



Labour And Pain Relief

Antenatal & Postnatal

Health Education

for mothers and fathers

HMG-Dubai

The Maternity Team



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Thank you
The Maternity Team



Labour and pain relief

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Comfort measures for Labour and Birth

There is a variety of comfort measures that can be used to relieve the normal pain of labour and birth, and these should be started at home in early labour and continued at the hospital during later stages.

Hands-on Touch

This can range from simply holding hands to deep massage or counter pressure against your back during contractions. Some women like a leg, foot or hand massage. Be sure to tell the person who's touching you what feels good and what doesn't.

Heat and Cold

Heat and cold packs help relieve discomfort. Heat is especially good for achy pains and can help relax muscles. Cold can numb a painful area, such as a sore back.

Bath and Shower

The buoyancy of the water helps relieve some of the pain of the contractions and the warmth relieves tension. The warmth and relaxation may also help your labor to progress. There are chairs in the shower to sit on.

Breathing

Breathing can be very effective in helping you work with the pain of labour as it increases. In general, the more you can use slow, deep breaths with your contractions, the more relaxed you will be and the more oxygen will get to your body and the baby's.

Positioning

Certain positions can actually reduce the pain you feel, depending on where you are in the labour process and the position of the baby at that time. Babies need to go through a complex series of movements as they make their way down the birthing canal. When the mother is more active and using upright positions, this process is easier. Standing, walking, sitting and squatting are some of the upright positions to consider. When you need to rest, lying on your side is another great choice. Some women find that leaning forward and even being on your hands and knees can help significantly if you are experiencing back pain with your contractions.

Birthing Ball

A birthing ball is a large rubber ball, similar to those used for physical therapy and exercise. Leaning or sitting on the ball can decrease the discomfort of contractions and relieve the pain of back labour. Birth balls are available for use during your labour.

GOOD TO KNOW

Environment

"Setting the mood" can help you feel more comfortable and at ease. This might include playing soft relaxing music, keeping the lights on dim, and having your support people stay focused on your needs.



Entonox

You breathe Entonox through a mask; It is quick to act and also wears off quickly. It may make you feel light-headed but it will not harm your baby. Used at any time of labour, it will not take the pain away completely but it will help. You can control the amount of gas you use, but timing is important. You should start breathing the gas as soon as you feel a contraction coming on so that you will get the full effect when the pain is at the worst. You should not use it between contractions or for long periods as this can make you feel dizzy and tingly.

Analgesia and Anesthesia for Labour and Delivery

The Anesthesia Department provides 24/7 anesthesia care for women in labour. Discussed below is some of the various pain relief methods and their benefits, as well as some of the possible limitations and side effects.

Analgesia	
Analgesia	pain relief without loss of sensation or consciousness
Analgesic medications	usually narcotics, which lessen the sensation of pain and allow the mother to rest between contractions
How administered	By intramuscular (IM) injection or intravenously (IV)
Best time	Analgesic medications work especially well during the early stages of labour
Possible side effects	Drowsiness and nausea
Pros	In long labors, these drugs can help you rest before the transition phase.
Cons	High or repeated dose may cause heavy sedation of both you and your baby, and occasionally slow down the baby's breathing. This effect can be reversed with other medication, if necessary.

Anesthesia numbs part or all of the body. There are several types of anesthesia.

Epidural Block	
Epidural Block	An epidural block numbs the lower half of the body, easing the pain of contractions and vaginal pain as the baby moves down the birth canal. An epidural administered for labour uses low concentrations medication, so that the mother is usually still able to move her legs and to feel the sensation of touch or pressure.
How administered	A flexible tube (catheter) is passed into the epidural space through a needle and then the needle is removed. Local anesthetics and/or narcotics are given through this catheter in small amounts. While some effect may be noticed in as little as five minutes, it often requires 15 to 20 minutes to achieve the full benefit. The catheter is taped to the mother's back, allowing her to assume any comfortable position.
Best time	In active labour, when the mother is having frequent strong contractions
Possible side effects	It is quite common to develop mild itching over the chest and abdomen; this is easily treated if it becomes a problem. An infrequent side effect is a decrease in blood pressure. If necessary, this can be treated with IV fluids or medicine that is safe for you and your baby. On rare occasions, a spinal headache may occur which is easily treated.
Pros	Amount and type of medication can be adjusted to meet individual pain relief needs. Does not make mother sleepy and has not been found to be harmful to babies in amounts commonly given
Cons	May interfere with ability to push if the abdominal muscles are relaxed or the mother cannot feel the pressure of the baby moving down the birth canal. The medication may need to be adjusted or temporarily discontinued, so the mother is able to push the baby out at delivery

Spinal block	
Spinal block	This is a quick-acting form of anesthesia that numbs most or all sensation in the lower two thirds of the body. It is commonly used for cesarean births, particularly when an epidural catheter has not already been inserted. Most patients cannot move their legs for two to three hours after a spinal block
How administered	Local anesthetic is injected to numb the skin and a small spinal needle is passed into the sac containing the spinal fluid; a local anesthetic and a narcotic are injected. Pain relief is rapid, and lasts up to three hours.
Best time	Before a cesarean section
Possible side effects	As with the epidural, it is common to develop mild itching over the chest and abdomen; this is easily treated if it becomes a problem. Nausea and vomiting sometimes occur. Low blood pressure and headache are infrequent and usually easily treated
Pros	Rapid pain relief
Cons	Prevents pushing. Also, if labour and delivery lasts longer than two hours, another form of anesthesia may be required. For this reason, Spinal block is often combined with an epidural.

General Anesthesia	
General Anesthesia	General Anesthetics are medicines that cause rapid loss of consciousness. General anesthesia is used only under certain complicated situations and rarely for vaginal delivery
How administered	Intravenous (IV) medications or inhalation of gases
Best time	Just before delivery
Possible side effect	Nausea, vomiting, drop in blood pressure, breathing problems
Pros	Rapid effect; most useful for situations requiring immediate delivery.
Cons	Mother misses the birth; baby receives some of the medication, causing drowsiness



LABOUR POSITIONS (first stage)

YOUR CHOICE

How you give birth is up to you. Though pictures in books and on television seem to show women lying on their backs, it does not mean that it is the right way for you.

Whatever thoughts you may have now about how you would like to labour and give birth, you should be flexible.

You may well want to change position lots of times. If you get tired and want to lie down for a while, you could try propping yourself up with pillows or lying on your side.

Avoid lying flat on your back as this reduces the blood flow to your baby.

Resting



Side-lying. Try placing pillows between your knees for comfort



Semi-sitting, in bed, on a couch, or leaning against your partner with his arms around you.



Sitting with one foot up. Asymmetrical positions help enlarge the pelvis on one side, and change the shape of the pelvis, which helps the baby find the best position.

Rocking, rhythmic motion

During labour you may feel better using a rocking and swaying motion.



Rocking Chair



Sway on ball



Slow dancing



Dance with belly lift

Activity

Walking, climbing stairs, lunging. Activity helps baby to descend and helps baby to rotate into position for birth. In early labour, be active occasionally, but don't exhaust yourself by walking all through early labour. Walking is more effective in active labour and when baby has descended far enough in the pelvis to put pressure on the cervix and encourage the cervix to open



Lunge



Stair climbing



Tailor stretching

Positions for back labour

(when there is back pain, irregular contractions, or when labour is progressing slowly)

Many women, especially those with back labour, find it most relaxing to lean forward during contractions as this takes the weight of your baby off your back.



Straddle a chair (or the toilet), and rest your arms and head on the back



Leaning against a wall, or your partner, or leaning over a table you can sway



Raise the head of a hospital bed, then kneel on bed with arms resting on top of bed

Hands and knees/kneeling

Can relieve back pain, helps a back-to-back (posterior) baby rotate, allows easy access for backrubs/counter pressure massage, makes it possible to sway side to side, rock back and forth, or do pelvic tilts to aid rotation and increase comfort. Having knee pads or kneeling on something soft will help knees. You can rest your upper body on pillows, a chair, or birth ball.



Hands and knees



By a chair



Over birth ball



Knee-chest

LABOUR POSITIONS (second stage)

Standard positions: These can be used by anyone, even with an epidural

Kneeling positions: these may be possible with a very light epidural. You can ask your midwife if it would be possible to try these positions, but you will require help getting into these positions if you have a drip or are connected to monitor wires etc. Once you are in these positions, you would need to be well supported.

Standing positions / squatting: these will not be possible if you have had an epidural, because with an epidural you typically cannot get up out of bed.

Semi-sitting. With pillows underneath knees, arms, and back. During contractions you can wrap your hands around your knees and pull knees up toward shoulders (as in squatting). This is most common in the hospital setting. Benefits for midwives: good view of perineum, easy access to perineum.





Lateral/side-lying. Back curved, upper leg supported by partner. Gravity neutral, good for fast second stage. May be a more comfortable position



Kneeling. Hands on the bed, and knees comfortably apart. Or one knee up. Good for reducing tears and the need for an episiotomy. May feel more restful.



Hands and knees. Arch your back occasionally for increased comfort. Great for big babies, posterior babies. Many find this most comfortable.



Sitting. On the toilet, on a chair, or partner's lap. Opens pelvis, gravity enhancing, natural pushing position



Squatting / supported squat. Opens pelvis, gravity enhancing, and sense of control. During squatting, the average pelvic outlet is 28% greater than in the supine/lying flat position. Stand, or sit back to relax in between contractions



Dangle. Gravity, no external pressure on perineum/pelvis. Will need to feel well-supported, but can be very tiring for birth partner



Frequently Asked Questions: Labour & Delivery Unit

Do I need an IV (Intravenous Infusion)?

An IV is used for the purpose of providing adequate fluids during labour, to give medication for augmenting the labour or other medications if needed.

Will I be able to eat and drink during my labor?

In early labour, you may eat and drink, but once you are in active labour you may be limited to sips of water only.

Can I walk around in labour?

We encourage walking as much as possible during early labour. Once you are in active labour, you decide how much you want to be up and moving. We have mobile fetal monitors available.

It is not possible to walk around if you have an epidural for pain relief.

Do I have to be on a fetal monitor during labour?

Yes, our staff will monitor your baby frequently to make sure everything is going well.

Can I labour in the shower?

Yes. Depending on what stage you are.

How many people can be in the labour room with me?

We allow 2 support people to be with you in the room, but it is negotiable

Can they stay for delivery?

Yes, if you want

Can my other child/children visit me in the labour unit and attend the delivery.

No, we need to make sure that our professional staff can do their job without unnecessary distraction. We strive to reduce the risk of infection to you and your newborn baby.

Will I be able to hold my baby right after birth?

Our goal is for you and your baby to be together as soon as possible after birth. Provided both are well, your baby will be given directly to you to hold skin-to-skin, with a blanket over both of you to maintain warmth. We practice delayed cord clamping for up to 2 min. Please discuss this with your OBGYN before your delivery.

Spending time quietly holding your baby in close contact gives you and opportunity to bond, and helps gets breastfeeding off to a good start. You and your baby will spend one or two hours in the Labour and Delivery Unit before you will be moved to the 3rd floor for postpartum care

Our NICU team will be in attendance in the room to quickly assess your baby.

If I give birth by cesarean section, where will I go?

If you are having an elective cesarean section, you will be admitted to your room on the 3rd floor (Postnatal ward). When your booked time comes, we will move you to the Labour and Delivery OR on the 2nd floor. You will stay in the recovery room with your baby until you are ready to be moved back your room.

How many people can come with me?

We allow one person to accompany you into OR, usually husband. If your husband is unable to go into OR with you, please discuss alternative person with your doctor. You may take pictures of the baby once it is born, but please do not take any pictures during procedure itself.

If I have a cesarean delivery, will my baby stay with me the entire time?

When possible, babies are placed in skin-to-skin contact with their mothers in the OR following delivery. If this is not possible, we do skin-to-skin with the dads.

When you are taken to the recovery room, your baby will remain with you to continue bonding. If you are breastfeeding, it is preferable that your baby starts to nurse as soon as possible. The length of time spent in the recovery room will depend on the condition.



Frequently Asked Questions: Postnatal Ward

Where do I go after delivery?

You and your baby will be transferred to your allocated room in the 3rd floor of our hospital and the nursery approximately 2 hours after birth.

We do provide facilities for one support person to stay

We do have a nursery facility available, should you need this. We do encourage rooming in for all our babies

What type of rooms do we have available in the Postnatal ward?

We have private and VIP rooms

Is it possible to reserve a private room/VIP?

The nature of labour is unpredictable, so it will not always be possible to reserve a specific room. If you are requesting a specific room, please make our OB-coordinator aware, so that she keep us informed, and we will do our best to fulfill your request.

What are the visiting hours?

Our visiting hours are from 10am-10pm. We ask that visitors take into consideration other patients in the ward and also take into account that new moms and babies need to rest as much as possible.

Will I be seen by my doctor in the hospital?

Yes, your doctor will see you each day. You will also see our specialist who are on duty 24hours in the hospital.

Do you have beds available for my support person?

Yes we do and available on request

Do you allow decorations in the rooms?

Yes, we do, provided that no damage is done to the structure of the room, walls or doors. For out of room displays we will make sure that any corridors are not blocked

Do you allow food from outside?

We would prefer our patients to have their meals provided for by the hospital. Should you order food from outside, you are responsible for safe storage and discarding

Frequently Asked Questions: The Care of Your Baby

What does skin-to-skin mean, and why is it important?

There are many benefits to keeping babies close together with their mothers. We encourage you to hold your newborn baby naked (except for a diaper) on your own skin, with a blanket covering you both.

Babies who are frequently held “skin-to-skin” are:

- More likely to latch onto the breast and to breastfeed more easily
- Have more stable and normal skin temperatures
- Have more stable and normal heart rates and blood pressures
- Have better blood sugars
- Are less likely to cry

Recommended by all major organizations responsible for the well-being of newly born infants, including The World Health Organization (WHO), the American Academy of Pediatrics (AAP), the Academy of Breastfeeding Medicine (ABM), and the Neonatal Resuscitation Program (NRP).

Will my baby stay with me in my room?

We encourage all mothers to keep their babies close to them, especially if they are breastfeeding.

Why don't you bath babies right away?

A creamy protective substance called vernix is present on the skin of many newborn babies. We intentionally do not bath your baby in less than 6 hours after birth, preferably we would like to wait until 24 hours for the baby's skin to absorb the vernix which protects against dryness and bacterial infections.

Babies settle better, feed better and sleep better when kept warm and skin-to-skin with their mothers in a calm, peaceful environment. Bathing the normal newborn is delayed to allow your new family to bond.

Will my baby be taken to the nursery?

Yes. He/she will have their initial assessment as well as any procedures in the nursery. In most cases, the neonatologists will also see the baby there.

Can I request no bottle/formula to be given to my baby?

The World Health Organization recommends not to use bottles to give formula newborns as well as to avoid the use of pacifiers until breast feeding is established. Using either of those before breastfeeding is established may lead to nipple confusion and unsuccessful breastfeeding.

We encourage our mothers to breastfeed their infants.

Should your newborn need supplements for a medical reason, options will be discussed with you.

Will I get support if I decide not to breastfeed?

We will support whichever choice you make in the method of feeding.

If I wish, can I have the Vitamin K injection and erythromycin ointment delayed?

Yes. We can delay for up to an hour, should you wish to remain skin-to-skin. Because the vitamin K protects the baby from bleeding problems in the first 24 hours, it is best to give it as early as possible, within an hour after birth.

References

- *Myles Textbook for Midwives
- *Maternal-Neonatal Nursing made incredibly easy, 3rd edition
- *Nice guidelines, RCOG guidelines
- *ACOG frequently asked questions

Early skin-to-skin contact

Immediate skin-to-skin contact at birth enhances bonding, maternal sensitivity and breastfeeding. It is recommended by World Health Organization and UNICEF as newborn's rooting and sucking reflexes are particularly strong in the 1 hour after delivery (golden hour). If breastfeeding is the choice of infant feeding, then placing the baby prone on the mother's reclined body in skin-to-skin contact has been shown to increase exclusive breastfeeding rate and breastfeeding duration.

Early skin to skin contact helps to stabilize blood glucose levels, enhances infant recognition of the mother's milk smell, reduces infant's crying, provides better body temperature maintenance and results in better cardiorespiratory stability in late preterm infants.

Skin-to-skin contact also provide analgesia for painful neonatal procedures. Early breastfeeding will help prevent excessive bleeding after birth as well as stimulating milk producing hormones.

Direct skin-to-skin contact with mothers immediately after delivery until the first feeding is accomplished and encouraged throughout the postpartum period. If mother is not able to, skin to skin contact can be done by the father.

Because of the importance of skin to skin contact we delay routine procedures which include weighting, measuring and eye prophylaxis until after the first feeding is completed should the baby's condition allow this.

Delay in administration of intramuscular vitamin K is advisable until after the first feeding is completed however should be given within 6 hours from birth.

http://www.who.int/elena/titles/full_recommendations/breastfeeding-support/en/
https://www.unicef.org/media/media_40468.html

GOLDEN HOUR

