



METHODS OF PAIN RELIEF

ENTONOX

The Facts

- It's made up of 50% oxygen and 50% nitrous oxide.
- You take the gas in either through a rubber mask, which goes over your face, or through a mouthpiece which you put between your lips and which you can grasp with your teeth. You breathe in and out through the mouthpiece.
- The trick is to begin breathing the gas deeply and evenly as soon as you feel a contraction coming. Don't wait until the contraction reaches its peak and is very painful. If you start taking the gas when the contraction starts, it will build up gradually in your blood stream so that by the time the contraction is at its height, you will be getting maximum pain relief.
- You must hold the mouthpiece or mask yourself – when you have had enough, you will start to feel slightly light-headed, your muscles will relax and your hand will drop away from your face. If someone holds the mask for you, you run the risk of taking too much gas.

The Advantages

- You are in control of entonox – you use it as and when you want.
- Its effect are short – lived; in between contractions, the light – headedness will disappear.
- Entonox has no known harmful effects on your baby, in fact, the oxygen part is probably good for him.

The Disadvantages

- Entonox is only a mild pain – killer, it can take the edge off contractions but it won't take the pain away entirely.
- If you use it for a long time, you may find that your mouth becomes very dry. Your labour supporter needs to give you sips of water to drink in between contractions.
- Some women say that Entonox makes them feel sick, in fact, the sickness is probably due to the rubber facemask rather than the gas and you should always ask for a mouthpiece if you don't like the mask.



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TENS

(Transcutaneous Electrical Nerve stimulation)

- Two pairs of self – adhesive electrodes are put on your back, one on either side of your spine. These are connected by wires to a small box with a dial or dials, and a boost button control. The dials control the strength and frequency of the pulses of electricity, which the machine gives out. These pulses block the pain messages being sent to the brain by your uterus and cervix and also stimulate your body to release natural pain – killing substances called endorphins. Research suggests that TENS is most effective for pain relief if you try it out during the last weeks of your pregnancy and then use it from the start of labour and gradually adjust the level of the machine's output to match the increasing strength of contractions. The boost button allows you to obtain maximum output from the machine at the height of difficult contractions.
- You control the TENS and if you don't like it, you can take it off.
- Women who are having their second or subsequent baby often report finding TENS very helpful, first – time mothers may need to supplement it with other forms of pain relief.
- There's no reason to believe TENS does any harm to the baby, but there's no long-term research to prove it is harmless.

PETHIDINE

The Facts

- Pethidine is a drug, which is related to morphine. It tends to make you drowsy and possibly disorientated.
- It is given by injection, generally into your thigh or bottom.
- A standard dose is 100mgs, but it is possible to give less. A smaller dose is appropriate if you are small or lightly built. Pethidine can be given more than once during labour.
- The midwife will not want you to have pethidine if she thinks you are within a few hours of giving birth. This is because pethidine crosses the placenta and will affect your baby most strongly if it has been given shortly before you deliver.

The Advantages

- If a women is extremely tense during her labour, contractions may become



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chaotic and not very good at opening the cervix. Pethidine is useful for helping a women relax so that her uterus finds it rhythm again.

- Some women will tell you that pethidine was marvellous for them because it allowed them to have a much-needed rest during labour and helped them cope with the pain of contractions.

The Disadvantages

- Pethidine not only acts to relieve pain, but also affects your breathing which becomes shallower and slower. Because it crosses the placenta, it may affect the baby's breathing after he is born.
- Some women say that pethidine made them so drowsy that they were not even aware that their baby was being born. Missing the birth in this way can cause a women to be very unhappy about her labour afterwards.
- Some women find that pethidine makes them unaware of the gradual build-up of a contraction, but is not strong enough to carry them over the peak. The result is that they tend to "wake up" at the most painful moment of each contraction.
- Pethidine can make mothers feel very sick and for this reason, it is often given with another drug to help control sickness.

EPIDURALS

The facts

- An epidural is set up by an anaesthetist, if the hospital is busy, you may have to wait until an anaesthetist is available. You can't have an epidural for a home birth.
- The procedure is as follows, first a doctor puts a drip into your arm. This is because as epidural may cause your blood pressure to drop suddenly and the drip means that fluids can be given straight into your blood stream to bring your blood pressure back up again. Next the anaesthetist sprays the bottom of your back with a cold solution to numb the skin. He or she then puts a hollow needle into your back, feeling carefully for the right spot just outside the protective layer, which surround the spinal cord. A narrow tube called a catheter is threaded through the needle and the needle is taken out of your back. The catheter is taped over your shoulder and the anaesthetist injects a pain-killing solution into the top end. You may feel a cold sensation in your back soon afterwards and be asked to lie first on one side then on the other to help the solution spread evenly. Within a few seconds, you start to lose the feeling in your legs and the contractions disappear. The



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epidural can be “topped up” by the midwife when you start to feel the contractions again.

- If you have an epidural during the early part of labour, you may have a tube or catheter put into your bladder so that urine can drain freely into a bag attached to the tube. This is necessary because you cannot tell when you need to go to the toilet and a full bladder will make it more difficult for the baby to be born.

The Advantages

- Epidurals give many women complete relief from labour pain
- They can help a mother feel “in control” of her labour again when she has previously felt out of control because of the intensity of her contractions
- If the mother needs stitches after giving birth, and epidural will provide pain relief while the stitching is carried out.
- If a caesarean section becomes necessary during labour, the epidural can be used as an anaesthetic for the operation rather than the mother needing to have a general anaesthetic. This means that she can be awake when her baby is born.

The Disadvantages

- A significant proportion of women, perhaps as many as 10-15%, does not get complete pain relief from an epidural. Some find that they are numb down one side of the lower part of their body, but not the other. Some women describe “windows of pain” when a small patch on their tummy or back seems not to have been affected by the epidural and they feel their contractions intensely in this one spot
- An epidural may make some women feel very out of control of their labour. Because they have a tube in their back, a drip in their arm and perhaps a catheter in their bladder, and have no sensation of contractions at all, they feel entirely dependent on health professionals to deliver their baby and totally uninvolved in the birth themselves.
- If the epidural is still working in the second stage when the baby is being born, the mother may not be able to push effectively and so runs a higher risk of needing to have her baby delivered by forceps or suction
- Sometimes the epidural needle pierces the covering surrounding the spinal cord and this means that the fluid, which bathes the spinal cord, leaks out slightly. The mother that she has an overpowering headache after the labour, which makes her quite unable to look after her baby. It may then be necessary for a doctor to take some blood from her and inject it into her

birthmatters

AT THE START OF FAMILY LIFE



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back to seal the hole made by the epidural needle

- There is some research to suggest that a number of women suffer from chronic low backache, shoulder ache and tingling of their arms and legs for weeks, months and even years after having an epidural. It is not certain whether these effects are due to the epidural itself or to the fact that the mother tends to remain in one position for the duration of her labour.

DEBRA JONCKERS MARCH1999-03-16

SOURCE;

BEING PREGNANT GIVING BIRTH...MARRY NOLAN