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## **Pain Relief Options**

Labour can be painful, so it's important to learn about all the ways that you can relieve the pain. It's also helpful for whoever is going to be with you during your labour to know about the different options, as well as how they can support you. Ask your midwife or doctor to explain what's available so that you can decide what's best for you. Write down your wishes in your birth plan, but remember that you should keep an open mind. You may find that you want more pain relief than you'd planned, or your doctor or midwife may suggest more effective pain relief to help the delivery. Different ways of relieving the pain are listed below:

### **Self-help**

The following techniques can help you to be more relaxed in labour, which can help you to cope with the pain.

- Be informed as this can make you feel more in control and less frightened about what's going to happen.
- Learn how to relax, stay calm and breathe deeply.
- Keep moving. Your position can make a difference, so try kneeling, walking around or rocking backwards and forwards.
- Bring a partner, friend or relative to support you during labour, but if you don't have anyone, don't worry – your midwife will give you all the support you need.
- Ask your partner to massage you (although you may find that you don't want to be touched).
- Have a bath/use the shower.

### **Hydrotherapy (being in water)**

Water can help you relax and make the contractions seem less painful. Ask if you can have a bath or use a birth pool (the coombe) or shower. The water will be kept at a comfortable temperature but not above 37.5°C, and your temperature will be monitored.

### **Gas and air (Entonox)**

This is a mixture of oxygen and nitrous oxide gas. Gas and air won't remove all the pain but it can help to reduce it and make it more bearable. Many women like it because it's easy to use and they control it themselves.

#### **How it works**

You breathe in the gas and air through a mask or mouthpiece, which you hold yourself. You'll probably practise using the mask or mouthpiece if you go to an

antenatal class. The gas takes about 15 to 20 seconds to work, so you breathe it in just as a contraction begins. It works best if you take slow, deep breaths.

#### **Side effects**

There are no harmful side effects for you or the baby but it can make you feel light-headed. Some women also find that it makes them feel sick, sleepy or unable to concentrate. If this happens, you can stop using it.

If gas and air doesn't give you enough pain relief, you can ask for a painkilling injection as well.

#### **Pethidine injections**

Another form of pain relief is the intramuscular injection (into the muscle of your thigh or buttock) of a drug, such as pethidine or, less commonly, diamorphine. The injection can also help you to relax, which can lessen the pain.

#### **How it works**

It takes about 20 minutes to work after the injection, and the effects last between two and four hours.

#### **Side effects**

There are some side effects to be aware of:

- It can make some women feel woozy, sick and forgetful.
- If it hasn't worn off towards the end of labour it can make it difficult to push. You might prefer to ask for half a dose initially to see how it works for you.
- If pethidine or diamorphine are given too close to the time of delivery they may affect the baby's breathing. If this happens, another drug to reverse the effect will be given.
- The drugs can interfere with the baby's first feed.

#### **TENS**

This stands for transcutaneous electrical nerve stimulation. You will have to supply your own TENS for labour. TENS has not been shown to be effective during the active phase of labour (when contractions get longer, stronger and more frequent). It's probably most effective during the early stages when many women experience low back pain. TENS may also be useful while you're at home in the early stages of labour or if you plan to give birth at home.

#### **How it works**

Electrodes are taped onto your back and connected by wires to a small battery-powered stimulator. Holding this, you give yourself small, safe amounts of current through the electrodes. You can move around while you use TENS.

TENS is believed to work by stimulating the body to produce more of its own natural painkillers, called endorphins. It also reduces the number of pain signals that are sent to the brain by the spinal cord.

#### **Side effects**

There are no known side effects for either you or the baby.

#### **Epidural anaesthesia**

An epidural is a special type of local anaesthetic. It numbs the nerves that carry the pain impulses from the birth canal to the brain. For most women, an epidural gives complete pain relief. It can be helpful for women who are having a long or particularly painful labour, or who are becoming distressed. An anaesthetist is the only person who can give an epidural, so it won't be available if you give birth at

home. If you think you might want one, check whether anaesthetists are always available at your hospital.

How much you can move your legs after an epidural depends on the local anaesthetic used. 'Mobile' epidurals, which means you can walk around are not yet available in Ireland. An epidural can provide very good pain relief, but it's not always 100% effective in labour. The Obstetric Anaesthetists Association estimates that one in eight women who have an epidural during labour need to use other methods of pain relief.

### **How it works**

To have an epidural:

- A drip will run fluid through a needle into a vein in your arm.
- While you lie on your side or sit up in a curled position, an anaesthetist will clean your back with antiseptic, numb a small area with some local anaesthetic and then introduce a needle into your back.
- A very thin tube will be passed through the needle into your back near the nerves that carry pain impulses from the uterus. Drugs, usually a mixture of local anaesthetic and opioid, are administered through this tube. (An opioid is a drug that binds to special opioid receptors in the body, reducing pain.) It takes about 10 minutes to set up the epidural, and another 10 to 15 minutes for it to work. It doesn't always work perfectly at first and may need adjusting.
- After it has been set up, the epidural can be topped up by your midwife, or you may be able to top up the epidural yourself through a machine.
- Your contractions and the baby's heart rate will need to be continuously monitored. This means having a belt around your abdomen and possibly a clip attached to the baby's head.

### **Side effects**

There are some side effects to be aware of:

- An epidural may make your legs feel heavy, depending on the local anaesthetic used.
- An epidural shouldn't make you drowsy or sick.
- Your blood pressure can drop (hypotension); however, this is rare because the fluid given through the drip in your arm helps maintain good blood pressure.
- Epidurals can prolong the second stage of labour. If you can no longer feel your contractions, the midwife will have to tell you when to push. This means that forceps or a ventouse may be needed to help deliver the baby's head. When you have an epidural, your midwife or doctor will wait longer for the baby's head to come down (before you start pushing). This reduces the chance you will need an instrumental delivery. Sometimes, less anaesthetic is given towards the end so that the effect wears off and you can push the baby out naturally.
- You may find it difficult to pass urine as a result of the epidural. If so, a small tube called a catheter may be put into your bladder to help you.
- About one in 100 women gets a headache after an epidural. If this happens, it can be treated.
- Your back might be a bit sore for a day or two but epidurals don't cause long-term backache.
- About one in 2,000 women feels tingles or pins and needles down one leg after having a baby. This is more likely to be the result of childbirth itself rather than the epidural. You'll be advised by the doctor or midwife when you

can get out of bed.

### **Alternative methods of pain relief**

Some women prefer to avoid the types of pain relief listed on this page, and choose alternative treatments such as acupuncture, acupressure, aromatherapy, homeopathy, hypnosis, massage and reflexology. If you'd like to use any of these methods, it's important to discuss them with your midwife or doctor and let the hospital know beforehand. Most hospitals don't offer them for pain relief during labour. Personally I used a homeopathic labour kit with great effect and did not require any pain relief other than this postnatal. In labour I used this also along with a TENS machine, breath work and yoga poses. The pain was very tough but not unbearable and I had a 26 hour labour!

### **When the Big Day Arrives**

Giving birth is a natural process and even if you haven't spent the past nine months reading medical textbooks, your body and your baby know exactly what to do. That's why - although your baby isn't ticking off the days on a calendar - he can tell when it's time to be born.

When that day arrives, your baby sends a signal – the hormone, oxytocin - across the placenta that triggers contractions and keeps them coming. Alongside oxytocin, another substance, prostaglandin, gets to work, softening the neck of the womb (the cervix) so it can open up (dilate) to allow your body to know how to make labour happen.

Your body also knows you need to cope with pain so it produces its own painkiller. Endorphins not only limit pain but lower stress and have a feel good factor too. The pain of labour, however, has a very important function, giving you important clues about ways of moving and positions that may help your baby turn and move down inside the pelvis. It can also let you know how your labour is progressing.

### **Overcoming fear**

Labour is complex but you just need to let your body do what comes naturally. Unfortunately, fear can affect this amazing process. Fear makes you release another hormone altogether – adrenaline – which slows down the production of oxytocin and prepares your body to fight or run away (not helpful when you're trying to give birth). In this state of tension and alertness, your contractions are less efficient and you focus on the pain and feel worse. Staying calm is therefore the key to coping with pain.

To help you feel relaxed, read up on what happens during labour, choose a place to give birth where you feel safe, and have a birth partner you know and trust. Research has shown that it is important for women in labour to have emotional support. This means encouragement, reassurance, a trusted person to listen to you and just be there. Making sure that you have the right person to support you will help you cope with the pain and discomfort of labour more easily.

### **Working with pain in labour**

Labour can last a long time so, at the beginning, try movement, upright positions, massage and water to help you cope. If you head straight for maximum pain relief, you'll never know how other things can help – plus your labour may end up being even longer. If you do feel you can't cope, you can move through the different pain relief options.

### **What you can do in labour**

The following tips have been found useful by women in labour:

- Before labour, spend some time imagining after the birth with your new baby in your arms and that all is well. Imagining that you did it, and that you did it as you wanted, creates a positive picture to focus on in labour.
- Moving about helps labour to progress and women have said they were better able to work with the pain while rocking and leaning forwards (the pressure of the baby's head on the cervix will promote the release of oxytocin as well as endorphins - the body's natural pain relievers). Focus on letting go and relaxing any muscles that aren't needed to hold you in a position.
- Focus on the out breath during a contraction. Keep the breathing calm and rhythmic.
- Make a noise if you want to – be somewhere with people that are happy for you to moan, grunt, sigh or even swear if that helps.
- Belly-dancing, hip-wriggling and stepping movements all help your baby settle into a good position to be born.
- Massage or pressure on the lower part of your back just above the top of your bottom can help.
- Water helps women relax and move more easily; being in a pool can give women a feeling of safety and security.
- Positive, affirmative thoughts and supportive comments from birth partners help to promote confidence in the process. 'You are doing well – your body is made for this – feel the power of your body – your body knows how to do this - each pain is progress' are all positive and encouraging statements.
- During labour, think about welcoming each contraction. As your contractions become stronger, longer and closer together your body is getting ready to give birth.
- Rest, relax and conserve energy between contractions as labour progresses.
- Have confidence in your own self-help resources.
- Acknowledge that labour is unpredictable and that uncertainty is difficult to go along with. Try to go with the flow.

Recognising the point at which labour feels worst – when you have had enough - is often the point just before you are ready to start pushing your baby out. Having people with you who help you feel strong and capable can make all the difference. Most importantly, you need to feel confident that you can do this so try to listen to your body and not let fear or anxiety overwhelm you.