

# Pain Relief in Labor



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## What will labor feel like?

Having a baby is a special time, but labor contractions can be painful. The experience of labor pain is different for different women. Initially it feels like tightening of abdomen at irregular intervals. Gradually the frequency increases and becomes more regular. The intensity of pain also increases. There is a range of techniques you can use to cope with labor pain. It's useful to know about the different types of pain relief before going to labor.

## Preparing for labor

Antenatal education classes will explain and prepare you to cope with different aspects of labor and delivery. These classes are conducted by Patient Family Education team in the maternity facility where you receive your antenatal care. These classes will assist you to understand what will happen in labor and may help you to feel less anxious. Midwives will also tell you the different pain relief methods available to you once you are admitted to Labor room.

## What pain relief is available?

You will be able to decide which method of pain relief to use once you are in labor room after your admission depending on your stage of labor and your medical condition. The midwife who is with you in labor will be the best person to give you advice regarding this. Below are some common methods of pain relief that are available and offered in our hospital.



### Self-help methods

#### Breathing

Start with an organized breath. Breathe in through your nose and out through your mouth.

Keep your breathing as slow as possible, but speed it up as the intensity of the contraction increases.

Relax your shoulders. As the contraction peaks and your breathing rate increases, switch to light breathing both in and out through your mouth about one breath per second. As the intensity of the contraction decreases, slow your breathing and go back to breathing in with your nose and out with your mouth.

Breathing calmly may increase the oxygen supply to your muscles and make the pain less intense. Also, because you are focusing on your breathing, you are less distracted by the pain.

#### Birth ball

This is used as a relaxation method. Sitting upright on the ball allows gravity to speed the progress of labor.

### Pharmacological Methods

#### Entonox

Entonox is a gas which is a mixture of 50% oxygen and 50% nitrous oxide;

- 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.
- It will not take the pain away completely, but it may lessen the pain.
- You can use it at any time during labor.

### How to use Entonox?

- You breathe through a special mask.
- Take deep breaths at the start of contraction.
- When the contractions are more regular and stronger, start your breath just before the next anticipated contraction so that you get good pain relief during contraction.

The midwife looking after you when you are in labor room will demonstrate the effective use of Entonox.

### Opioids: Morphine

#### Morphine is a widely used painkiller.

- It is usually given by a midwife, injects into a large muscle in your buttocks.
- It starts working after half an hour and may last for few hours.
- It has less effect on pain than Entonox and the pain relief is often limited.
- It makes you feel more relaxed and less worried about the pain.

#### Side effects

- Morphine may make you feel sleepy.
- It may cause nausea or vomiting.
- It may cause itching.



### Epidural

For many women, the above mentioned pain-relieving options are sufficient. However, if these options maybe not effective for you, labor epidural analgesia is the most practiced method of pain relief in labor all over the world and is carried out by an obstetric anesthesiologist.

### When can you have an epidural?

Once you are admitted to Labor room in active labor and you had explored other pain-relieving options, the obstetrician will examine you to assess the stage of labor and the Anesthesiologist would be contacted.

### How do we do an epidural?

Pre-anesthesia evaluation is done by the anesthesiologist. This includes history taking, physical examination and checking blood investigation reports.

### Note: You will have to sign the informed consent for the procedure.

- Start intravenous fluid drip in a vein in your arm through an IV cannula.
- Get you to sit up.
- Clean your back skin with antiseptic solution.
- Inject local anesthetic to numb a small area on your back – this stings briefly.
- Put the epidural needle and thin flexible tube (catheter) through the needle.
- You may feel an ‘electric shock’ type feeling as the epidural catheter goes in.

The epidural needle is removed. Only the thin catheter is kept inside and it is fixed on the skin over your back with adhesive plaster. You can be in any position on the bed without having to worry about the catheter on the back.

**The procedure will take around 20-30 minutes.**



### Can everyone have an epidural analgesia?

#### You cannot have epidural if you have:

- Bleeding tendency or have taken blood thinning medications (Example LMW Heparin – Enoxaparin) within 12-24hrs
- If you have infection at the lower back
- Signs and symptoms of infection in blood
- In case of back deformity or back surgery the chances of success are less
- And few other conditions affecting brain and nerves

### Is the pain relieved immediately?

It will take 15-20 min for the epidural medicine to start working but it might take up to 40 minutes for adequate pain relief.

### Patient Controlled Epidural Analgesia (PCEA)

It is a way of giving the medicine through the epidural catheter, enabling patients to push a button to control the amount of medicine needed for pain relief.

It is important to press the button at the onset of mild pain so that the delivered medicine starts working before the pain becomes severe and intolerable. The PCA machine has safety precaution protocol. So drug overdose doesn't happen even if you press multiple times.



### What can I expect if I have an epidural?

You may feel numbness starting in your feet and then going up to your abdomen. You will be able to move your legs, but they may feel weak. Your contractions will feel like tightness around the abdomen. You may feel pressure sensation down when you are about to deliver.

### Good things about epidural

- It takes away most of the pain and allows you to rest.
- It allows you to be comfortable, alert and be active participant in your birth and decision making.
- If for any reason you require an emergency caesarean section, your epidural can be topped up to provide anesthesia.

### Possible problems with epidural

#### Common side effects can include:

- Shivering
- Itching or rash
- Failure to relieve pain – about 1 in 8 women may not have any pain relief or incomplete pain relief.
- Low blood pressure
- Temporary abnormal sensation of legs
- Back pain: There is no greater chance of long-term backache. Backache is a common symptom in pregnant ladies due to the posture and softening of ligaments. Some of them continue to have backache after delivery. This is not related to epidural injection. You may have a tender spot in your back after an epidural which is very rare and may last for months.
- Fever – This is harmless and disappears after removal of catheter.

### Very rare complications may include:

- Infection
- Drug reactions
- Nerve damage – about 1 in 1000 women experience a temporary numb patch or weakness to their legs. Can last up to 6 months.
- Bleeding into the epidural or spinal space

### Other Risks

Headache, 1 in every 100 women who have an epidural can have Post Dural Puncture Headache (PDPH). This could last for days to weeks. This can be treated efficiently. For further details, talk to your anesthesiologist.

### How long will the epidural last?

An epidural catheter is kept throughout your labor lasts and for a short while after delivery. Once you delivered, the catheter is removed in the labor room by the midwife before you are transferred to your room. The sensation and power of your legs gradually comes back. It may take few hours for full recovery. The nurse in the postnatal ward will monitor your recovery and for any complications. You may need some assistance and support while walking till your legs are fully recovered of the epidural effect. This may take a few hours.

### Will an epidural lengthen my labor?

Sometimes it may lengthen the second stage of labor and procedures like instrumental deliveries such as a ventouse (suction cup) or forceps delivery may be required in some cases where the obstetrician helps to deliver your baby.

### Does it always work?

It may be technically difficult or even impossible at times to locate the epidural space. This is common for obese patients. When the pain relief is not effective or only partially effective, in such cases, anesthesiologist may have to redo.

**Please note, women still feel pressure or pain in their perineum (bottom).**

### Is it safe for my baby?

Yes, it is safe.

### What if I need an operation?

- If you need a Cesarean section, the epidural is often used instead of a general anesthetic. A strong local anesthetic is injected into your epidural catheter to make your lower body numb for the operation. This can avoid another anesthetic procedure and can do the cesarean section without any delay.
- If you are worried about the risks of epidural, talk about this with your anesthesiologist.

