



Facts about Medical Pain Relief

Black = Facts

Blue = Advantages

Red = Disadvantages

TENS

- Mild electrical stimulation of nerve endings blocks pain signals
- 4 electrode pads stuck on the mother's back – the strength of impulse is under the mother's control
- Stimulates mother to produce more endorphins
- Mother needs to use this from early labour as the pain relief builds up over time

- No side-effects are known, non-invasive
- Mother remains mobile
- Totally under mother's control

- Pads and wires can be a nuisance - it needs to be removed before the water is used
- Need to hire a machine before labour starts so the mother can put it on in early labour at home

GAS AND AIR

- 50% nitrous oxide (laughing gas) and 50% oxygen
- Mother uses a mouthpiece or mask
- Takes the edge off the pain without totally removing it
- The mother needs to breathe in as the contraction starts for maximum effect at the height of the contraction
- Often helps at the end of the 1st Stage of Labour / Transition

- Totally under mother's control
- Effects wear off quickly - cleared from the system with a few breaths
- Extra oxygen beneficial to mother and baby
- Readily available

- It can make the mother feel/be sick
- The mother may feel light-headed or confused and find it difficult to concentrate
- Technique takes practice

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PETHIDINE / DIAMORPHINE

- Synthetic narcotic derived from morphine
- 15 to 20 minutes to take effect, it then lasts for 2 to 4 hours
- Injected into thigh or buttock
- Alters perception of pain
- Timing important – not given if birth expected in less than 2 hours
- 50% of mothers feel it helps with pain

- As a muscle relaxant, it helps some women to relax and may allow faster dilation of the cervix
- Some women feel 'high' and as if they are floating above the pain

- The mother may have difficulty in remembering labour
- It crosses the placenta
- The baby is less alert, sleepy, fretful and slow to respond
- The mother may feel sick, drowsy and detached. Drowsiness may make it difficult to cope with contractions
- The baby has a poor sucking reflex so sometimes difficulty in establishing breastfeeding

EPIDURAL

- A mixture of anaesthetic analgesia is injected into the epidural space in the lower spine
- It takes about 20 minutes for an anaesthetist to set this up
- It usually removes all the pain and most of the feeling from the waist down
- It can be topped up
- Best if effects are allowed to wear off for 2nd Stage

- A highly effective form of pain relief which may allow the mother to relax
- Allows a mother to be awake during a caesarean section
- 90% effective pain relief
- Lowers blood pressure which is good if the mother has high blood pressure

- The mother can't move around and sometimes can't feel to push in 2nd Stage
- It is more 3 times more likely that forceps or ventouse will be needed as the pelvic floor is relaxed and the baby's head doesn't turn
- The mother will need a drip, to be continuously monitored and she will need a catheter
- It can cause a bad headache and sometimes backache