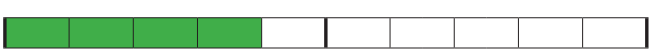
How well does it work? Out of every 100

How many said they were satisfied with pain levels?

We do not have research that asked this question about support

Low quality evidence

How many did **not** choose pain medicines?



40 did not **60** did

What are the side effects?

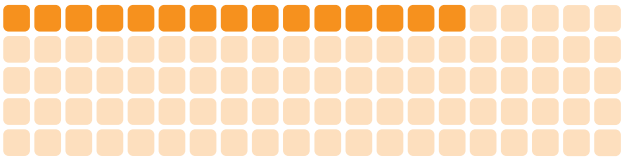
- There are no known side effects.

I'm thinking about this option

Things to discuss with my midwife or birth partner

Moving around, changing position or being upright

About **15** in every **100** give birth squatting or upright



Moving around or changing positions during labour can make you more comfortable. Experiment with different movements and positions to find what is most helpful for you.

You might not be able to move around as much if you or your baby need to be monitored more closely.

You might want to try

- Rocking back & forth on a birthing ball
- Walking around
- Changing positions
- Leaning
- Standing
- Squatting
- Birthing stools
- Kneeling
- Rocking on all fours (your hands and knees)
- Being upright when you give birth

Other pain relief

- If you have an epidural you will be less able to move around **(page 18)**.
- Opioid injections such as pethidine **(page 16)** or PCA such as remifentanil **(page 17)**, can make you drowsy and less able to move around.

Will it affect my baby?

- Moving around could help your baby get into position ready for birth.

Good to know

- If you lie on your side with an epidural it can help when you are pushing.
- You should not lie flat on your back during labour. This is because the weight of your baby on blood vessels next to your spine can lead to low blood pressure.
- It helps to have strong legs and be fit if you want to give birth squatting or upright.

How well does it work?

Pain can be less if you give birth upright. For example, squatting, using a birthing stool or being upright in bed.

Very low quality evidence

Giving birth upright might make labour slightly shorter.

What are the side effects?

- There are no known side effects.

I'm thinking about this option ☐

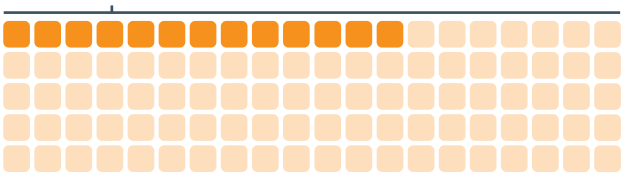
Things to discuss with my midwife or birth partner

TENS machine

What is it?

A TENS machine uses electricity to try to block pain. It has pads that you put on your back. You control the power that passes through the pads and how you use the machine.

About **13** in every **100** choose TENS



Other pain relief. You cannot use TENS in water such as a birthing pool.

Will it affect my baby? There are no known effects on your baby.

When can I use it? You can use it any time.

How do I get it? TENS machines are not generally available on the NHS but some hospitals or charities can provide TENS machines. Some companies hire them out or you can buy one yourself. Some antenatal groups share these around the group.

How quickly can I get it? It takes about 5 minutes to put on the pads and set up.

How long does it take to work? It takes about 30 minutes to start working if it works for you.

How well does it work? Out of every 100

How many said they were satisfied with pain levels?

Very low quality evidence

Not using TENS (using a fake TENS machine)

25 were satisfied — **75** were not

TENS Machine

30-50 were satisfied — **50-70** were not

How many did **not** choose pain medicines as well?

Very low quality evidence

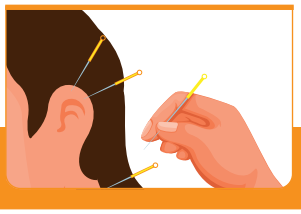
25-30 did not — **70-75** did

What are the side effects?

- There are no known side effects.

I'm thinking about this option ☐

Things to discuss with my midwife or birth partner:



Acupuncture / acupressure

We don't know how many choose acupuncture or acupressure

Acupuncture and acupressure are based on the idea that putting pressure (acupressure) or inserting very fine needles into the skin (acupuncture) in certain points can help reduce pain in other parts of the body.

It is often used during pregnancy for backache.

The acupuncture points used for labour pain are on the hands, feet and ear.

Other pain relief. You can use this alongside other methods in this leaflet.

Will it affect my baby? There is no evidence it will affect your baby.

Where can I get it and when can I use it? You can use it any time and anywhere, but you would need to arrange for a therapist to be with you.

How do I get it? You will not be offered acupuncture but can use it if you want to. You would need to arrange for a trained professional yourself. Advice is to use an accredited professional (see **page 23** for a link to registers).

How quickly can I get it? You would need to arrange for a therapist to be with you.

How long does it take to work? It can start to help straight away if it works for you.

How well does it work? Out of every 100

How many said they were satisfied with pain levels?

Moderate quality evidence

Not using acupuncture (using 'fake' acupuncture)

40-80 were satisfied **20-60** were not

Acupuncture

70-90 were satisfied **10-30** were not

How many did not choose pain medicines as well?

Moderate quality evidence

30-50 did not **50-70** did

What are the side effects?

- There are no known side effects

I'm thinking about this option ☐

Things to discuss with my midwife or birth partner:

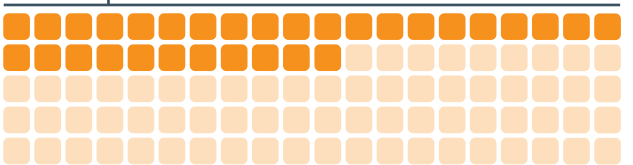
Massage / Reflexology / Aromatherapy

What is it?

Massage, reflexology or aromatherapy can be calming and relaxing for some people.

Reflexology uses 'reflex' points on the feet, a bit like acupuncture. Pressure on these points may help manage pain in other parts of the body.

About **31** in every **100** choose hypnotherapy, massage, breathing.



We do not know how many choose aromatherapy or reflexology.

Aromatherapy uses essential oils extracted from plants and flowers. These can enter the body through the skin or from the air by smelling them. The idea is that they can help your body to produce endorphins, the body's own natural painkillers.

Other pain relief. You can use these alongside other methods in this leaflet.

Will it affect my baby? There is no evidence it will affect your baby.

Where can I get it and when can I use it? Any time and anywhere.

How do I get it? How quickly can I get it? You will not be offered these methods but can use them if you want to. You would need to arrange for a therapist to be with you during labour. Advice is to use an accredited therapist (see **page 23** for a link to registers).

How long does it take to work? It can start to work straight away if it works for you.

How well does it work?

There are no good studies about **reflexology** or **aromatherapy**.

There is low quality evidence that **massage** can help reduce pain. **Low quality evidence**

What are the side effects?

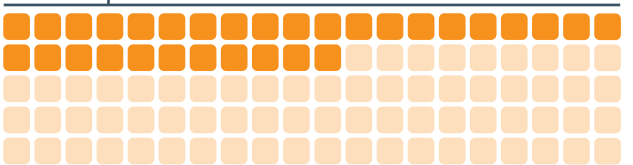
- There are no known side effects.

I'm thinking about this option ☐

Things to discuss with my midwife or birth partner:

Hypnobirthing

About **31** in every **100** choose hypnotherapy, massage, breathing.



What is it?

Hypnobirthing involves learning self-hypnosis, visualisation and relaxation techniques specifically for labour and birth.

These skills can help how you feel fear, tension and anxiety.

They can help you feel more positively about labour so it feels less painful.

Other pain relief. You can use hypnobirthing alongside other methods in this leaflet.

Will it affect my baby? There is no evidence it will affect your baby.

Where can I get it? Anywhere.

When can I use it? You need to practise and learn how to do it before you go into labour. You can use it any time during labour.

Who do I ask? Classes and apps are available online. Some midwives are trained in hypnobirthing, or you can use an audio recording. You would need to start teaching yourself or learning techniques from about 20 weeks. You need to have someone with you, or a recording to listen to, during labour. There are links for more information on **page 23**.

How quickly can I get it? Immediately - you practise it yourself.

How long does it take to work? It can start to work straight away if it works for you.

How well does it work? Out of every 100

How many said they were satisfied with pain levels?

Low quality evidence

Without hynobirthing

20-25 were satisfied — **75-80** were not

Hynobirthing — Only one study

50 were satisfied — **50** were not

How many did **not** choose pain medicines as well?

Very low quality evidence

70 did not — **30** did

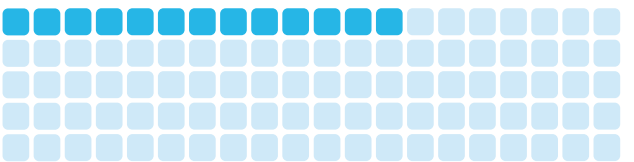
What are the side effects?

- There are no known side effects

I'm thinking about this option ☐ Things to discuss with my midwife or birth partner

Birthing pool

About **13** in every **100** choose birthing pool



What is it?

Birthing pools are usually about the size of a big round bath. They can be inflatable.

The warm water can help you relax and support you to get into more comfortable positions.

Good to know

- You can get in and out of the water whenever you want to. If you need to be checked, you might be asked to come out of the water. Some kinds of monitoring can only be done out of the water.
- You can choose to give birth in or out of the water. You can birth your placenta in the pool.
- If you give birth at home you can buy or hire a pool yourself.
- If you can't use a birthing pool, having a warm bath can be helpful. Ask your midwife about availability.
- Sometimes pools are not recommended. Your midwife will explain if this applies to you.

Other pain relief

- You cannot use a TENS machine in the water.
- You need to wait for 2 hours after opioid injections (e.g. morphine, pethidine) before you get in a pool because these medicines can make you drowsy.
- You cannot get into a pool if you have an epidural or PCA drip such as remifentanil.
- Many people choose gas and air (ENTONOX®) when they're in the pool.

Will it affect my baby? No, your baby can be born in the water. They start to breathe when they come into contact with air. Until then, they receive oxygen through the umbilical cord.

Where can I get it and when can I use it? You can use it whenever you like and anywhere but availability may be limited.

How do I get it? Talk to your midwife about availability for when you go into labour. You can buy or hire one to use at home if you're planning a home birth.

How quickly can I get it? They are quick to fill with water or inflate if you're using one at home.

How well does it work? Out of every 100

How many said they were satisfied with pain levels?

There are no studies that have asked this question about birthing pools.

Low quality evidence

★★☆☆

How many did **not** choose pain medicines as well?

65-70 did not **30-35** did

What are the side effects?

- There are no known side effects

I'm thinking about this option ☐ Things to discuss with my midwife or birth partner

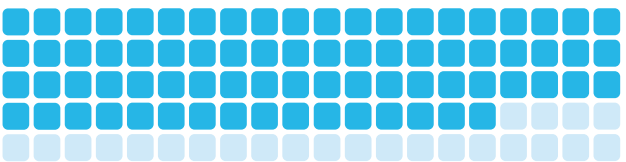
Gas and air (ENTONOX®)

What is it?

Gas and air (ENTONOX®) is half oxygen, half nitrous oxide. You breathe it through a mask or mouthpiece. It can help you cope with pain but will not take it away entirely.

You are in control of when you want to use it. Your midwife will explain what to do.

About **76** in every **100** choose this option



Good to know

- It can help you focus on breathing. Usually you use it during each contraction.
- It can make you drowsy and makes some people feel sick. Your midwife can give you anti sickness medicine if this happens.

Other pain relief. You can use gas and air with other methods in this leaflet.
Will it affect my baby? It does not affect your baby.
How and where can I get it? Your midwife can give you gas and air anywhere.
How quickly can I get it and how long does it take to work? It is very quick to set up, you can get it almost immediately. It works almost immediately but the effect does not last a long time.

How well does it work? Out of every 100

How many said they were satisfied with pain levels?

Low quality evidence

50-75 were satisfied — **25-50** were not

How many did **not** choose pain medicines as well?

There are not enough studies about gas and air to answer this question.

What are the side effects? Out of every 100, how many felt

Sick (nauseous) or vomited

30-50 did — **50-70** did not

Dizzy

10-20 did — **80-90** did not

A dry mouth

5 did — **95** did not

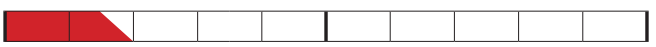
Pins / needles / numbness / ringing ears

35-40 did — **60-65** did not

They can't remember the birth

5-35 did — **65-95** did not

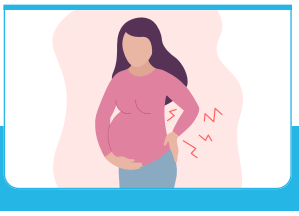
Drowsy (sleepy)



15-20 did — **80-85** did not

I'm thinking about this option

Things to discuss with my midwife or birth partner



Sterile water injections for back pain

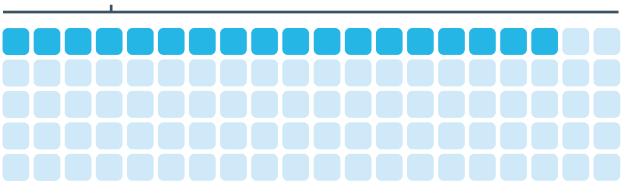
What is it?

Sterile water injections are 4 little injections of water just under the skin at the bottom of your back.

They can help if you are getting lower back pain during labour.

We don't know yet exactly how these injections work, but they seem to help some people.

About **18** in every **100** midwives say they have given these injections



Good to know

- Sterile water injections are mainly for lower back pain and may not help with pain from contractions.
- The injections can be painful or sting as they go in (for about 30 - 60 seconds).
- They are fairly new which means your midwife may not have been trained to give them.

Other pain relief. You might not want to use TENS on the same area as having the injections.

Will it affect my baby? It will not affect your baby.

Where can I get it and when can I use it? Anytime and anywhere, but these injections are fairly new, ask your midwife.

How do I get it? Some midwives are trained to give these injections.

How long does it take to work? It starts to work in about 10 minutes and lasts for about 2 to 3 hours.

How well does it work? Out of every 100

How many said they were satisfied with pain levels?

Low quality evidence ★★☆☆

Not having sterile water injections

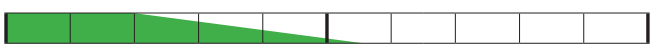
30-35 were satisfied **65-70** were not

Sterile water injections

75-85 were satisfied **15-25** were not

How many did NOT choose pain medicines as well?

Low quality evidence ★★☆☆



20-55 did not **45-80** did

What are the side effects?

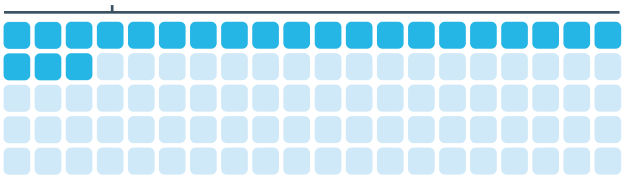
- You might feel a sharp stinging pain when the injections go in.

I'm thinking about this option ☐

Things to discuss with my midwife or birth partner:

An Injection of opioid medicine e.g. pethidine

About **23** in every **100** choose this option



What is it?

A single injection into the muscle of your buttock (bottom) or thigh (leg).

Good to know

- These medicines can make you drowsy (sleepy).
- Some people say they feel relaxed, others say they feel disconnected or confused.
- You might feel sick or be sick. You can ask for anti-sickness medicine if this happens to you.
- There is no evidence that you will become addicted to opioid medicines if you use them during labour. Talk to your midwife if you are worried or have a history of addiction.

Other pain relief:

- Opioids can make you drowsy so you cannot get into a pool for 2 hours after an injection.
- You need to wait 4 hours after an injection if you want to try a PCA drip such as remifentanil (**page 17**)

Will it affect my baby?

- Opioids can make your baby drowsy for several days if you have them too close to the birth.
- Your baby might be a little slow to start breastfeeding if they are drowsy.

Where can I get it and when can I use it? Usually anywhere and any time. Ask your midwife.

How do I get it? Your midwife can give you this injection.

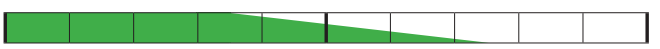
How quickly can I get it? Your midwife can usually get it quickly, within minutes.

How long does it take to work? Takes about 20 minutes to start to work. The effect lasts for 2 - 4 hours. You can ask for another injection when it wears off.

How well does it work? Out of every 100

How many said they were satisfied with pain levels?

Low quality evidence ★★☆☆



35-75 were satisfied — **25-65** were not

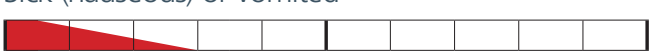
How many did not choose pain medicines as well?

Very low quality evidence ★☆☆☆

60-85 did not — **15-40** did

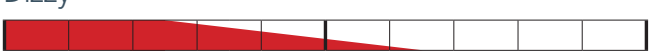
What are the side effects? Out of every 100, how many felt

Sick (nauseous) or vomited



5-30 did — **70-95** did not

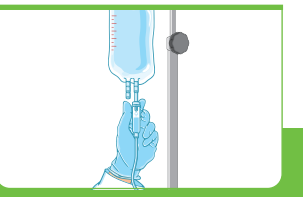
Dizzy



25-65 did — **35-75** did not

I'm thinking about this option ☐ Things to discuss with my midwife or birth partner

17 Pain relief medicines from my anaesthetist (specialist pain doctor)



Patient controlled intravenous analgesia (PCA) e.g. remifentanil

We don't know how many choose PCA

What is it?

The medicine goes into your hand or arm though a very thin plastic tube called a cannula (a 'drip'). This stays in your hand or arm. You have a button to press to control the amount of pain medicine.

Your midwife needs to be in the room with you all the time. This is so they can monitor you and your baby closely with this medicine. For this reason it might not always be available.

Good to know

- You will have an oxygen monitor on your finger as you may need extra oxygen.
- Some people say they feel sleepy and relaxed, others say they feel disconnected or confused.
- You will not be able to walk around or move as freely because you are connected to a 'drip'.
- There is no evidence that you will become addicted to opioid medicines if you use them during labour. Talk to your midwife if you are worried or have a history of addiction.

Other pain relief

- You cannot start PCA if you had an opioid injection (e.g. pethidine) in the last 4 hours.
- You cannot use a birthing pool because this medicine makes you drowsy.

Will it affect my baby? It can make your baby drowsy for a short time but the effect wears off quickly.

When? You can have this pain relief medicine when you are in established labour.

Where? Available only on a labour ward in hospital or midwife unit connected to a hospital.

How do I get it? An anaesthetist will prescribe it, your midwife can give it to you.

How quickly can I get it? Your midwife will ask an anaesthetist to prescribe it.

How long does it take to work? It takes 10-15 minutes to set up. It works quickly and wears off quickly.

How well does it work? Out of every 100

How many said they were satisfied with pain levels?

Low quality evidence ★★☆☆

60-90 were satisfied — **10-40** were not

How many did **not** choose pain medicines as well?

Low quality evidence ★★☆☆

50-90 did not — **10-50** did

What are the side effects? Out of every 100, how many

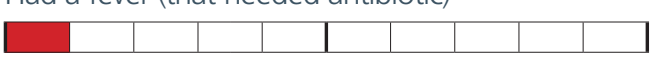
Felt sick (nauseous) or vomited

20-30 did — **70-80** did not

Felt dizzy

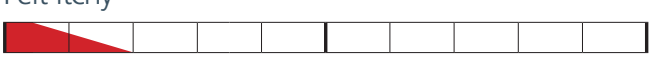
5-10 did — **90-95** did not

Had a fever (that needed antibiotic)



10 did — **90** did not

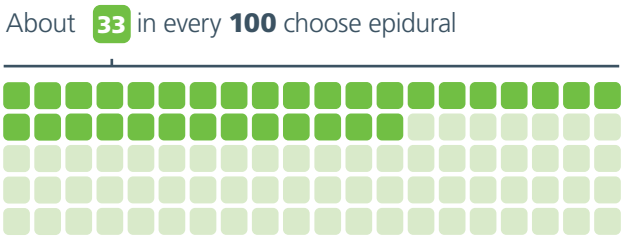
Felt itchy



5-20 did — **80-95** did not

18 Pain relief medicines from my anaesthetist (specialist pain doctor)

Epidural



What is it?

An epidural is a very thin plastic tube that is put into your back. Pain medicines can then be given to you through this epidural tube.

Pain medicines can then be 'topped up' during labour.

Sometimes you can do this yourself or it can be controlled automatically. Your midwife will always be there to help and advise you.

An anesthetist always gives you an epidural so you need to be a hospital.

Epidurals do not always work or do not always work immediately. If it is not working well for you, tell your midwife. The epidural medicine can be adjusted or you can choose another way to manage your pain.

What will happen?

- Your anaesthetist inserts the epidural into your back when you are not having a contraction.
- You usually sit up and lean over a pillow and they spray your back with cold sterilising liquid.
- They inject a local anaesthetic into the skin so it does not hurt when they insert the epidural but you might feel pressure or a popping sensation.

Other pain relief

- You cannot get into a birthing pool with an epidural.
- You don't usually need any other pain relief with an epidural.

Will it affect my baby? An epidural can sometimes lower your blood pressure which can affect your baby's heartbeat. Both you and your baby will be closely monitored. If your blood pressure drops you can be given fluids and medicine to bring it back up.

When can I use it? You can ask for an epidural at any time, but usually your anaesthetist will want to be sure you are in established labour (having regular contractions). It takes some time to set up and start to work so if your baby is about to be born it might be too late.

Where can I get it? In a hospital.

How do I get it? Ask your midwife who will call an anaesthetist.

How quickly can I get it? The NHS aim is that an anaesthetist will be with you within 30 minutes of you asking for them. But doctors may be busy with other patients and it may take longer to get to you. Your midwife can give you other pain relief while you wait.

How long does it take to work? It takes about 20 minutes to set up and about another 20 minutes before you feel the effect.

Will it make labour longer? It might make labour longer by about 15 minutes on average. If your labour takes a long time you might be offered an assisted birth (ventouse or forceps).

It should not affect your ability to push but you might not feel the urge as strongly.

Epidural (continued)

Good to know

- Your anaesthetist will ask for your consent before giving you an epidural.
- You can't always feel if you need to pee so usually you are offered a urinary catheter. This might stay in until the next day. A catheter is a very thin tube your midwife can put into your bladder to help you pee.
- You will have an intravenous (IV) drip. This is a thin plastic tube (cannula) that stays in your hand or arm. You can have fluids or medicines through this, for example if your blood pressure drops.
- If you feel itchy tell your midwife. They can give you medicine to stop the itching.

Moving around

- You may find it difficult to move around but can usually change position on the bed. You are encouraged to move as much as you are able.
- Some units offer epidurals where you might be able to stand up.
- Some monitors to check your baby's heartbeat can affect how much you can move around.

After the birth. It can take up to 6 - 10 hours before you can get out of bed and walk around.

How well does it work? Out of every 100

How many said they were satisfied with pain levels?

Low quality evidence ★★☆☆

90-95 were satisfied **5-10** were not satisfied

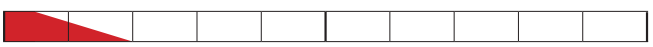
How many did **not** choose pain relief medicines as well?

High quality evidence ★★★★

85-99 did not **1-15** did

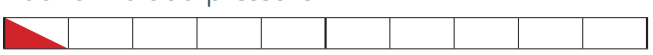
How many had side effects? Out of every 100, how many

Felt sick (nauseous) or vomited



5-20 did **80-95** did not

Had low blood pressure



1-10 did **90-99** did not

Had a fever (that needed an antibiotic)

1-10 did **90-99** did not

Felt itchy

5-30 did **70-95** did not

Got a bad headache called a dural puncture headache. This happens sometimes days later.

0.5-1 did **99-99.5** did not

The most recent research says you are not more likely to have: an assisted (forceps, ventouse) birth, caesarean birth or long-term back ache.

I'm thinking about this option ☐ Things to discuss with my midwife or birth partner

20 From an anaesthetist (specialist pain doctor) in hospital

Spinal anaesthetic

A spinal anaesthetic is usually only offered if your baby needs help to be born by ventouse, forceps or caesarean birth.

A spinal anaesthetic can be performed more quickly and works more quickly than an epidural.

It is usually used if you do not already have an epidural but you need some help, such as ventouse or caesarean, to birth your baby.

It is a single injection into your back. It is a local anesthetic and an opioid painkiller. Unlike epidural nothing stays in your back. It makes you numb to your chest and you will not be able to move your legs.

Usually you have a spinal anaesthetic in a surgical theatre where the procedure such as a caesarean, takes place.

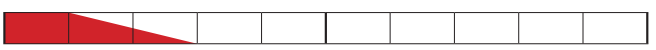
Sometimes a very low dose spinal anaesthetic is given with an epidural on a labour ward. This is called a combined spinal epidural.

Good to know

- It usually takes 6 - 10 hours to wear off before you can walk around.
- Your bottom and legs will feel heavy and you will not be able to lift them. They might start to tingle. This is normal.
- You will usually have a urinary catheter into your bladder so that you can pee. This is because you will not be able to feel if you need to pee. This often stays in until the next day.
- You will have an intravenous (or IV) drip. This is a thin plastic tube (cannula) that stays in your hand or arm. You can be given fluids through this until you are able to drink.
- You can have skin to skin contact, hold your baby, and try to breastfeed as soon as your baby is born.

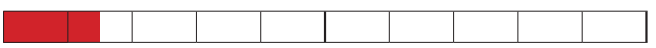
How many had side effects? Out of every 100, how many

Felt sick (nauseous) or vomited



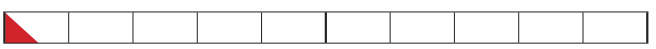
10-30 did **70-90** did not

Felt dizzy



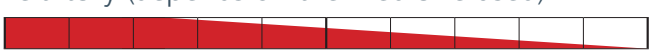
15 did **85** did not

Had a fever (that needed an antibiotic)



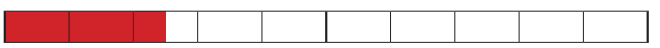
1-5 did **95-99** did not

Felt itchy (depends on the medicine used)



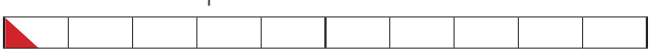
25-100 did **0-75** did not

Felt drowsy (sleepy)



25 did **75** did not

Had low blood pressure



1-5 did **95-99** did not

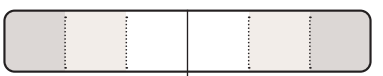
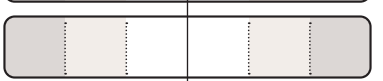
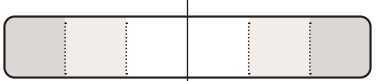
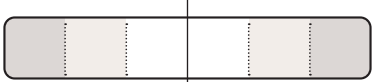
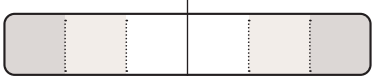
21 What's important to you?

This page can help you think about what you would like to try and what your preferences are.
You might want to take this page with you when you go into labour to show the midwife who will look after you.

Remember, it is your choice. You can choose what you want to try and when. You can change your mind. Everyone is different. Every birth is different. You might want to think about how you communicate to your partner if you change your mind.

It is common to want more pain relief than you planned.

Tick or circle where your answer lies…

	Not important	Very important
I want to try to give birth without pain relief medicines		
I want pain medicines so that I will feel as little pain as possible		
I have had a bad experience in the past and would like to talk to my midwife or doctor about support		
I want to be able to move around during labour		
I want to breastfeed as soon as possible and don't want anything that might affect breastfeeding		

If having access to water is important to you, ask your midwife if your unit or hospital has:

a bath? **Yes / No**

a birthing pool? **Yes / No**

a shower? **Yes / No**

I want to bring someone with me e.g. an acupuncturist, hypnotherapist, doula, reflexologist

You might want to write down things you want to have with you. For example, music, my own pillow, dressing gown, TENS machine

Which options are you thinking about?

Space for anything else you want your midwife or partner to know

You might want to use a scale like this one to help you describe your pain to your midwife. Think about whether your pain is changing, has it got worse or better and by how much?

A sensation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Intense & unbearable →

22 Space for notes or questions

You can use this page to make notes or write down any questions you have.

Your midwife can write down anything about your personal situation.

You might want to look at what you wrote down in your PCSP (Personalised Care and Support Plan).

I feel sure about the best choice for me	**Yes / No**
I know enough about the potential benefits and harms of each option	**Yes / No**
I am clear about which potential benefits and harms matter most to me	**Yes / No**
I have enough support and advice to make a choice	**Yes / No**

23 Next steps

Name of your midwife or doctor

Contact details or triage number

When is my next appointment?

Where can I go for more information?

Maternity Consortium has a range of voluntary and community sector organisations related to pregnancy and birth. www.sands.org.uk/maternity-consortium

Labour pains website - the public site of the Obstetric Anaesthetists' Association has up to date patient friendly information about pain relief and management in pregnancy, labour, birth and after birth. www.labourpains.org

Tommy's www.tommys.org/pregnancy-information/giving-birth/pain-relief

Birthrights www.birthrights.org.uk

Bliss www.bliss.org.uk

NCT www.nct.org.uk/labour-birth/your-pain-relief-options

NHS pain relief in labour
www.nhs.uk/pregnancy/labour-and-birth/what-happens/pain-relief-in-labour/

Mumsnet www.mumsnet.com/h/pregnancy

Apps such as: Mum & Baby app (NHS) or Baby Buddy app (Best Beginnings)

Find NHS antenatal classes near me
www.nhs.uk/service-search/other-health-services/antenatal-classes

Further information about Doulas can be found on www.doula.org.uk
www.tommys.org/pregnancy-information/giving-birth/labour-and-birth-faqs/what-doula

Information about environmental impact of anaesthetic
www.rcoa.ac.uk/sites/default/files/documents/2022-01/Injectable%20Anaesthesia%20Agents.pdf

Hypnobirthing www.Hypnotherapy-directory.org.uk/articles/childbirth.html

The Professional Standards Authority (PSA) hold accredited registers for therapies such as: Acupuncture • Aromatherapy • Complementary therapies • Craniosacral therapy • Hypnotherapy • Reflexology • Reiki • Shiatsu • Yoga therapy.
www.professionalstandards.org.uk/what-we-do/accredited-registers/find-a-register

24 Where do we get our numbers from?

Birthing Pools:
CQC Survey of NHS maternity services 2010:
https://nhssurveys.org/wp-content/surveys/04-maternity/04-analysis-reporting/2010/Historical%20comparisons%20tables.pdf
NICE guideline CG190: https://www.nice.org.uk/guidance/cg190

For different positions:
A 2017 analysis of 805 people in 4 studies: https://doi.org/10.1002/14651858.CD002006.pub4

Relaxation techniques
A 2018 analysis of 642 people in 5 trials: https://doi.org/10.1002/14651858.CD009514.pub2

For over-the counter painkillers:
A 2012 analysis of 745 people in 4 studies: https://doi.org/10.1002/14651858.CD009223.pub2

For TENS machine:
A 2019 analysis of 26 clinical trials involving 3348 people: https://doi.org/10.1111/ner.13221;a 2009 analysis of 5 clinical trials involving 452 people: https://doi.org/10.1002/14651858.CD007214.pub2

For hypnosis:

A 2016 analysis of studies: https://doi.org/10.1002/14651858.CD009356.pub3

For acupuncture:
A 2006 analysis of studies: https://doi.org/10.1002/14651858.CD003521.pub2; a 2003 clinical trial in 198: https://doi.org/10.1097/00002508-200305000-00006; a 2008 clinical trial in 128 people: https://doi.org/10.1080/00016340701797799

For nitrous oxide mixes:
A 2012 analysis of 323 people in 4 studies: https://doi.org/10.1002/14651858.CD009351.pub2;
a 2002 summary of studies: https://doi.org/10.1016/S0002-9378(02)70186-5

For intravenous or intramuscular painkillers:
A 2000 study of 22 people: https://doi.org/10.1007/BF03018845; a 2020 analysis of studies: https://doi.org/10.1111/ner.13221; a 2019 study of data from 8170 people: https://doi.org/10.1016/j.ijoa.2019.05.012; a 2011 clinical trial in 69 people: https://doi.org/10.1111/j.1365-2044.2011.06790.x; a 2002 clinical trial in 36 people: https://doi.org/10.1093/bja/88.3.374; a 2002 clinical trial in 84 people: https://pubmed.ncbi.nlm.nih.gov/12546313/; a 2004 clinical trial in 407 people: https://doi.org/10.1016/j.ajog.2004.03.017; a 2003 clinical trial in 59 women: https://doi.org/10.1016/S0020-7292(03)00047-X; a 2002 review of data from 48 studies including more than 9800 people: https://doi.org/10.1016/S0002-9378(02)70185-3

Epidurals:
A 2018 analysis of 1911 people in 7 studies: https://doi.org/10.1002/14651858.CD000331.pub4;
a 2011, clinical trial in 144 people: https://doi.org/10.1016/j.ijgo.2011.04.004; a 2014 review of studies: https://doi.org/10.1007/s00404-014-3212-x; a 2002 review of the side-effects: https://doi.org/10.1002/14651858.CD003401.pub3

For combined spinal-epidural:
A 2012 analysis of many studies: https://doi.org/10.1002/14651858.CD003401.pub3; a 2014 review of studies: https://doi.org/10.1007/s00404-014-3212-x

For sterile water injections (for lower back pain):
The NICE 2023 draft evidence review for sterile water injections: www.nice.org.uk/guidance/ng235/evidence/c-sterile-water-injections-pdf-13186672960; a 2015 clinical trial in 60 people: https://www.medicaljournalofcairouniversity.net/images/pdf/2015/June/49.pdf; a 2018 clinical trial in 168 people: https://doi.org/10.4274/balkanmedj.2016.0879; a 2013 clinical trial in 305 people: https://doi.org/10.1016/j.midw.2012.05.001; a 2008 clinical trial in 128 people: https://doi.org/10.1080/00016340701797799

Produced by: Winton Centre for Risk and Evidence Communication, last updated: July 2024 Conflicts of interest: none declared
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