

Antenatal preparation for labour will help you gain confidence in your own ability to give birth. Attending childbirth classes, reading books about the labour process, learning relaxation techniques and having a support person or persons to offer guidance and encouragement are extremely beneficial during your labour.

Studies show that women who labour in the presence of constant support can achieve a greater degree of control and satisfaction, which can strengthen self-esteem and improve the women's experience of labour.

Supportive techniques to assist the labour process and reduce pain include:

Relaxation

The key factors in the perception of pain are tension, anxiety and fear. The more anxious or afraid a woman feels in labour the more likely it is that the discomfort will appear to increase. This may also result in the release of adrenaline that may interfere with the progress of labour. If a woman is calm and relaxed during labour it may reduce the labour pain and increase her own production of endorphins, the body's own natural pain-reducing hormones.

Information on relaxation techniques for use in labour is available through books, childbirth classes, yoga, your midwife and doctor.

5 Key Relaxation Areas to consider are:

- **Sight** – dimmed lights, familiar objects, normalised (non-medical) environment
- **Hearing** – music, comforting words, relaxation tapes
- **Smell** – aromatherapy oils, flowers
- **Taste** – barley sugars, water, peppermints
- **Touch** – massage, hand holding, moving freely and trying a variety of positions.

Movement

The Birthing Suite provides large private rooms in which women can be free to be upright, move around and adopt positions in labour that make them feel more comfortable. These rooms also provide a large deep bath or expansive shower plus other comfort measures to assist women to labour naturally. This includes bean bag, floor mats, birth stool, chair, pillows, and leaning bars to support a variety of comfortable positions.

Moving around and being upright may help speed up your labour. Gravity and the pressure of your baby's head on your cervix can help the dilatation. Many women find walking, rocking and swaying comforting and this may help the baby descend into the pelvis.

Touch and Massage

Many women find some form of massage or touch extremely comforting and helpful during labour. Hand holding, stroking and massaging arms, legs or back help to loosen and relax tense muscles. All have a calming and soothing effect thus reducing anxiety. Some women benefit from manual pressure to their sacrum (lower back) during labour which may help relieve discomfort. None of the massage techniques have been subjected to careful scientific evaluation but they are well received by labouring women.

Water

The use of water in labour may involve relaxing in a large bath or pool and/or standing under a shower.

Some literature suggests that water assists relaxation, anxiety and fatigue. In a recent study women who used the bath reported less pain after immersion and over 80% stated they would use the bath in subsequent labours.

We do not recommend the use of very hot water over several hours during labour as it has been linked to a rise in the baby's temperature and this

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is not good for your baby. In Birthing Suite your midwife will monitor and adjust the temperature of the water to body temperature or lower with the use of a thermometer.

Heat and cold

Many women find that wheat packs or hot packs are very soothing during labour especially if there is back discomfort. A cold flannel around the face and neck between contractions may also be helpful.

Food and water in labour

When in strong labour some women do not wish to eat. It is important to drink water. Have a drink between your contractions. Keeping your body well hydrated during labour is beneficial to you and your baby. It is a good idea to try and pass urine every 1 – 2 hours during your labour.

Acupuncture and Acupressure

Acupuncture consists of the insertion of fine needles along different points on the body. Acupressure has been called 'acupuncture without needles' and involves application of pressure to the traditional acupuncture points. Although no controlled trials have been done there are suggestions that these two methods might provide good pain relief. Speak to your LMC if you wish to arrange this.

Aromatherapy

This refers to the use of essential oils such as lavender, rose etc., which could be administered in a variety of ways. This therapy is claimed to be calming and may also strengthen contractions by relieving stress and tension. No scientific evaluation of these claims has been undertaken. Discuss with your LMC.

Hypnotherapy

This is described as a temporarily altered state of mind. Under hypnosis a person may demonstrate body and mind relaxation, which may help them to concentrate and cope better with the discomfort of the contractions.

In childbirth self-hypnosis is recommended. Learning self-hypnosis in pregnancy may be time

consuming. Some research suggests that there is no risk or side effects with hypnosis, whereas others are more cautious about its use. Discuss with your LMC.

TENS [Transcutaneous electrical nerve stimulation]

The TENS machine is a small battery powered device with 4 electrodes applied to the woman's back and is controlled by a small hand device held by the woman.

This can help reduce the discomfort of contractions by delivering a mild electrical stimulus to your back. These electrical stimuli interrupt the pain signals that travel along the nerve pathways. The electrical stimulation is also thought to stimulate the release of endorphins, an important source of natural pain relief for women in labour. Some studies of TENS in labour show it may be helpful with lower back pain, but little else.

Pharmacological methods of pain relief – Analgesics and Anaesthetic drugs:

Gas or Entonox

This is mixture of nitrous oxide and oxygen and is self-administered by breathing the gas in and out using a mouthpiece or mask. Although the pain relief effect is limited, many women like it as they remain in control. It can make your mouth dry. Frequent sips of water in between use are helpful.

Opioids

Morphine, fentanyl or pethidine are opioid medications available for pain relief during labour.

Morphine is an opioid drug which is given as an injection into your buttock or thigh. Or if you are birthing at Wellington Hospital it can be given via an intravenous line in your arm. The side effects of morphine include nausea and vomiting. Morphine does cross the placenta and can cause your baby to be sleepy.

Pethidine is an opioid drug which is given as an injection into your buttock or thigh. Pethidine can make you less aware of the intensity of the contractions, have a relaxation effect, and you may feel drowsy. The side effects include nausea and

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vomiting. Pethidine also crosses the placenta and may cause the baby not to breathe spontaneously at birth.

A drug called Naloxone can be given to your baby to reduce this effect and stimulate its breathing. Some authorities are also worried that the breakdown products of pethidine may cause side effects in the baby, such as drowsiness, and reduce your baby's sucking reflex. Extra support during breastfeeding for mother and baby may be required in the first few days after birth.

Epidural

This is a local anaesthetic and opioid mix which is given via a thin tube placed in the lower part of your back. In most instances an epidural should be effective in relieving pain in labour although perineal pain may be experienced by some women during the second stage [the birth]. Some studies have shown that epidurals may increase the length of your labour and increase the need for oxytocin to increase the strength of your contractions. It may also increase the need for forceps or ventouse to assist the baby to be born.

There is no evidence to suggest that epidurals make it more likely that you will have a caesarean section.

Common complications may include an increase in maternal temperature, fall in blood pressure with associated nausea and vomiting, localised short-term backache and shivering. With epidural analgesia the feeling to pass urine is commonly removed and a urinary catheter may need to be inserted.

Epidurals may cause an increase in the baby's heart rate if the epidural has been in for some time. Some studies suggest that epidurals can cause a sudden drop in the baby's heart rate which may be due to the lowering of the mother's blood pressure or the epidural medications. Due to the opioid medication some babies may be slightly sleepy following birth.

Some anaesthetics and analgesic drugs used in labour and birth pass through the placenta to your baby. Further information on the benefits and the potential risks of using medications in labour for both mother and baby may be fully discussed with your midwife, doctor or an anaesthetist.