



Sydney
Local Health District



Royal Prince Alfred
Hospital

Pain relief options in labour and birth



Your options for pain management

As your due date draws closer, it's time to put some plans in place to support you through labour and birth.

Carefully considering your pain management options can help you plan ahead. Exploring your options and discussing them with your medical team and partner can reduce anxiety and help you mentally prepare for the experience of delivering your baby.

Everyone experiences pain differently. In this brochure, you'll find an overview of pain management options, so you can make choices based on your preferences and circumstance and communicate those choices with your maternity care team.

We look forward to supporting you and your baby and are here to talk through your options when you feel ready.

Delivery by vaginal birth

Coping strategies in labour

These are options which don't involve taking medications but may help you to manage your discomfort during labour contractions and birth.

- Relaxation and breathing techniques are encouraged
- Hot water immersion either via the shower or bath may be an option
- Sterile water injections may be offered by your midwife and involve several small injections of water underneath the skin of your lower back
- TENS (Transcutaneous Electrical Nerve Stimulation) machine applied to your lower back (device NOT supplied)
- Music of your choosing may be played (please bring your own speaker)

Medication-based pain relief

Subcutaneous Opioid

- These may include Morphine or Fentanyl and may be given at the onset of labour.
- A fine needle is used to give the medication under your skin (typically thigh or upper arm). The effects may last for up to 4 hours.
- Side effects can include: nausea and itch.
- Morphine will not be given within 4 hours of your birth.

Nitrous Oxide Gas

- Nitrous oxide (also sometimes called 'laughing gas') is available on the delivery ward during labour and birth.
- It involves breathing in gas via a special mouthpiece at the onset of a contraction. The effect lasts for several minutes.
- Side effects can include: light headedness and feeling nauseous or vomiting.

Remifentanyl PCA

- This is an alternative to an epidural where you are provided with a push button system (PCA), which is pressed at the onset of a contraction. A small dose of a fast-acting medicine is administered via a pump attached to your "drip" and lasts for a significant portion of your contraction. It then wears off and you can push the button again at the start of the next contraction.
- Remifentanyl PCA may be offered to you **if an epidural cannot be used** (possibly because it is considered unsafe to do so if there is a risk of bleeding, sepsis or a history of spinal surgery over the area the epidural will be inserted) or **an epidural has been attempted** but failed to work adequately.
- It can be an option for women who are nearing birth, or progressing rapidly without an epidural and wish to have some pain relief to help them for the late stages of labour.
- It is not an option for early labour or as a bridge to an epidural as its effectiveness will decrease over time.
- Side effects can include light headedness, drowsiness, nausea or vomiting. Very rarely it can affect your breathing, if this occurs you will be given oxygen via nasal prongs. You may continue to use Nitrous Oxide Gas at the same time for additional pain relief.

Everyone having a baby at RPA will have access to a variety of different pain management options for labour and birth. We will work closely with you to understand your wishes and provide the support you need, while keeping you and your baby safe

Epidural

- Insertion of an epidural is performed by an anaesthetist once you are in established labour. Prior to insertion they will discuss your medical history, check your blood tests and gain your consent. A drip will be inserted in your vein and fluids commenced.
- A history of back pain or disc problems will not preclude you from having an epidural. If you are on blood thinners or have problems which make you more prone to bleeding this will need to be discussed with the anaesthetist.
- The procedure takes 20 - 30 minutes, for which you will be seated upright on the edge of your bed or lying on your side.
- After local anaesthetic, a needle is used to place a small shaped plastic tube into your back. The needle is removed and the tubing is secured until after the delivery of your baby.
- Pain and numbing medication is placed down the tube. Over 15 minutes the pain of your contractions will lessen. You will still be able to feel your contractions, including pressure, however sharp pain should be absent.
- In some people epidural insertion may be more difficult (such as higher body weight or major back rotation), or sometimes impossible (previous back surgery). Ultrasound or different positions may be used to increase success of insertion. If an attempt at an epidural does fail, other options for pain relief will still be available for you.
- After insertion, an infusion is connected, which automatically continues the flow of medication, and a button is given to you which can be pushed should you feel you need extra.
- Once more comfortable, a catheter is placed in your bladder and will remain until after birth. Continuous monitoring of your baby (CTG) and your vital signs will be required.
- Side effects of epidurals can include; nausea, itch, temporary leg weakness and bladder dysfunction.
- Risks of epidurals are rare but can include inadequate pain relief, prolonged second stage labour, headache. The risk of bleeding/infection in the epidural space or permanent nerve damage is extremely rare (1:200,000).
- There is no increased risk of needing a caesarean with an epidural.



Delivery by caesarean section

Prior to your caesarean

Blood tests

- You will attend pathology (Level 5 RPA) to have blood tests and your blood type taken for storage. This will usually be the day prior if you are booked during the week, or Friday if booked for Monday.

On the day of surgery

- You will attend the hospital day surgery unit at the time advised. You will be checked in, your details taken and dressed in a hospital gown.
- You are encouraged to have a support person with you during your caesarean.
- Your support person will be dressed in theatre clothes.
- We encourage you to bring a phone or camera into the operating theatre to take photos of your baby once they are born. No videos are allowed.

Fasting instructions (Sip Til Send)

You will need to fast from solid food starting at midnight the night before surgery.

After midnight, until your **instructed arrival time** to hospital, clear fluids are encouraged.

Please do not eat any food prior to surgery. Only clear fluids without pulp, cloud, fiber, starch, protein, fat or thickener.

Sipping up to 150mL (or roughly one cup) of clear fluids every hour is safe before surgery.

You can drink one cup of clear liquids every hour.

Every hour you can drink a cup of:

- Water
- Coffee (no milk)
- Tea (no milk)
- Clear juice (not cloudy/pulp/fiber)
- Cordial

Do not drink:

- Dairy and non-daily milk
- Broths
- Cloudy juice or with pulp
- Alcohol
- Protein drinks
- Fizzy/carbonated drinks (such as lemonade, coca-cola, Red Bull)

Any questions? Please talk to your midwife.

Failure to adhere to these instructions will result in postponement of surgery

The anaesthetic

- The role of the anaesthetic team is to ensure you experience no sharp pain or discomfort during your caesarean. They work closely with the obstetric team to keep you comfortable and safe.
- Standard anaesthesia is via a spinal anaesthetic. This is where a very fine needle is placed between the bones in your lower back to administer a numbing medication and pain killer into your spinal fluid. Morphine may be added to this injection to help with pain relief in the first 24 hours after your surgery.
- The medication is very powerful and works quickly to make you feel numb up to your chest and make your legs feel heavy. The effectiveness of the local anaesthetic will be confirmed with ice cubes on your skin and other specialist equipment before surgery commences.
- The benefits of a spinal anaesthesia is that it allows you to be awake during your caesarean which allows immediate bonding with your child. It also avoids a general anaesthetic which has small risks associated with it.
- Side effects can include shivering, feeling nauseous, itch, light headedness, weakness in legs/feet and loss of bladder function. You will have a catheter placed in your bladder until at least the following day.
- The spinal anaesthetic will wear off a few hours after the surgery. You won't be allowed to get up and walk until it has worn off.
- The risks of a spinal are very low but can include headache, bleeding, infection or damage to nerves.

General anaesthesia and caesarean

- Although spinal anaesthesia is the standard method used for caesarean, there are several reasons why a General Anaesthetic (GA) may be used.
- Some birthing people prefer to be asleep during their caesarean, if this is your overwhelming preference, it will be accommodated.
- In occasional cases a spinal anaesthetic may not work well enough to proceed with a caesarean section or may stop working during the surgery. Surgery will not continue until the anaesthetic team is certain you will not experience pain. If possible the injection in your back may be repeated. If the surgery is already underway the anaesthetic team will safely drift you off to sleep and wake you up as soon as the surgery is over.
- If a conversion to GA is required your support person will be asked to wait outside and will stay with your baby until you are awake.

The emergency caesarean

In some cases during labour it may be deemed that a vaginal birth is no longer safe and a caesarean is required to deliver your baby. If you already have an epidural catheter in place this may be used to administer stronger medication to ensure you are comfortable for the procedure.

If you don't have an epidural in and there is time, a spinal anaesthetic may be performed.

In some circumstances if more urgent delivery is required a general anaesthetic may instead be used.



The operating theatre

- The operating theatre consists of two rooms: an anaesthetic bay, and the operating theatre.
- You will be placed in a hospital bed and wheeled into the anaesthetic bay. Here you will meet your care team consisting of the theatre midwife, anaesthetist, anaesthetic nurse, obstetrician and surgical team.
- Your anaesthetist will take a history and examine you to discuss any key issues that may be relevant for your anaesthetic and surgery.
- A drip will be placed by your anaesthetist, this is so fluids, antibiotics and other important medications can be administered during your caesarean. You will be wheeled into the operating theatre and moved onto the operating table.
- Once your anaesthetic is administered (see following page), sterile cleaning wash and drapes will be applied to your abdomen. You (and your support person) will not be able to see the surgery as it occurs, however when your baby is born the drapes may be lowered so you can see your baby.



Post-birth pain relief

- Following the birth of your baby, pain relief will be charted for you to take on the ward regularly and/or as needed.
- Pain relief will consist of a combination of paracetamol, anti-inflammatories and stronger pain tablets, tailored to your needs and tolerance.
- Our aim is to have you feel comfortable enough to sleep, mobilise and care for your baby. There is no evidence that the pain relief available to you will have any harmful effects on your baby even if used while breastfeeding. However, our lactation consultants will be available to assist with any specific concerns or queries you have regarding establishing feeding post-birth.
- If you received an epidural during labour or had a caesarean procedure, the anaesthetic team will follow up with you the day after birth.



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