PAIN RELIEF FOR LABOUR

For women having their first baby
Please note: Research studies that support statements made in this book have been referenced by a number. The complete list of references is at the back of the book. All differences are statistically significant, see "More Information".

The information in this book is correct at the time of publication. However, as research is ongoing, the information will be updated every two years.

Date of last review: June 2004


**Contributors**

This booklet is designed to help you make informed choices about pain relief for your labour and birth. The information is written for women having their first baby and has been assessed by women just like you.

**Development and review were conducted by:**

- **Dr Christine Roberts**  Clinical Epidemiologist
- **Dr Lyndal Trevena**  General Practitioner, Epidemiologist
- **Ms Camille Raynes-Greenow**  Epidemiologist
- **Dr Kirsten McCaffery**  Health and Social Psychologist
- **Ms Natasha Nassar**  Epidemiologist, Decision Aid expert
- **Dr Emily Olive**  Obstetrician
- **Ms Maree Reynolds**  Midwife
- **Dr Daniela Eugster**  Anaesthetist

**Acknowledgement**

This decision aid was developed using the decision support format of the Ottawa Health Decision Centre at the University of Ottawa and Ottawa Health Research Institute, Ontario, Canada.

Camille Raynes-Greenow  
Centre for Perinatal Health Services Research  
QEII Building D02  
University of Sydney  NSW  2006  
Ph: 93517740  
Email: camiller@med.usyd.edu.au

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More information

All differences between treatment groups presented in this book are statistically significant. For most options the data are based on systematic reviews with meta-analyses’ (see below) when this was available.

Data from systematic reviews have been classed as “gold” evidence and the number of studies included in the review has been stated, however only the systematic review has been referenced.

Statistically significant. A statistically significant result is based on a statistical test and is a measure of the probability of how true the difference is. If the result is statistically significant we are sure about the result.

Systematic review. A systematic review is when all good quality research studies on the same topic are identified and grouped together to give a summary of the evidence based on that topic.

A meta-analysis is the statistical process of pooling all the data from the included research studies in a systematic review to test for statistical significance.
About this book

This book aims to help you consider your options for labour pain relief. It is not intended to steer you towards any particular approach or method but rather to present information that is based on good research evidence so that you can make decisions during your labour that suit you. We hope that it helps you approach labour with realistic expectations which will help improve your experience.

Although you may already have a plan, we think that it is important to keep in mind the unpredictability of labour and recommend that you keep your options open. This will enable you to make choices that suit you throughout your labour.

This book is designed for women who are having their first baby and are planning a normal vaginal birth. Some medical conditions and medications may restrict you from using some pain relief options. Your midwife or doctor will advise you if this is the case.

What next?

To get the most benefit from reading this book you need to complete the “Pain relief for labour - Your preferences”.

This is intended to help you clarify your thoughts and feelings about the pain relief options that you have just read.

1. The first step is to fill in the boxes about each option as you read the book. If you have not done this you may need to review each option.

2. Next you need to complete the section “Your feelings”.

3. The third step is to seek answers for any questions you still have. You can do this at your next antenatal appointment.

4. The final step is to discuss your plans with your support person, your partner, your care provider and anyone else with whom you would like to be involved in your decisions.
Sue’s story

I’d planned to let my labour take its natural course for as long as I could without drugs, but was willing to accept them if I felt overwhelmed. After reading the “Pain relief for labour” book, I remembered my experience with gas for a dental procedure and was adamant that I wouldn’t use it. I didn’t like the sensation, and if I needed something, I planned to use pethidine rather than gas or an epidural, but still wanted to avoid drugs if possible.

At 39 weeks very early on Sunday morning I woke to what felt like ‘period pain’. Over the next few hours, the amount of pain and the frequency of the contractions gradually increased. I’d been in and out of the bath, the shower and had been walking around. Nothing really gave me relief and eventually the hot water ran out. After speaking to the hospital, we decided to go in. When I arrived they immediately offered me gas while I was assessed, which I wholeheartedly declined. I then requested pethidine, which made me vomit, which was pretty awful, but this didn’t last long and eventually allowed me to rest for a few hours. When I was next assessed I had dilated 10cms and was able to push Tara out without any more analgesia. It all took just over 14 hours and I was pleased with how it all went. I managed to avoid using gas and epidural neither of which I wanted to have.

How to use this book and “Your preferences”

We suggest that you …

1. Set aside 30-40 minutes.

2. Have a pencil ready to use “Pain relief for labour - Your preferences” as you read. A prompt will remind you when to use this.

3. Read the entire book, and do not skip sections.

4. Complete “Pain relief for labour - Your preferences” at the end.

This information is written for pain relief methods that are usually available at major hospitals. Not all methods are available at all hospitals.
Understanding labour pain

For most women, the process of giving birth is the most intense physical feeling that she is ever likely to experience. It is also a major life change for women.

Both physical and emotional factors play a part in the feelings of labour pain. Your body goes through a great physical change as it prepares for the birth of your baby and these changes cause pain. However, your mind also plays a part in the feelings of the pain you experience. Even the expectation of pain increases anxiety and the feeling of your pain. Being informed, knowledgeable and mentally prepared will help you make decisions during your labour.

In general there are two opposite views about labour pain. One is that the labour pain is part of a natural process and although it is painful it does not mean that there is anything wrong. Thus, labour pain should not necessarily be treated with medications. The other view is that the pain of labour is unacceptable, and there are no other circumstances in life when it is reasonable to experience such pain. Consequently, all women must be offered pain relief.

Whether you believe one approach or the other, you should be aware that there are differences between normal labour pain and other pain.

Here are some positive points about labour pain:

- Labour pain makes women stop and find somewhere safe to give birth. This encourages your friends, family, and care providers to gather around you for support.

Claire’s story

As soon as I announced I was pregnant all my friends started telling me their birth horror stories - how much pain they had been in and how long their labour took. I got all the gory details, and thought I should book in for an epidural. I changed my mind after reading the “Pain relief for labour” book. After reading it, I thought I might try gas and pethidine, but I wanted to avoid the negative effects of an epidural, which none of my friends had talked about.

At 40 weeks, during lunch at home, I began to feel contractions. I laboured at home all day, relying on some back rubs from my husband and by 8.30pm decided to go to hospital. When I arrived, Joshua was assessed and found to be in a posterior position, which was giving me the back pain. After a hot shower and different position changes I used some gas, which did nothing. I asked for pethidine to get some relief, which was also not that great. At about 2.30 am I had an epidural. Suddenly my pain was gone and I had a chance to get some rest. Throughout this time, Joshua was being monitored and his position had not changed. By lunch time the next day after what felt like hours and hours of pushing, the obstetrician decided that forceps would be used to deliver Joshua, and just after 1pm he was born.

Although my labour didn’t go exactly to plan, I felt like I was fully informed, and I was relieved I had had the epidural. My only complaint was that I couldn’t sit down for several days from the stitches I’d had to repair the episiotomy which was needed for the forceps. Thankfully they don’t hurt anymore.
Personal stories

This section is a collection of three stories from other women and how the information that you have just read helped them during their labour.

Nadia’s story

I come from a family of women - lots of sisters and a domineering mother. I am the youngest so they all wanted to be there during my labour. After reading the “Pain relief for labour” book it was agreed that having four support people might be too many, but that it may be best to have my calm sister who had had three children. The others could wait in the coffee lounge if they wanted to be there.

We called my chosen sister when my contractions were getting regular and stronger. At that point my husband was panicking and wanted to go to hospital. My sister arrived and was a lovely calming influence and encouraged us to go for a walk. Although I didn’t walk very far or very quickly, it still helped me relax, and helped Tony see that everything was okay. After a few more hours at home, we eventually went to the hospital. In hospital, I had a bath and some gas which was fine. My sister was able to suggest lots of different positions that Tony and I had forgotten. I used the gas throughout the whole pushing stage, just because I didn’t mind it and it helped me focus. After 2 hours of pushing, Amelia arrived and so did the rest of my very excited family. I’m really grateful for the information from the “Pain relief for labour” book about having a female support person, otherwise I can’t imagine what a mess the whole thing would have been!

- Labour pain generally starts slowly and gradually increases as your cervix softens and stretches. This allows you to get used to the pain and intensity. It also provides you with the time needed to prepare for the birth, whether that is packing your bag and going to the hospital or focusing on your breathing and relaxation.

- Labour pain can be a sign of the stage of your labour. This helps the people who are caring for you to know that your labour is progressing normally.

- Many women report that satisfaction with childbirth is not always related to how well the drugs relieved pain.

- Some women report feelings of triumph from going through pain, similar to a marathon runner or mountain climber.
Assessing research about pain relief for labour

There are both good quality and poor quality research studies. To assess research studies about pain relief in labour, we have used the internationally accepted standard\(^2\), which rates the study design and how well the study was conducted. The most reliable information is from the highest quality research, and provides us with the most confident results.

On the following page we have briefly summarised the main types of research studies and we have given each a rating. When we present information, we will use these ratings so you will know how confident we can be about the information.

For those who are interested, we have included more technical details about the reliability of the presented information at the back of the book (see More Information).

Summary table of key points - Epidurals

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NO EFFECT ON</th>
<th>NEGATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most effective pain relief</td>
<td>Chance of caesarean section</td>
<td>More likely to have an instrumental birth</td>
</tr>
<tr>
<td>Satisfaction with pain relief</td>
<td>Chance of nausea/vomiting</td>
<td>May still require further pain relief for actual birth</td>
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<tr>
<td></td>
<td>Long term back pain</td>
<td>May lengthen labour</td>
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<tr>
<td></td>
<td></td>
<td>More likely to need artificial oxytocin</td>
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<td></td>
<td></td>
<td>More likely to have a fever</td>
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<td></td>
<td></td>
<td>Increased risk of hypotension</td>
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<td></td>
<td></td>
<td>May experience an itching sensation</td>
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<tr>
<td></td>
<td></td>
<td>May experience severe headache</td>
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<tr>
<td></td>
<td></td>
<td>Some rare side effects</td>
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</table>

Now go to your notes page and place a mark in the box to show how strongly you are feeling about having an epidural during labour.
**Negative effects**

If you have an epidural, you may still need extra analgesia (an injection into your perineum) for the actual birth; about 35% of women who have an epidural will say that it did not work for the actual birth.

If you have an epidural you are also more likely to:
- have a slightly longer second stage of labour (by about 15 minutes),
- have artificial oxytocin,
- have a fever,
- have a drop in blood pressure,
- experience itching, which can be treated by a drug while the epidural is in place.
- have a severe headache that requires treatment after the birth of your baby. This happens to about 1 to 3 women out of every 100 women who have an epidural.

There are some rare and serious side effects of having an epidural:
- numbness or weakness in one or both legs, which is temporary (up to 3 months) and does recover on its own, this happens in about 1 in 550 women.
- Potentially life threatening complications occur in about 1 in 4000 women.
- Death associated with epidural is extremely rare.

**No effect**

An epidural does not increase your chances:
- of having a caesarean section,
- of being nauseous, or
- of experiencing long term back pain anymore than women who do not have an epidural.

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**Types of research studies**

- **Gold evidence** is based on well conducted randomised controlled trials
  - These types of studies give the most reliable information
  - Very confident about the results especially when there are several large studies

- **Silver evidence** is usually based on observational studies
  - These give useful information when there is no information from gold studies
  - Less confident about the results

- **Bronze evidence** is based on experience, single patient reports or reports from expert committees
  - Least reliable information
  - We have NOT used this level of information in this book
Words and terms explained

You may need to refer back to this section while you are reading. Words are listed in alphabetical order.

An **analgesic** is a medication/drug or therapy that reduces or stops pain without reducing the sense of touch or consciousness.

An **anaesthetic** is used for pain relief but causes a partial or complete loss of sensation or feelings and possibly consciousness.

All **analgesics** and **anaesthetics** could potentially impact on: the mother, the progress of labour, the baby while still in the uterus and also when it is born.

**Antenatal** is the time period during pregnancy before the birth.

When labour is **augmented** by **oxytocin (a drug)**, it refers to trying to speed up a slow labour.

A **caesarean section** is an operation to deliver a baby by an incision (cut) made through the mother’s abdomen and uterus. A caesarean may be planned (for medical or other reasons) or unplanned and called an emergency usually because it occurs after labour has started.

We use the term **care-provider**, through this book to refer to your midwife, your doctor, your GP and your obstetrician for simplicity.

**Instrumental birth**

Women who have an epidural are more likely to have an instrumental vaginal birth than women who do not have an epidural\(^6\).

<table>
<thead>
<tr>
<th>DID NOT USE EPIDURAL</th>
<th>USED EPIDURAL</th>
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<tbody>
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Out of 100 women who did not have an epidural, 22 went on to have an instrumental delivery.

Out of 100 women who had an epidural, 28 went on to have an instrumental delivery.
Satisfaction with the pain relief of epidurals

Most women who have an epidural find that it provides effective pain relief.¹⁵

Out of 100 women who had an epidural, 87 said they were satisfied with their pain relief. Out of 100 women who did not have an epidural (but had something else), 65 said they were satisfied with their pain relief.

A drug or medication in the context of this book is a substance used for the treatment of illness or pain.

An episiotomy is a cut into the soft tissues around the vagina to enlarge it.

Fetal monitoring. During labour the heart rate of the baby is usually monitored. It may be done electronically with a cardiotocograph (CTG), which is a small microphone attached to the mother’s abdomen. A CTG also measures the strength and frequency of the mother’s contractions.

First stage of labour is when the cervix (neck of the womb) dilates (opens). The second stage is when the baby is moving down the birth canal and is delivered - the pushing part. The third stage is the birth of the placenta.

Urine incontinence is the name for the problem of leaking urine from the bladder due to weakened or damaged pelvic floor muscles.

To make informed decisions about analgesic options (or anything) you need information regarding the harms and benefits of each option.

An instrumental (also called operative or assisted) vaginal delivery or birth is when the birth of the baby is helped with forceps or ventouse (vacuum extractor). Instrumental deliveries may injure both the mother and her baby. This can lead to incontinence or sexual problems for the mother (later on), or head and or face injuries to the baby at the time of birth. Instrumental deliveries are necessary when there are suspected problems with the baby and/or if labour is not progressing.
**Nausea** is a feeling of sickness in the stomach, and usually an urge to vomit.

An **opioid** refers to a class of drugs that dull the senses, may cause a feeling of loss of control, and induce sleep; some are used for labour pain.

**Oxytocin** is a hormone produced by your body that stimulates uterine contractions and milk glands in the breast. An artificial oxytocin is a drug that is used to stimulate contractions of the uterus if the labour is considered to have slowed.

**Perineal tear** is a tear in the soft tissues surrounding the vagina, between the vagina and the anus.

A **posterior position** (occipito posterior) is when the back of the baby’s head is lying against the back of the mother’s pelvis. Women with a baby in this position during labour will experience back ache, which can continue throughout contractions. Most babies rotate to the correct position by the end of the first stage, but it may be a long and tiring stage until then.

If there has been an unusually large amount of blood (more than 500 mls) passed after the birth or as late as 12 weeks later, it is called a **postpartum haemorrhage**.

A **spontaneous vaginal birth** is a normal birth. The baby is born without any assistance (eg forceps).

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**Epidural analgesia**

**What is it?**

Epidural is a type of drug that is injected into the small space around your spinal cord, within the bony column that forms your backbone. It is given by an anaesthetist. It is used to relieve labour pain and is also an effective analgesic and anaesthetic for caesarean deliveries. It is the most effective pain relief for labour. However, it does not necessarily make labour pain free. It usually takes between 10 to 30 minutes before it begins to work.

Before you have an epidural, you will be examined to make sure that it is safe for you and your baby. You will be required to sit, bend over or lie on your side, so that the anaesthetist can insert the needle into your lower back. A catheter (very thin plastic tube) will then replace the needle so if you require further doses, this will be done easily without another needle.

Epidurals can cause a fall in blood pressure (hypotension), so you will also have an intravenous drip of a salt-containing fluid inserted into your forearm or the back of your hand.

A fetal monitor, also known as a cardiotocograph (CTG), is attached to your abdomen and is used to monitor the baby’s heart rate and your contractions.

You may also need a catheter inserted into your bladder as you will lose the sensation of needing to pass urine. As you will be attached to the drip and a CTG, you may need to stay in bed.

Low dose epidurals or ‘walking epidurals’, are not available in all hospitals. Please confirm with your care-provider.
**Summary table of key points - Pethidine**

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NO EFFECT ON</th>
<th>NEGATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with pain relief</td>
<td>Chance of caesarean section</td>
<td>Nausea/vomiting</td>
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<tr>
<td>Chance of instrumental birth</td>
<td>Sleepiness</td>
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<tr>
<td>Length of labour</td>
<td>‘Loss of control’ feeling</td>
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</tr>
<tr>
<td>Needing artificial oxytocin</td>
<td>May require stronger analgesia</td>
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</tr>
<tr>
<td></td>
<td>Alertness, breathing and feeding</td>
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<td></td>
<td>problems for the baby</td>
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</tbody>
</table>

Now go to your notes page and place a mark in the box to show how strongly you are feeling about using pethidine during labour.

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**Pain relief for labour and birth**

The following sections present research evidence on the different methods used to help relieve labour pain. We have presented information on two main issues:

- how satisfied women were with the pain relief of the method, and
- whether women needed a stronger pain relief method after using the tested method.

These issues have been presented using a block of 100 smiley faces 😊. Each face symbolises one woman, we have used these diagrams to present the information.

We begin with the non-drug methods. Even if you are planning to use drug options in labour, you should familiarise yourself with some of these non-drug options so you can use them before you get to hospital.

The next section describes the drug methods. All of these are only available to you in hospital and are given and monitored by your care-provider. As labour is unpredictable, it may be helpful for you to know of these methods, even if you are not planning to use them.
Need for stronger pain relief
No studies have measured women’s need for stronger pain relief after using pethidine.

We know that of 100 women in NSW in 2002 who had pethidine, 38 also had an epidural.\(^1\)

Negative effects
Women who use pethidine are more likely to:\(^1\)
- be nauseous and/or vomit,
- feel sleepy or drowsy,
- feel a ‘loss of control’.

The babies of women who used pethidine may be:
- less alert,
- have depressed breathing, or
- have problems with sucking and therefore a delay in proper feeding.
- These problems can be reversed by giving the baby an injection of another drug.

No effect
Using pethidine does not increase your chances of:\(^1\)
- having a longer labour,
- having an instrumental birth,
- having a caesarean section, or
- requiring artificial oxytocin.
Pethidine

What is it?

Pethidine is an opioid drug which is widely used. It is used during labour to reduce pain without loss of consciousness or sense of touch. It is injected into the muscle in your buttock or leg. It is not usually given if birth is expected within 2 to 3 hours due to the possible effect on your baby.

Satisfaction with the pain relief of pethidine

Pethidine provides pain relief. Women who had pethidine were more likely to report satisfaction with their pain relief than those who did not use pethidine.

Support person

What is it?

This is simply having a support person with you who provides a continuous (non-stop) presence during labour and childbirth. You may never have considered the benefit of choosing a good support person, but research suggests that having someone to support you through labour may be very beneficial.

Overall the most benefit from support is when:

- it begins early in labour,
- and is continuous,
- it is by a female who has some experience with childbirth. This may be having had a baby of her own.

Although it is a very common and accepted practice in Australia, there has been virtually no research on the effect of husbands or male partners with women during labour. Therefore the following information is for a female support person.
Need for stronger pain relief

Women who have female continuous support in labour are less likely to have any drugs for pain relief.

Out of 100 women who did not have continuous labour support, 96 used pain relief drugs during their labour.

Out of 100 women who had continuous labour support, 83 used pain relief drugs during their labour.

Negative effects

Gas may make you:
- feel nauseous and you may vomit, about 25% of women describe this,
- feel drowsy.

No effect

Gas does not change your chance of:
- having an instrumental birth,
- having a caesarean section, and
- it does not effect the length of your labour, and
- there is no known effect on your baby.

Summary table of key points - Gas

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NO EFFECT ON</th>
<th>NEGATIVES</th>
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</thead>
<tbody>
<tr>
<td>No known pain relief benefits</td>
<td>Satisfaction with pain relief</td>
<td>Nausea/vomiting</td>
</tr>
<tr>
<td>You can use it yourself</td>
<td>Length of labour</td>
<td>Drowsiness</td>
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<tr>
<td></td>
<td>Chance of instrumental birth</td>
<td></td>
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<tr>
<td></td>
<td>Chance of caesarean section</td>
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<td>Your baby</td>
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</table>

Now go to your notes page and place a mark in the box to show how strongly you are feeling about using gas during labour.
Gas - Nitrous Oxide

What is it?
This is a gas that you breathe in through a facemask or mouthpiece. It is made up of a mixture of nitrous oxide and oxygen. A midwife will teach you how to use it, as the timing is important to receive any pain relief. You will need to breathe it in for every contraction, as it has a very short effect. You can still move around while using it depending on whether you are using a gas bottle or a wall outlet. It can be easily stopped and started at any time throughout your labour and birth, and can be used together with other pain relief options. As you hold the mouth piece yourself you are unlikely to use too much.

Satisfaction with the pain relief of gas
There are no differences in satisfaction with pain relief between women who used gas and those who did not.

Need for stronger pain relief
No studies have measured women’s need for stronger pain relief after using gas.

We do know that of 100 women in NSW in 2002 who used gas during labour, 65 also used pethidine and/or had an epidural.

Instrumental birth
Women who have female continuous support in labour are less likely to have an instrumental vaginal birth.

Out of 100 women who did not have continuous labour support, 22 had an instrumental birth.
Out of 100 women who had continuous labour support, 20 had an instrumental birth.
Caesarean section

Women who have female continuous support in labour are less likely to have a caesarean section\(^3\).

Out of 100 women who did not have continuous labour support, 20 had a caesarean section.

Out of 100 women who had continuous labour support, 18 had a caesarean section.

Drug methods

Gas - nitrous oxide
Pethidine
Epidural
No effect

TENS does not change your chance of):
- being nauseous and/or vomiting,
- being sleepy or drowsy,
- having an instrumental birth,
- having a caesarean section, and
- it does not effect the length of your labour, and
- there are no known effects on the baby.

Summary table of key points - TENS

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NO EFFECT ON</th>
<th>NEGATIVES</th>
</tr>
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<tbody>
<tr>
<td>Less chance of needing stronger</td>
<td>Satisfaction with pain relief</td>
<td>No known negative effects</td>
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<tr>
<td>pain relief</td>
<td>Length of labour</td>
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<td></td>
<td>Chance of instrumental birth</td>
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<td>Chance of caesarean section</td>
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<td>Nausea or vomiting</td>
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<td>Sleepiness/drowsiness</td>
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<td>Your baby</td>
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Benefits

Women who have female continuous support are:
- more likely to report satisfaction and positively rate their childbirth experience,
- less likely to report feeling out of control during labour and childbirth, and
- are more likely to have a normal vaginal birth.

No effect

Having a support person does not change your chances of:
- having artificial oxytocin during labour.

Now go to your notes page and place a mark in the box to show how strongly you are feeling about using TENS during labour.
### Summary table of key points - Support person

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NO EFFECT ON</th>
<th>NEGATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less likely to have any pain relief drugs</td>
<td>Needing artificial oxytocin</td>
<td>No known negative effects</td>
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<tr>
<td>Less chance of instrumental delivery</td>
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<td>Less chance of caesarean section</td>
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<tr>
<td>More likely to have a positive birth experience</td>
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<td>More likely to feel in control</td>
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</tr>
<tr>
<td>More chance of a normal vaginal birth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Need for stronger pain relief

Women who used TENS were less likely than women who used a fake TENS machine to need stronger pain relief\(^{10}\).

#### USED FAKE TENS MACHINE

![Out of 100 women who used a fake TENS machine, 89 needed stronger pain relief.](image)

#### USED TENS

![Out of 100 women who used TENS, 81 needed stronger pain relief.](image)

---

Now go to your notes page and place a mark in the box to show how strongly you are feeling about having a support person with you and who this could be.
Transcutaneous Electrical Nerve Stimulation (TENS)

What is it?

Two pairs of small rubber pads are placed on your back, either side of your spine. These are connected by wires to a small generator that produces electrical pulses. The current is gradually increased by the user until a tingling sensation is felt. During a contraction, the level is increased and then turned down again until the next contraction.

You will need to hire one of these machines from a physiotherapist prior to labour. It is low-priced and with some help (by your support person) it is easy to use and mobile.

TENS is not widely used in Australia for labour analgesia. However if you have read any books from the United Kingdom, you have probably heard of it.

Satisfaction with the pain relief of TENS

There is no strong evidence that women who use TENS are more satisfied with their pain relief\(^\text{10}\).

Being upright during labour

What is it?

Any upright position that a woman feels comfortable in during her labour and birth. The main difference is that you are upright rather than lying on your back or side. It can be any moving or stationary position, and can include walking, sitting, standing, kneeling, rocking, and leaning etc.

Research studies on this method have looked separately at the effect of being upright in the first and second stages of labour, and so we have presented the information for each stage separately.

In the First Stage of Labour

Satisfaction with the pain relief of being upright

There are no research studies on whether women in an upright position were satisfied with the pain relief provided by these upright positions.
**Need for stronger pain relief**

Women who were upright for the first stage of their labour are less likely to have either pethidine and/or an epidural\(^4,5\).

**Positives**

Women who use hypnosis in labour\(^9\),
- increase their chance of having a spontaneous vaginal birth.
- reduce their chance of needing artificial oxytocin.

**Negative effects**

- Increased chance of a longer labour\(^9\).

### Summary table of key points - Hypnosis

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NO EFFECT ON</th>
<th>NEGATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>More satisfied with pain relief</td>
<td>Need for stronger pain relief</td>
<td>Increased chance of longer labour</td>
</tr>
<tr>
<td>Increased chance of spontaneous vaginal birth</td>
<td>Antenatal preparation</td>
<td></td>
</tr>
<tr>
<td>Less likely to need artificial oxytocin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Out of 100 women who were not upright for the first stage of labour, 67 went on to have pethidine and/or an epidural. Out of 100 women who were upright for the first stage of labour, 61 went on to have pethidine and/or an epidural.

**No effect**

Being upright in the first stage makes no difference\(^4,5\):
- on your chances of needing artificial oxytocin (6 studies),
- on your chances of having an instrumental birth (10 studies),
- the length of your labour (4 studies), and
- it does not seem to have any effect on babies’ health (3 studies).

Now go to your notes page and place a mark in the box to show how strongly you are feeling about using hypnosis during labour.
Hypnosis

What is it?
A traditional view of hypnosis is that it is a sleep-like state stimulated by a hypnotist, in which people are responsive to certain suggestions. To use this method you will need antenatal training by a skilled hypnotist. Once you have been trained you should be able to do this without any assistance during your labour.

Satisfaction with the pain relief of hypnosis
One silver study of hypnosis during labour found that women who used hypnosis were more satisfied with their pain relief.

Need for stronger pain relief
Using hypnosis does not make a difference in the amount of other types of pain relief that are used.

IN THE SECOND STAGE OF LABOUR

Satisfaction with the pain relief of being upright
There have been no studies that have measured if women were satisfied while being in an upright position.

Need for stronger pain relief
There are no differences in the use of drugs for pain relief between women who are in an upright position compared to women who are lying down.

Benefits
- Upright women reported less severe pain during the second stage.
- A small reduction in instrumental deliveries.
- A decrease in the rate of episiotomies.

Negative effects
There is a small increase in the chance of
- minor perineal tears, and
- risk of postpartum haemorrhage.

No effect
No differences in the
- rate of caesarean section, or
- serious perineal tears.
### Summary table of key points - Being upright

#### IN THE 1ST STAGE OF LABOUR

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NO EFFECT ON</th>
<th>NEGATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use less analgesia and anaesthesia</td>
<td>Needing artificial oxytocin</td>
<td>No known negative effects</td>
</tr>
<tr>
<td></td>
<td>Length of your labour</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Your baby</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Need for an instrumental delivery</td>
<td></td>
</tr>
</tbody>
</table>

#### IN THE 2nd STAGE OF LABOUR

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NO EFFECT ON</th>
<th>NEGATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less reporting of severe pain</td>
<td>Amount or type of pain relief used</td>
<td>Small increase in non-serious perineal tears</td>
</tr>
<tr>
<td>Less chance of instrumental deliveries</td>
<td>Chance of caesarean section</td>
<td>Increase in post partum haemorrhage</td>
</tr>
<tr>
<td>Less chance of an episiotomy</td>
<td>Serious perineal tears</td>
<td></td>
</tr>
</tbody>
</table>

---

### No effect

Using acupuncture does not change your chance of:
- having an instrumental birth,
- having a longer labour,
- needing artificial oxytocin, or
- having a caesarean section.

### Summary table of key points - Acupuncture

#### BENEFITS

| Less likely to have an epidural |

#### NO EFFECT ON

| Chance of instrumental birth |

#### NEGATIVES

<table>
<thead>
<tr>
<th>Antenatal preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No other known negative effects</td>
</tr>
</tbody>
</table>

| Length of labour |

| Chance of artificial oxytocin |

| Chance of caesarean section |

---

Now go to your notes page and place a mark in the box to show how strongly you are feeling about using acupuncture during labour.
Need for stronger pain relief

Women who used acupuncture were less likely to have an epidural than those who did not.²

Out of 100 women who did not use acupuncture, 43 went on to have an epidural.

Out of 100 women who used acupuncture, 24 went on to have an epidural.

Touch and massage

What is it?

You are touched and massaged by a helper where and when you require it.

Satisfaction with the pain relief of massage

Women who are massaged report,³

• less severe pain,
• less stress,
• less anxiety and
• increased emotional and physical relief.

Need for stronger pain relief

No studies have measured women’s need for stronger pain relief after being massaged.

Benefits

• Being touched and massaged may increase your feelings of being supported, comforted, cared for, reassured, safe, accepted, encouraged and understood.⁷
• It is well liked by women,
• appears to be harmless, and
• is easily stopped if disliked.

Negative effects

No known harms.
**Summary table of key points - Massage**

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NO EFFECT ON</th>
<th>NEGATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less severe pain</td>
<td>Most things</td>
<td>No known negative effects</td>
</tr>
<tr>
<td>Some emotional benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easily stopped</td>
<td></td>
<td></td>
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</tbody>
</table>

**Acupuncture**

**What is it?**

Fine needles are inserted in points around your body by an experienced acupuncturist.

You may need antenatal preparation, and it may require several consultations with the acupuncturist. The time and expense of organising acupuncture will be your responsibility and you will need to check before you go into hospital whether your hospital accepts acupuncturists.

**Satisfaction with the pain relief of acupuncture**

There are no differences in satisfaction with pain relief between women who use acupuncture during labour and those who do not use acupuncture<sup>9</sup>.

---

Now go to your notes page and place a mark in the box to show how strongly you are feeling about using touch and massage during labour.
Aromatherapy

**What is it?**

A few drops of an essential oil from plants and or flowers are placed on a pillow or in massage oil. The smell may not be liked by everyone assisting you during the birth.

There are some oils that are known to be unsafe in pregnancy, so you will need to confirm that you are using safe oils. Your care provider may be able to help you with this.

**Satisfaction with the pain relief of aromatherapy**

Aromatherapy does not seem to make any difference to pain experience\(^9\).

**Need for stronger pain relief**

No studies have measured women’s need for stronger pain relief after using aromatherapy.

**Summary table of key points - Aromatherapy**

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NO EFFECT ON</th>
<th>NEGATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>No known pain relief benefits</td>
<td>Pain relief</td>
<td>No known negative effects</td>
</tr>
</tbody>
</table>

Now go to your notes page and place a mark in the box to show how strongly you are feeling about using aromatherapy during labour.

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**Bath**

**What is it?**

During the first stage of labour, women may use a warm bath for relaxation and pain relief. This does not include water births or showers, which have not been tested.

**Satisfaction with the pain relief of having a bath**

Women who used a bath in the first stage of labour reported less pain than those who did not use a bath\(^8\).

<table>
<thead>
<tr>
<th>DID NOT USE A BATH</th>
<th>USED A BATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>☀ ☀ ☀ ☀ ☀ ☀ ☀ ☀ ☀</td>
<td>☀ ☀ ☀ ☀ ☀ ☀ ☀ ☀ ☀ ☀</td>
</tr>
</tbody>
</table>

Out of 100 women who did not use a bath in the first stage, 90 reported continuing pain.

Out of 100 women who used a bath in the first stage, 68 reported continuing pain.
**Need for stronger pain relief**

Women who use a bath during the first stage of labour are less likely to have an epidural, and this difference was especially true if women used the bath after they had dilated to at least 5cms \(^8\).

### Summary table of key points - Bath

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NO EFFECT ON</th>
<th>NEGATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less reporting of pain</td>
<td>Length of labour</td>
<td>No known negative effects</td>
</tr>
<tr>
<td>Less likely to have an epidural</td>
<td>Chance of instrumental birth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chance of caesarean section</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chance of perineal tear or episiotomy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Your baby</td>
<td></td>
</tr>
</tbody>
</table>

Out of 100 women who did not use a bath in the first stage of labour, 43 had an epidural. Out of 100 women who used a bath in the first stage of labour, 39 had an epidural.

**No effect**

Using a bath does not\(^8\):
- make a difference to the length of your labour (4 studies),
- change your chances of an instrumental vaginal birth (6 studies),
- change your chances of a caesarean section (6 studies),
- change your chances of a perineal tear or episiotomy (3 studies), and
- does not have an impact on the baby (5 studies).

Now go to your notes page and place a mark in the box to show how strongly you are feeling about using a bath during labour.