

# The Beautiful Birth Centre Newsletter



A natural choice for you and your baby



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## Issue 1

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### Greetings!

Here you will find NEWS and VIEWS;

- some of it will be facts and stats and references or links to research will be shown
- some of it will be opinion, based on anecdotes and life experience

The Beautiful Birth Centre exists to support Natural Birth in all it's glory, so to read more, to join the debate, and to get information, subscribe by adding your email address to the list.

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## Pain relief in labour

What we want from pain relief options in labour is not only that it diminishes pain, we want to be able to decide when to start it and when it's not useful anymore, and when something else is required. Mostly we want to remain clear headed and mobile.



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If relief is offered that could compromise our health or the baby's health we want to be able to assess the risks and balance that with the reduction of pain. As it is nearly impossible to make an objective judgment when experiencing labour, it's a good idea to think it through beforehand.

### Pain relief toolbox:

Category One	Category two	Category Three
Loving environment	Birth ball	Pethidine
Dancing, walking	Aromatherapy oils	Diazepam
Candlelight	Massage	Epidural
Music	Tens machine	General Aneasthetic

Calm supportive friends	Yoga	
Positive visualisation	Acupuncture / shiatsu / reflexology / homeopathy	
	Birth pool	
	Gas and air	
	Paracetamol	

In the first category are the tools that everyone can try. Of course we can add other things or take out tools which we know won't work for us. For instance some women want lots of friends with them, others want nobody; the important thing is to find out what tools are right for you.

In the second category are the gadgets and techniques. There are undoubtedly others I haven't thought of. Investigate everything and see if it works for you, if it does, put it in the tool box.

Plan to get as much use out of the category one and two tools as possible, because none of those limit any further options.

Pharmaceutical pain relief is worth thinking about carefully.

Gas and air is nitrous oxide, or Entonox. It is inhaled during contractions and has a mild intoxicating effect. It lasts only while it's inhaled and can help women to cope by focusing on the breathing, although it can cause nausea and dizziness. It is brought by the midwife to home births in gas canisters and in hospital it flows directly from a wall supply. Because of the need to inhale through the mouth, there is a need to drink plenty of fluid, which in turn leads to a need to empty the bladder frequently. As labour progresses to the second stage, the normal urge to urinate may not be felt, and it is sometimes necessary to remind the labouring woman to pass water, as a full bladder at this time can create problems.

Pethidine, diamorphine, bupivocaine and fentanyl (the last two are used in epidurals) are opiates and have strong anaesthetic properties. They work very quickly after being given and can be useful for that reason. They also affect the respiratory system, can cross the placental barrier, need to be administered either by hyperdermic syringe or through a small tube placed in the back of the hand (or between the vertebrae in the spine, in the case of epidural). Some women do not respond to pethidine.

Side effects in mothers include sedation and confusion, depression of respiratory system, lowering blood pressure, nausea, slowing down the digestive system.

Babies born very soon after the administration of pethidine may be unresponsive, floppy, show low apgars. (Apgar scores are the system used to assess the physical condition of the newborn at birth) They may not respond well to the breast and can have trouble establishing breast feeding. There is concern that the use of opiates in labour may contribute to narcotic addiction in adult life.

Tranquillisers such as Diazepam may be offered to calm anxious women, most often during early labour. They can be given to stop nausea and vomiting and to increase the effect of other pharmacological pain relief. This drug can cause changes in the baby's heart rate pattern.

Epidural and General Anaesthesia need specialist equipment and skills. The attendance of an anaesthetist is required in both. The popularity of epidurals is partly because a higher degree of pain relief is obtained using a smaller quantity of opiate, decreasing the opioid side effects. However, the reduction in sensation also means that a catheter is usually inserted into the bladder to avoid urine retention. In addition,

the baby's heart must be constantly monitored and so the mother has cardiotocograph (CTG) receivers strapped to her abdomen, generally restricting mobility which slows labour down and contributes to an increased risk of needing instrumental i.e. ventouse or forceps help deliver the baby.

Known side effects of epidural anaesthesia include low blood pressure, high maternal temperature, itching, retention of urine and increased likelihood of instrumental delivery.

General anaesthetic is only used for emergency procedures as the risks are considerably higher.

The use of these types of pain relief necessitates increased monitoring and observation, reduced mobility, greater availability of staff and procedures to assist if side effects become overwhelming, therefore their administration is limited to delivery suites in hospital (Although it is possible to administer pethidine and Entonox at home births) and is accompanied by strict regulations of behaviour. It is not advisable, for instance to use a birthing pool after an epidural has worn off because of the risk that residual effects of the drug could cause a woman to faint in the pool.

However there are certainly occasions when the use of drugs allows the woman to proceed with the best possible options, for instance in managing extreme distress. At this point it may be useful to question whether a woman who has received pharmacological pain relief can be considered to be able to make informed decisions about her care. As with many obstetric interventions, pharmacological pain relief can be the difference between a difficult outcome and a traumatic one, and it has its place in the toolbox. Problems arise when the big guns of medical intervention are used as a routine instead of "when all else fails" strategy.

Here is an analogy; labour is a journey of perhaps 20-25 miles distance from home in bed at the start of the journey to home in bed with healthy new baby at the end of the journey.

The distance is longer than a Sunday stroll, yet not so long it can't be undertaken with good preparation and support. It is an unfamiliar landscape with the possibility of obstacles and hazards on the way.

How will you make the journey?

<p><b>Walk</b> You are well prepared, have supportive friends, can eat drink and rest at your will and can choose the speed and direction of the walk.</p>	<p><b>Home Birth</b> No external aids other than food, drink, good company etc. You have knowledge of your body and are pacing yourself.</p>
<p><b>Bicycle</b> Still in charge, although the route might be dictated by the mode of transport. You may get there faster, the easy bits are easier.</p>	<p><b>"Low tech aids"</b> Birthing pool, TENS machine, gas and air etc. Using as many of the category one and two tools as possible, you can cover a lot of distance.</p>
<p><b>Motorised</b> The moment you get motorised, your control is given over to the machine. The car might not work, you might have to wait for a driver You might have to travel a far greater distance to get to the destination if the road doesn't go direct. It might take you to another destination altogether.</p>	<p><b>Medicalised</b> This mode of transport requires a greater amount of autonomy to be relinquished. Once you choose this method, you cannot go back to walking or bicycling. Although it may seem faster, (less painful) it may in fact take longer.</p>

Medical pain relief offers more complete pain blocking than other forms, however the cost is loss of autonomy, reduced options and more severe side effects.

Each time the journey is made, the traveller makes her own assessment of her expectations and capabilities and brings her toolbox along.

For more information on pain relief options in labour see [www.infochoice.org](http://www.infochoice.org).

**Gentle Water Birthing Pools are available for hire from**

**The Beautiful Birth Centre  
4 The Broadway  
Whitehawk Road  
Brighton,  
BN2 5NF.**

**Tel: 44(0)1273 622001**

For advice and support on booking a home birth email [imogen@gentlewater.co.uk](mailto:imogen@gentlewater.co.uk)