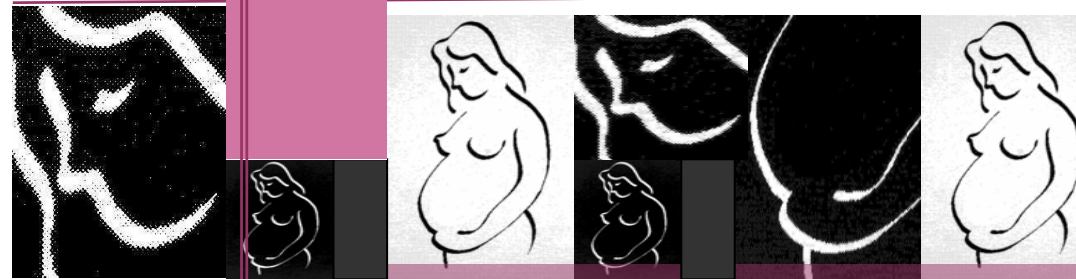




The University of Sydney

# 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**

University of Sydney Australia.  
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## 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.

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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.

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## 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<sup>1</sup>:

- 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<sup>2</sup>, 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

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



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<sup>17</sup>:

- 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<sup>18-14</sup>:

- 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.

Silver



6 studies

## 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.

## 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

Gold



- 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

Silver



- 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

Bronze



## 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.

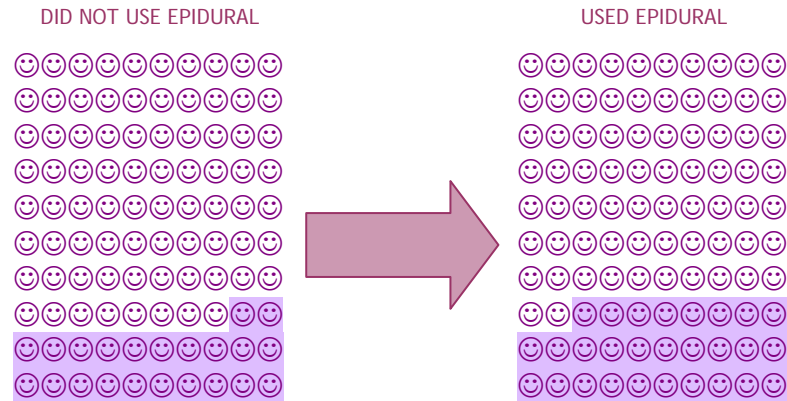
## Instrumental birth

Women who have an epidural are more likely to have an instrumental vaginal birth than women who do not have an epidural<sup>16</sup>.

Gold



6 studies



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.

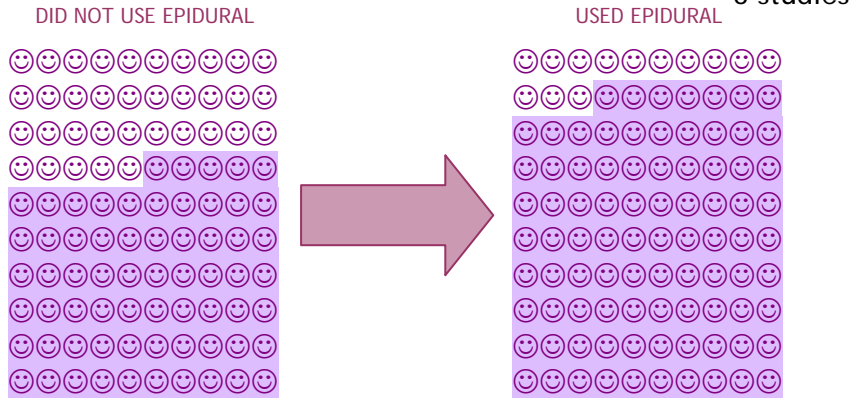
## Satisfaction with the pain relief of epidurals

Gold



6 studies

Most women who have an epidural find that it provides effective pain relief<sup>15</sup>.



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

Out of 100 women who **had** an epidural, **87** 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).

## 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

BENEFITS	NO EFFECT ON	NEGATIVES
Satisfaction with pain relief	Chance of caesarean section	Nausea/vomiting
	Chance of instrumental birth	Sleepiness
	Length of labour	'Loss of control' feeling
	Needing artificial oxytocin	May require stronger analgesia
		Alertness, breathing and feeding problems for the baby



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.

## 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.

## Non-drug methods

Support person

Being upright during labour

Touch and massage

Bath

Aromatherapy

Acupuncture

Hypnosis

Transcutaneous Electrical Nerve Stimulation (TENS)

## *Need for stronger pain relief*

No studies have measured women's need for stronger pain relief after using pethidine.

Silver



1 study

We know that of 100 women in NSW in 2002 who had pethidine, 38 also had an epidural <sup>12</sup>.

## *Negative effects*

Women who use pethidine are more likely to<sup>14</sup>:

- be nauseous and/or vomit,
- feel sleepy or drowsy,
- feel a 'loss of control'.



1 study

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<sup>13</sup>:

- 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<sup>13</sup>.

Gold



1 study

DID NOT USE PETHIDINE



Out of 100 women who did not use pethidine, 17 were satisfied with the pain relief.

USED PETHIDINE



Out of 100 women who used pethidine, 29 were satisfied with the pain relief.

## 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<sup>3</sup>.

Gold



15 studies

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

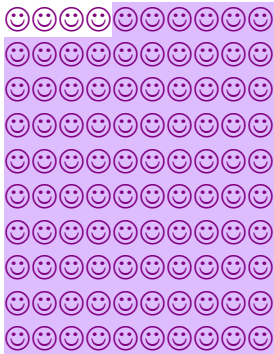
Gold



15 studies

Women who have female continuous support in labour are less likely to have any drugs for pain relief <sup>3</sup>.

NO SUPPORT PERSON



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

WITH SUPPORT PERSON



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



## Negative effects

Gas may make you<sup>11</sup>:

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

Gold



7 studies

## No effect

Gas does not change your chance of<sup>11</sup>:

- 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

BENEFITS	NO EFFECT ON	NEGATIVES
No known pain relief benefits	Satisfaction with pain relief	Nausea/vomiting
You can use it yourself	Length of labour	Drowsiness
	Chance of instrumental birth	
	Chance of caesarean section	
	Your baby	



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.

Gold



7 studies

### 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<sup>11</sup>.

### Need for stronger pain relief

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

Silver



1 study

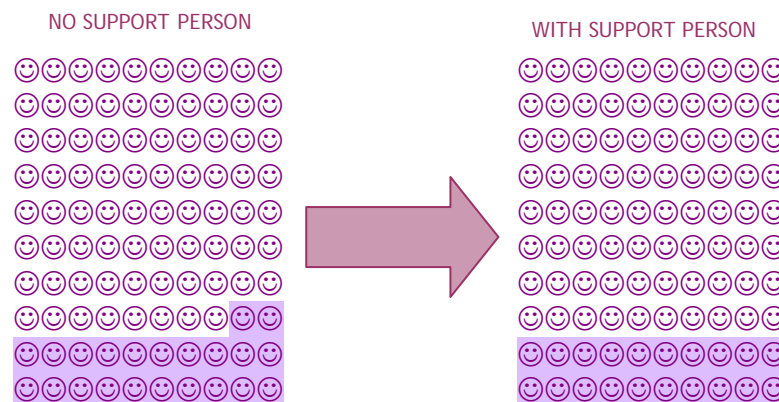
## Instrumental birth

Gold



15 studies

Women who have female continuous support in labour are less likely to have an instrumental vaginal birth<sup>3</sup>.



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<sup>3</sup>.

Gold



15 studies

NO SUPPORT PERSON



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

WITH SUPPORT PERSON



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<sup>10</sup>:

- 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

BENEFITS	NO EFFECT ON	NEGATIVES
Less chance of needing stronger pain relief	Satisfaction with pain relief	No known negative effects
	Length of labour	
	Chance of instrumental birth	
	Chance of caesarean section	
	Nausea or vomiting	
	Sleepiness/drowsiness	
	Your baby	



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.

## 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.

## Summary table of key points - Support person

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



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.

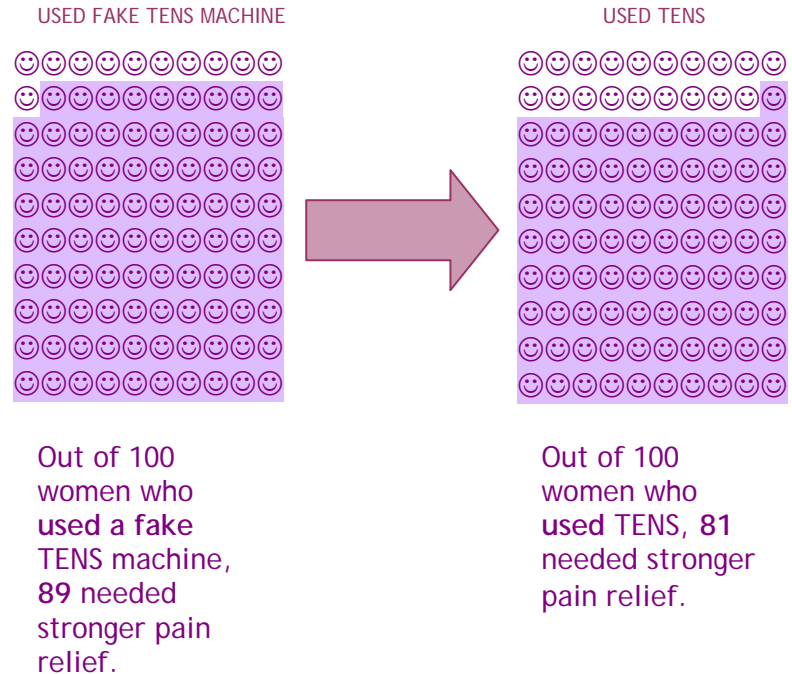
## Need for stronger pain relief

Women who used TENS were less likely than women who used a fake TENS machine to need stronger pain relief<sup>10</sup>.

Gold



8 studies



## 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<sup>10</sup>.

Gold



8 studies

## 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.

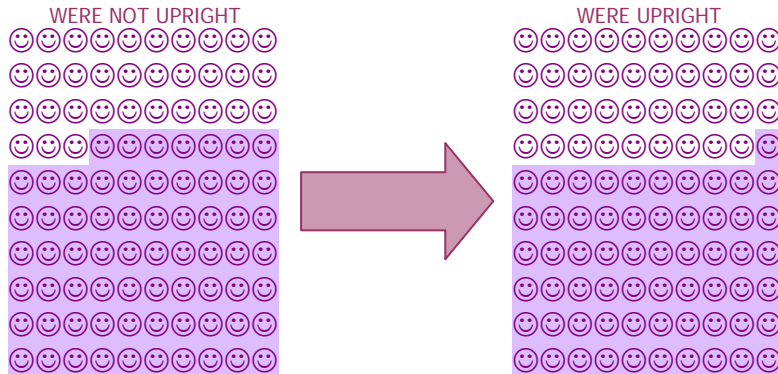
## Need for stronger pain relief

Women who were upright for the first stage of their labour are less likely to have either pethidine and/or an epidural<sup>4, 5</sup>.

Gold



7 studies



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<sup>4, 5</sup>:

- 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).

## Positives

Women who use hypnosis in labour<sup>9</sup>,

- increase their chance of having a spontaneous vaginal birth.
- reduce their chance of needing artificial oxytocin.

## Negative effects

- Increased chance of a longer labour<sup>9</sup>.

## Summary table of key points - Hypnosis

BENEFITS	NO EFFECT ON	NEGATIVES
More satisfied with pain relief	Need for stronger pain relief	Increased chance of longer labour
Increased chance of spontaneous vaginal birth		Antenatal preparation
Less likely to need artificial oxytocin		



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<sup>9</sup>.



## *Need for stronger pain relief*

Using hypnosis does not make a difference in the amount of other types of pain relief that are used<sup>9</sup>.



# 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<sup>6</sup>.



## *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 1<sup>ST</sup> STAGE OF LABOUR

BENEFITS	NO EFFECT ON	NEGATIVES
Use less analgesia and anaesthesia	Needing artificial oxytocin	No known negative effects
	Length of your labour	
	Your baby	
	Need for an instrumental delivery	

### IN THE 2<sup>ND</sup> STAGE OF LABOUR

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



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

## No effect

Using acupuncture does not change your chance of<sup>9</sup>:

- having an instrumental birth,
- having a longer labour,
- needing artificial oxytocin, or
- having a caesarean section.

## Summary table of key points - Acupuncture

BENEFITS	NO EFFECT ON	NEGATIVES
Less likely to have an epidural	Chance of instrumental birth	Antenatal preparation
	Length of labour	No other known negative effects
	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<sup>9</sup>.

Gold



1 study

DID NOT USE ACUPUNCTURE



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

USED ACUPUNCTURE



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<sup>7</sup>,

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

Gold



1 study

### 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<sup>7</sup>.
- It is well liked by women,
- appears to be harmless, and
- is easily stopped if disliked.

Silver



3 studies

### Negative effects

No known harms.

## Summary table of key points - Massage

BENEFITS	NO EFFECT ON	NEGATIVES
Less severe pain	Most things	No known negative effects
Some emotional benefits		
Easily stopped		



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.

## 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>.

Gold



1 study

## 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

Gold



1 study

Aromatherapy does not seem to make any difference to pain experience<sup>9</sup>.

### 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

BENEFITS	NO EFFECT ON	NEGATIVES
No known pain relief benefits	Pain relief	No known negative effects



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.

## 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.

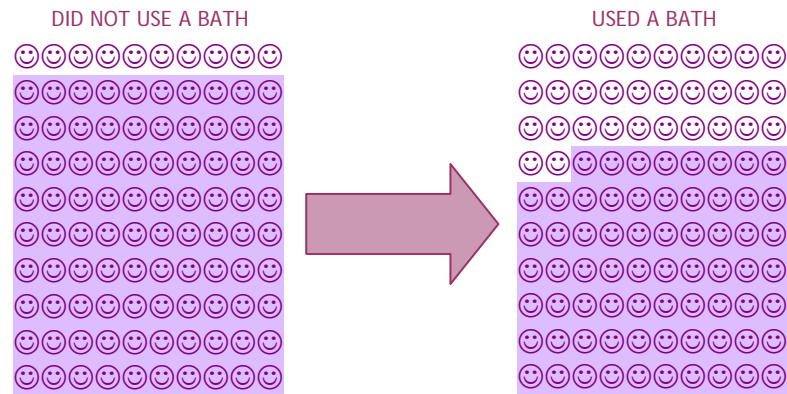
### Satisfaction with the pain relief of having a bath

Gold



1 study

Women who used a bath in the first stage of labour reported less pain than those who did not use a bath<sup>8</sup>.



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<sup>8</sup>.

Gold



1 study

DID NOT USE A BATH

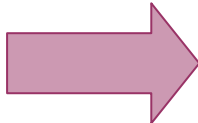


Out of 100 women who **did not use** a bath in the first stage of labour, **43** had an epidural.

USED A BATH



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<sup>8</sup>:

- 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).

## Summary table of key points - Bath

BENEFITS	NO EFFECT ON	NEGATIVES
Less reporting of pain	Length of labour	No known negative effects
Less likely to have an epidural	Chance of instrumental birth	
	Chance of caesarean section	
	Chance of perineal tear or episiotomy	
	Your baby	



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.