



Te Whatu Ora
Health New Zealand

Coping with labour

Labour Pain

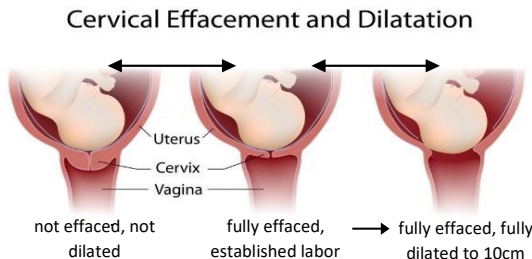
Pain is a normal part of labor and childbirth. The pain wahine experience in labour is caused by contractions of the uterus and the thinning and opening (dilating) of the cervix. No two people will experience or feel the same thing in labour. We all have different pain tolerances and react differently to stress and pain. Dull backache and crampy “period like” pain is commonly experienced in early labour. As your labour progresses these feelings will intensify as your body works to birth your baby.

It is very important that you understand your options and remain flexible on your choices for managing your pain during labor.

Latent Phase – start of labour

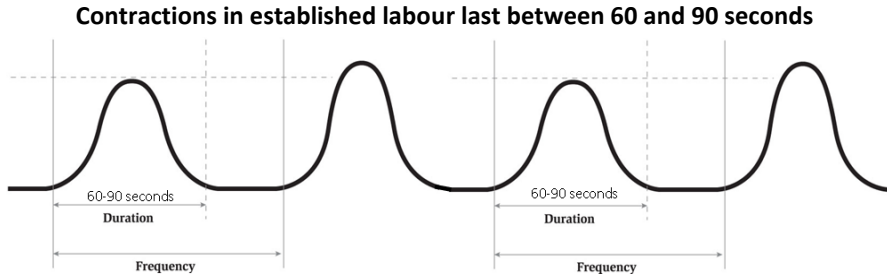
This involves the beginning of uterine contractions that work to thin and open your cervix. It may take as long as a few days or be as short as a few hours. As your labour progresses your contractions will become longer, stronger and more frequent.

If you have been contracting regularly for 20 hours (14hrs if you have had a baby before) and your cervix is not dilating, you are having a “prolonged latent phase.” It happens to about 6% of wahine. Managing long latent labours can be challenging for all involved. Contact your LMC or if you under the care of the hospital contact the delivery suite, and speak to a midwife for further advice as often as you like. Many wahine feel reassured by making contact a number of times to discuss their progress. One of things they will want to check is that your baby is moving regularly.



What to do during a prolonged latent phase

- Stay at home
- Have small meals, and balance rest and exercise
- Contact your LMC or the hospital for advice



Ways of coping with labour

Listen to your body, expect the unexpected, be flexible.

- Choose your support person or persons well, those that know how to support you and your partner and are positive people. Mobile phone calls and texts can be very distracting for you in labor, we encourage you keep this to a minimum for you and your visitors.
- You are welcome to create your own relaxing “home” like environment in your room by bringing along your own pillow, cushion, food, clothes for labor and any other items that you feel will be of use to you. You can also control the brightness of light in each room.
- Ensure you express to your midwife your wishes or your thoughts and we will do everything in our power to assist you. Some people like to write a birth plan.
- Mobilization and change of position is well known to aid labor progress so take the opportunity to walk. Walk the corridors, lean on the walls, use the Swiss ball, lazy boy chairs etc. stay off the bed unless for a short rest.

- Bring in your choice of music and player if that relaxes or calms you, or that special oil to use in massage or your own electric oil burner. If you find massage or acupressure helpful, teach your support people what you like, and involve them actively in your labor.
- Continue to take refreshments and remember to drink small amounts frequently and eat little and often.
- Remain positive! The process of labour can be especially painful for some women but keep focused on the birth of your child. Each labour pain is getting you closer to that finish line. As soon as you hold your baby you will feel a sense of achievement and happiness unlike any other.

Non-Invasive Pain Relief Options

Breathing techniques

Slow deep breathing during labor maximizes the amount of oxygen available to you and your baby. Breathing slowly also helps to keep you and baby calm as well as help you cope with the pain of contractions by distraction. Ask your midwife/ LMC about breathing techniques.

Relaxation techniques

Relaxation techniques, such as yoga and instructed relaxation (progressive muscular relaxation, breathing) can reduce pain intensity. Relaxation can increase overall satisfaction with pain relief and reduce intervention in the birth process.

Massage

Massage can be used for pain relief in pregnancy and labor, and is useful for reducing anxiety and increasing emotional wellbeing. Remember, only massage the shoulders and lower back, not the abdomen. You can ask your midwife which pressure points help with labor pains. Please bring in your favorite massage oil.

Aromatherapy

Aromatherapy is the use of essential oils and may be useful for improving mood and lowering anxiety levels. Please seek professional advice (e.g. local Naturopath or health store) about which oils could be effective in labor, how to use them and bring them with you as we do not supply them. Please note naked flames are not allowed in labour and birthing suite, you will need to bring in an electric aromatherapy burner with you.

Acupuncture and acupressure

Acupressure and acupuncture reduce pain in labour using pressure to specific areas on the body. Acupressure has been shown to reduce the use of drugs for pain relief and reduce interventions in the birth process. Speak to your LMC or a trained practitioner about these techniques.

TENS (transcutaneous Electrical Nerve Stimulation)

TENS machines deliver gentle electrical impulses to the skin through pads that are applied to the back which you can control using a hand-held device. These stimulate the release of endorphins (which are pain relief hormones) and work to block pain messages. These are best used in early labour and whilst at home. Please bring the TENS machine into the birthing suite with you as they are not available here, they can be hired or purchased from most pharmacies or online.

Water

Warm water immersion can have a positive soothing impact by reducing the pain in labor and helping with relaxation. It can also reduce the use of drugs for pain relief. Labouring in water can help you to adopt positions that encourage labour progress. Speak with your LMC about the most effective way to use water for pain relief in labour.

As water is a popular form of pain relief there may not always be a pool available. We have 6 pools and it is advisable to inform the midwife when you phone that you wish to use a pool. Water is not always compatible with other forms of pain relief so check with your midwife/LMC. Every room has its own shower which you are also welcome to use.

Non-invasive pain relief

Hypnosis, Heat packs, Movement, Upright positions, Music, Homeopathy

Entonox

Entonox is a mixture of nitrous oxide and oxygen, which is breathed through a mouth piece with each contraction. It takes up to a minute to work and wears off quickly, so it needs to be used with each contraction. The gas has no known side effects on the baby. Some women find it makes them feel light-headed or sick, these side effects stop rapidly if the woman stops using the gas.

Injections for pain

Morphine

Morphine can be given by a midwife. It is normally given by injection and is intended to make you feel more relaxed and able to cope better with the pain of labor, but does not block pain completely. Morphine can make you feel sick, so is often given with medications to help with this feeling. Morphine crosses the placenta and can make both you and your baby drowsy, so is not usually given within 2 hours of birth.

Remifentanil

Remifentanil is a very short-acting drug like morphine. It is given by a pump which you control. Women tend to prefer remifentanil when compared to morphine and find it more effective. Although it crosses the placenta it is broken down by the baby within minutes so can be used right up to birth. Remifentanil reduces pain less than an epidural and is more complicated to set up, so at Te Toka Tumai, Remifentanil is usually only offered to women who cannot have an epidural for medical reasons.

Epidural

Epidural are commonly used for pain relief in labour and are the most effective drug-based pain relief available. They work by temporarily blocking pain messages from the lower half of the body. Epidurals require more preparation

than other methods of pain relief and take on average half an hour to get you comfortable. A thin plastic tube called an epidural catheter is placed in your back outside the spinal cord and is used to deliver local anesthetic. Sometimes you will control further doses by pushing a button, or your midwife might give you additional top ups to keep you comfortable throughout labor.

As for any medical intervention, there are some potential risks associated with epidural insertion. Serious long term problems are very rare, and on the whole they are considered to be safe.

More commonly, you can experience some degree of leg weakness and numbness, and will be required to remain in bed. You will need to have an IV line placed and a catheter in your bladder, as you may lose the urge to pass urine. Some epidurals don't work completely effectively right away and need some adjusting to achieve the best amount of pain relief. Occasionally an epidural will need to be re-sited. More serious side effects like headaches, nerve injury and infection are extremely rare.

Some studies show that having an epidural may be associated with a greater chance of needing forceps or ventouse for delivery. Epidurals may also make your labor last slightly longer. Many studies have confirmed that epidurals aren't associated with increased rate of caesarean section or long term back pain.

The Anesthetist's at National Women's Health, Te Whatu ora offer a free hour long talk to explain the different options for labor pain relief at 7.30pm twice a month, on Mondays. Please see the following link for dates and more information on how to book:

<http://nationalwomenshealth.adhb.govt.nz/Portals/0/A%20to%20Z/A%20to%20F/E/E%20Epidural%20Talk%20Information.pdf>.

Additional information resources:

Maternity Consumer Council: Pain Relief

maternity.org.nz/pain-relief

Kiwi Families: Pain relief in birth

kiwifamilies.co.nz/articles/pain-relief-in-birth

Australia and New Zealand College of Anesthetist's:
Epidurals – What are the Risks?

anzca.edu.au/getattachment/8d4c8eda-5dd9-44c2-b5dd-bc84cdf8d98a/Epidural-anaesthesia-fact-sheet

Pain management for women in labour: An overview of
systematic reviews 2012, issue 3, Jones L, et al (2012)

pubmed.ncbi.nlm.nih.gov/22419342/





Te Whatu Ora
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