

Labour: What happens and how it can be managed

Information and advice for women

Maternity

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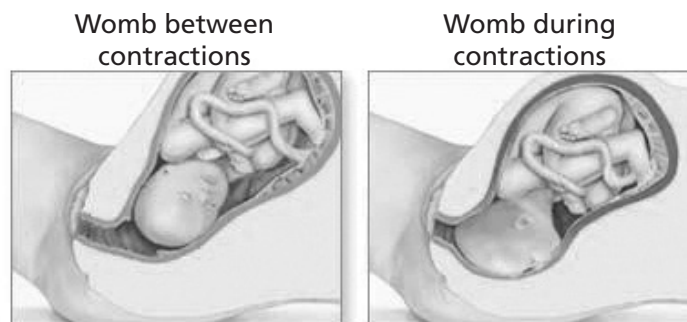
Finding out you are going to become a parent can be exciting but also a little bit worrying. This is a normal way to feel but there are lots of things for you to think about to help you prepare during your pregnancy.

Many women use the time they have during pregnancy to find out as much about giving birth as they can, so they can prepare for how they might cope. This booklet will help you prepare for your labour by giving you information about what will happen and the methods of pain relief that are available to help you.

Labour

What is labour?

Labour is the process that causes your baby to be born. It involves having contractions, your cervix (the neck of your womb) opening, and your baby being pushed down through it and out of your vagina.



There are different stages to labour, beginning with the latent phase of labour. This is the build-up period before the start of labour, where your body gets ready for labour and your cervix (neck of your womb) opens up to 4cm. After this, you then move into the active stages of labour:

1. **First stage of labour** - your cervix dilates from 4cm to 10cm and you have strong contractions.
2. **Second stage of labour** - you push your baby out.
3. **Third stage of labour** - you deliver the placenta (afterbirth).

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What are the signs of labour?

When labour is starting you will usually have one of these signs, which may start to happen from 37 weeks of pregnancy onwards:

- **A 'show'** - This is when the plug of mucus in your cervix comes out through your vagina. It may contain a small amount of blood and can come away all at once or over a few days.
- **Waters breaking** - The bag of waters that protects your baby inside the womb can break with a gush or trickle out slowly. Your waters can break at any stage in your pregnancy but it is more likely to happen during labour. If your waters break, put a pad on and call maternity triage for advice.
- **Contractions** - Contractions, or 'surges', are when your womb tightens and relaxes in rhythm. They prepare your womb for labour and during labour help to push your baby out. Before labour you may have mild, irregular contractions called Braxton Hicks contractions. When labour starts they are painful and become regular. Some women describe contractions as being like 'much stronger period pains'.

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The latent phase of labour

The latent phase of labour is the build-up period before the start of labour. Before labour starts, the neck of the womb (cervix) is long, firm and closed. During the latent phase of labour your cervix thins and opens up (dilates) to 4cm. Once this has happened you will go into the first active stage of labour; this is when labour has become 'established'.

How can I recognise the latent phase of labour?

- You may have your 'show'. This can happen anytime from 37 – 42 weeks of pregnancy.
- You might go to the toilet regularly to move your bowels (poo).
- You may have increased vaginal discharge and might feel as if you are leaking; this is normal.
- You may have backache or tummy cramps.
- You will experience some sharp pains known as Braxton Hicks contractions, which may become more noticeable and more frequent, lasting 30 – 45 seconds. This is normal and can last on and off for days.

How can I tell the difference between labour contractions and Braxton Hicks contractions?

Braxton Hicks contractions	Labour contractions
<ul style="list-style-type: none"> • The contractions are irregular. • They last for less than 1 minute. • The contractions do not get closer together. 	<ul style="list-style-type: none"> • The contractions are frequent and regular. • They happen every 3 – 4 minutes and last for more than 1 minute.
Braxton Hicks contractions	Labour contractions
<ul style="list-style-type: none"> • They become less painful or less frequent. • Resting may stop them. • You feel them in the front and groin area. 	<ul style="list-style-type: none"> • They feel stronger and more painful.

When should I come into the delivery suite or birth centre?

Most women worry about when to come to the delivery suite or birth centre. Before you come in, call maternity triage for advice. Call us if:

- you are having regular labour contractions

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- your waters break
- you have any bleeding from your vagina
- your baby has not moved the way it normally does during the last 24 hours
- you have tried all the tips to cope on page 7 but are in more pain than you expected
- you are worried at all.

If you are invited to come into the hospital or delivery suite then take an overnight bag with you. When you arrive you will be examined to find out if you are in established labour or not. If your labour has not yet established you may be asked to return home, because this is considered to be the best place for you to be during the latent phase.

How to manage during the latent phase of labour

When you are in the latent phase of labour the best place for you to be is at home where you can feel more comfortable and relaxed. The following tips will help you to manage your pain, and help your labour to progress:

- Do some light housework or go for a walk.
- Eat and drink as normal, unless you feel sick – it is important to keep your energy levels up so eat some small snacks that are high in calories and drink plenty of water.
- Make sure that you are going to the toilet normally.
- Rock your pelvis and sway your hips.
- Have a warm bath or shower - the warm water will help to soothe your pain.
- Put your TENS unit on if you have one. (See page 24 for more information about TENS.)
- To help yourself relax and get some sleep between tightening; use massage, aromatherapy, relaxation techniques and breathing techniques. You can find out more about these on the next few pages.
- Take 2 paracetamol (500mg) tablets every 4 hours, but do not take more than 8 tablets in 24 hours.
- Call your birth partner for support.
- Have sex – kissing, cuddling and having an orgasm all make your body produce the hormone oxytocin, which makes the muscles in your womb contract and helps to progress your labour.

You can find more detailed information about the latent phase of labour and how to cope in our leaflet 'The latent phase of labour'.

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The active stages of labour

The first stage of labour

The first stage of labour is generally the longest, especially if this is your first baby. This part of labour begins when your cervix is 4cms dilated and you are experiencing regular contractions. This continues until your cervix reaches 10cm dilated and the contractions are very strong and close together, usually every 2 minutes and lasting up to 90 seconds.

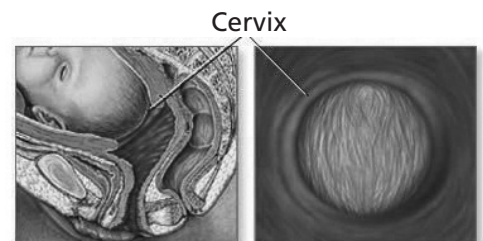
What can I do to help?

During this stage it is much better to be upright and moving around during the contractions as this helps your womb to contract better and to push the baby down further.

The 'transition' stage

As the first stage of labour comes to an end your contractions will be strong and frequent and your cervix will almost be fully dilated. This is called the 'transition' stage. By this time you might feel tired, tearful and want to give up. Some women even get very angry with whoever is with them. You might feel shaky, shivery and sick. You will need a lot of support to get through this stage. If you feel like shouting or can feel pressure in your bottom, focus on your breathing to help you or get through each contraction.

Although your cervix might be 10cm dilated, your baby's head still has to do some tricky manoeuvres to help you push him/her out easily.



The second stage of labour

The contractions in the second stage are more powerful and being in an upright position will help you push your baby out more easily. Some women find that being on their knees holding the back of a chair is helpful. Others find squatting helps, it is up to you. At this stage you may feel pressure on your bottom and may empty your bowels (poo). Don't be embarrassed – this is quite normal and your midwife and doctor will be used to it.

As you get the urge to push you will feel your baby's head coming slowly through your birth canal. Imagine you are sitting on the toilet and this gives you an idea of what you need to do.

As you push, you will eventually feel your baby's head at your vagina. It may slip backwards

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when the contraction finishes for a while but will eventually stay there and you will start to feel a stinging or burning sensation as the head begins to stretch your perineum (the skin between your vagina and anus).

Don't be afraid - some women panic a little at this point but your midwife will guide you through and tell you when to breathe and how hard to push. This can make a difference in helping your baby out and avoiding a tear.

If your baby is distressed, your midwife may make a small cut to your vagina (called an episiotomy) to help your baby out. If you need an episiotomy you will be given a local anaesthetic injection before it to numb the area.

If you are struggling to push your baby out you may need some help either with forceps or a ventouse. This is called an assisted birth. Around 12 out of 100 women need help to give birth this way. See page 14 for more information about assisted birth.

For more information about perineal tears and care after a tear or episiotomy please see the leaflet 'Perineal tears'.

When your baby is born

Once your baby is born he/she will be passed straight to you to hold closely. We encourage all parents to have skin-to-skin contact with their new baby. This will help you and your baby to bond, will comfort your baby and will help you to produce breast milk.

After a few minutes, your baby's umbilical cord can be cut by a parent or your midwife; you can choose who does this. Waiting a few minutes before cutting the cord is called 'delayed cord clamping'. The benefit of this is that your baby will get vital nutrients from you for a few extra minutes, but will benefit from these nutrients for up to 6 months. The risk of this is that your baby could develop jaundice (a yellow colour to their skin and whites of their eyes), which is common in babies. Jaundice only lasts up to a couple of weeks, but your baby may need treatment for it.

The third stage of labour

In the third stage of labour you deliver the placenta. This your baby's life-support system that has supplied him/her with nutrients and taken waste products away, as they have grown inside you. You can either allow your placenta to deliver naturally (natural third stage), or you can have an injection to help you deliver the placenta more quickly (managed third stage).



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Natural third stage

If you choose a natural third stage, you will start to experience contractions again a few minutes after your baby is born, but they are not as strong as before. You will probably feel that you want to push. The placenta, together with the membranes of the empty bag of waters, will pass down and out of your vagina.

Delivering the placenta naturally usually takes around 5 - 15 minutes, but it can take up to an hour.

What are the benefits of a natural third stage?

- Blood loss after birth stops quicker.
- You do not need to have an injection and can allow things to happen naturally.

What are the risks of a natural third stage?

- You are more likely to have heavy bleeding that needs treatment with a blood transfusion.
- There is a chance that you may not have delivered the placenta after 1 hour. If this happens you may need an injection to help.

Managed third stage

A managed third stage means having an injection in your leg as your baby's head is being born to make your womb contract. After your baby is born the contractions will be quick and strong and your midwife will then pull gently on the umbilical cord and catch the placenta as it comes away. It will usually be complete in 15 minutes.

What are the benefits of a managed third stage?

- You are less likely to have heavy blood loss. This means that you are also less likely to develop anaemia and need a blood transfusion.
- It usually takes less time than a natural third stage.

What are the risks of a managed third stage?

- The medication in the injection can make you feel sick, vomit and have a headache.
- The medication can make your blood pressure higher for a short time.
- Blood loss after the birth will carry on for longer.

What happens next?

When you have delivered the placenta you will be made comfortable and given some refreshments. If you have had an episiotomy or a perineal tear that needs stitches you will be given a local anaesthetic to numb the area and this will be repaired with stitches. You will then be given time alone with your baby before being moved to the ward.

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Caring for yourself after a vaginal birth

After the birth of your baby it is important that you continue to look after yourself by doing the following:

- **Eat a healthy balanced diet** - particularly if you are breastfeeding.
- **Take care with personal hygiene** - particularly if you have stitches or grazes as they could become infected if you do not keep them clean. Make sure you wash daily and keep your perineum clean. If you have grazes or have had stitches to repair a tear, please see our 'Perineal tears' leaflet for more advice.
- **Take regular rest to start with** - after a while, take a walk every day with your baby to help you get back into exercise slowly.
- If you have any concerns about your body or your emotions after having your baby please discuss these with your midwife or your GP.

Symptoms to report

If you experience any of the following symptoms after giving birth to your baby please call maternity triage straight away:

- A sudden increase in vaginal blood loss
- Feeling faint or dizzy
- Heart palpitations or a fast heartbeat
- A temperature of 38°C or above
- Shivering
- Tummy pain
- Vaginal discharge that has a smell
- Shortness of breath
- Chest pain
- Pain, swelling or redness in one of your legs
- Headaches along with sickness or problems with your vision

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Assisted vaginal birth

What is an assisted vaginal birth?

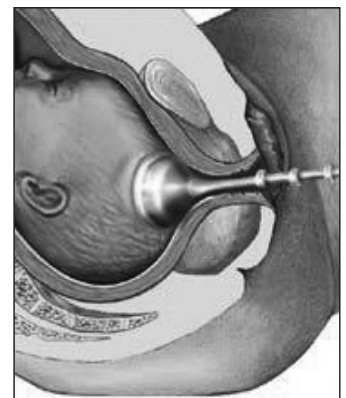
An assisted vaginal birth is where you need help to push your baby out. 10 - 13 out of 100 women need help to give birth, either by ventouse or forceps delivery. If you have been pushing for a long time but your baby is not moving very much, or if your doctor or midwife is concerned about your or your baby's condition, they will advise that you have an assisted birth. This can only be performed on the delivery suite so if you are in one of the birth centres or at home you will need to be transferred to the delivery suite.

Before having an assisted vaginal birth you will either be given an epidural or a pudendal block to help with the pain. A pudendal block is a local anaesthetic injection which the doctor gives through your vagina, into your bottom. For more information about epidurals see page 28.

Ventouse delivery

A ventouse is a small suction cup/vacuum that is attached to a suction pump. The suction cup can be applied to your baby's head and the suction can then help to ease your baby out. To have a ventouse delivery your cervix needs to be fully dilated to 10cms, and your baby's head needs to be in the right position. If your baby's head is not in the right position, the cup can't be put on your baby's head properly, or if the ventouse delivery hasn't worked, your doctor may try forceps instead.

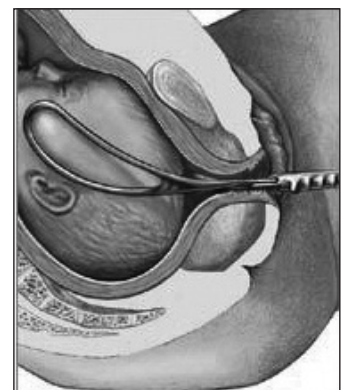
Vacuum-assisted birth



Forceps delivery

In a forceps delivery, curved metal instruments are put inside your vagina, fitted around your baby's head and then locked together so they don't slip. A doctor can then pull on the forceps to help your baby out. A forceps delivery is usually done if a ventouse delivery is not possible.

Forceps-assisted birth



What happens in an assisted vaginal birth?

1. The doctor will explain the procedure to you fully and ask for your consent before they begin.
2. Your legs will be raised and supported so the doctor can see clearly.
3. The area around your vagina will be cleaned.
4. A small tube called a catheter will be put into your bladder to empty it of urine.

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5. The doctor will do an internal examination to find out the position of your baby's head.
6. For a ventouse delivery the doctor will fit a suction cup onto your baby's head and connect it to a suction pump. For a forceps delivery the doctor will put the forceps into your vagina and fit them around your baby's head.
7. The doctor will ask you to push and will help to ease your baby out.

What are the benefits of an assisted vaginal birth?

The benefits of having an assisted vaginal birth are:

- It helps you to push your baby out. You may need this help because you are tired from pushing for a long time, or because the doctor or midwife is concerned about you or your baby's condition.
- You still have to push to give birth.
- It has fewer risks than a caesarean section, and you will recover more quickly from an assisted vaginal birth than from a caesarean.

If you have a ventouse birth, the benefits of this over having a forceps birth are:

- Ventouse birth causes less damage and bruising to your perineum (the area between your vagina and anus).
- Your baby will have less marks or bruising.

What are the risks of an assisted vaginal birth?

There is a risk that an assisted vaginal birth may not work. If you are having ventouse and this is not successful, your doctor may try forceps or you may need to have a caesarean. If you are having a forceps delivery and this is not successful, you will need to have a caesarean section.

Risks to you

- **Damage to your perineum:** 1 - 4 out of 100 women who have a ventouse delivery, and 8 -12 out of 100 women who have a forceps delivery will have a 3rd or 4th degree tear to their perineum (the area between your vagina and anus). This will need to be repaired by a doctor.
- **Damage to your vagina:** Most women will have at least some minor tears to their vagina or vulva (the area around your vagina) after an assisted birth. 1 out of 10 women who have a ventouse delivery, and 2 out of 10 women who have a forceps delivery will have a significant tear to their vagina or vulva. This will need to be repaired by a doctor.

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- **Heavy bleeding:** 1 - 4 out of 100 women experience heavy bleeding after an assisted birth. This could need treatment with a blood transfusion.
- **Needing a cut to your perineum (an episiotomy):** 5 - 6 out of 10 women having ventouse and 9 out of 10 women having forceps will need a cut to the perineum to be made so that the baby can be helped out.
- **Problems going to the toilet:** It is quite common to experience problems passing urine or faeces after an assisted birth, or to experience some incontinence. These problems usually resolve quickly but if you do have any ongoing problems please speak to your midwife who can refer you to specialist services.

Risks to your baby

- **Marks from the forceps or ventouse:** Most babies delivered with forceps will have marks on their face from where the forceps were applied, which will fade with time. Most babies delivered with ventouse will have a cup marking on their scalp, which will also fade with time. 1 in 10 babies will have some minor cuts to their face or scalp from the forceps or ventouse.
- **Damage to the nerve in the baby's face:** Forceps can damage the nerve in your baby's face and cause it to become paralysed (called facial nerve palsy). This happens to less than 1 in 1000 babies.
- **Bleeding between the baby's skull and scalp:** This happens to 1 - 12 out of 100 babies and is called a cephalhaematoma. It doesn't usually cause the baby any long-term harm but it can take up to 6 - 8 weeks for the swelling to go down.
- **Significant bleeding in the baby's head:** This happens to between 5 - 60 out of 10,000 babies.
- **Bleeding behind the baby's eyes:** This happens to 17 - 38 out of 100 babies and is usually minor.
- **Jaundice:** 5 - 15 out of 100 babies born by assisted delivery develop jaundice in the first few weeks of life. This causes their skin and the whites of their eyes to have a yellow colour. Jaundice usually gets better on its own without any treatment.

Your midwife will assess your baby when he/she is born and if they suspect any problems can ask for them to be assessed by a neonatal doctor and be given any necessary treatment.

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Emergency caesarean section

An emergency caesarean section is an operation where an opening is made through your tummy and womb and your baby is removed through it. You might need to have an emergency caesarean section if an assisted vaginal birth hasn't been successful, or if there is concern about your condition or your baby's heartbeat and your baby needs to be delivered quickly. If you are offered an emergency caesarean section it is because your midwife and doctor have decided this is the safest option for you and your baby.

An emergency caesarean can be performed with an epidural so you will be awake, and your birth partner will be able to stay with you. However there are some situations where it has to be done under general anaesthetic so you will be asleep; in this case your partner will not be able to stay with you.

For more information about having a caesarean section please see the 'Giving birth by caesarean section' leaflet which explains the benefits and risks of this.

What are the risks of declining an assisted vaginal birth or emergency caesarean?

If your doctor and midwife think an assisted birth or emergency caesarean section is necessary but you choose not to have it, there is a risk you could experience damage to your bladder and pelvic floor muscles. This could lead to incontinence. It could also cause worse damage to your perineum (the area between your anus and vagina) and problems with having sex.

The risk to your baby is that their head is impacted (kept squashed) in your vagina and they are unable to get enough oxygen. This can be very serious and could cause brain damage such as cerebral palsy.

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Coping with labour: Natural ways of coping with labour

Preparing for labour

Many women are able to help themselves to cope with labour by finding out exactly what might happen. If you have any questions after reading this booklet please speak to your community midwife.

Getting into different positions and walking

Being upright and walking around during the 1st stage of labour can reduce the amount of time you are in this stage and can reduce your need for an epidural. You may find it helpful to rock your pelvis and sway your hips. Finding a comfortable position can also help you feel more in control. Sitting, squatting, bouncing or leaning on a birth ball may help you to get more comfortable.

Support during labour

Most women find that if they have the support of a caring person during their labour they cope much better and are more likely to have a normal birth. This person can be a midwife, your mother, partner, friend or a doula (a privately hired birth support partner).

Your birth partner can help you by:

- Supporting you to get into more comfortable positions
- Giving you a massage
- Making sure you drink lots of cold water and eat snacks
- Offering you a cool flannel when you get hot
- Giving you emotional support and encouragement.

Relaxation

Staying relaxed during labour can:

- Relieve some of your pain.
- Help you have a good birth experience.
- Help you conserve your energy for when you need to push.
- Reduce your chance of needing an assisted birth.

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Breathing in and out slowly

Focusing on your breathing can help you to relax and stay calm. Close your eyes, take a slow, deep breath in, and slowly breathe out. Pause slightly before you take the next breath in. Try to keep your breathing at a steady pace.

Massage

Having a massage from your birth partner or midwife can help to reduce your pain and make you feel more relaxed. This is because a massage will stimulate your body to release endorphins, which are natural pain-killing and mood-lifting substances.

Aromatherapy

Using aromatherapy oils and massage during labour can help you feel more relaxed. Our midwives can help you use aromatherapy oils during labour; ask your midwife for more information.

Hypnobirthing

Hypnobirthing is a way of preparing your mind and body to go into a relaxed but focussed state during labour. Hypnobirthing courses are run in lots of areas; ask your midwife for more information.

Using a birthing pool

Using a birthing pool has become a popular way for women to cope during labour and birth. Women whose pregnancies have been assessed as 'low risk' can use the birthing pool during labour and birth.

Birthing pools are available in the delivery suite at City Hospital and the Serenity and Halcyon birth centres. You can also use a birthing pool if you are giving birth at home, but will need to hire a pool.

You can use a birthing pool when you are in the active stages of labour (when your cervix is at least 4cm dilated and you are having regular contractions). Your midwife will prepare the pool for you and you can then get in. The water should be as high as your chest and the temperature should be comfortable for you. Your midwife will make sure the temperature of the water stays comfortable for you and will be with you at all times when you are in the pool.



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Your midwife can examine you internally whilst you are in the water and can listen to your baby's heartbeat using a waterproof stethoscope. He/she will listen to their heartbeat every 15 minutes during the first stage of labour and every 5 minutes in the second stage. If your midwife thinks there may be a problem with your labour he/she will ask you to get out of the pool. You can also get out of the pool whenever you want to and should get out to pass urine.

If you want to give birth to your baby in the water, when you are ready to push your baby out you will need to keep your bottom in the water so that your baby does not inhale water.

What are the benefits of using a birthing pool?

Being in a birthing pool during labour and birth:

- helps to relieve pain and reduces your need for other pain relief
- helps you to relax
- supports your body
- helps you to feel more in control

Another benefit is that you can also use gas an air while you are in the pool.

What are the risks of using a birthing pool?

- For some women the water does not give enough pain relief.
- If you get into the pool too early your labour can slow down.
- Sometimes women forget to drink whilst in the birth pool which can cause them to become dehydrated.
- If your bottom is not fully in the water at the time of birth then your baby could inhale some of the water when he/she is born.
- After the birth your baby can get cold if the water is too cool.

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Coping with labour: Pain relief equipment

Transcutaneous Electrical Nerve Stimulation - TENS

A TENS machine is a small box that has 4 wires coming out of it, with sticky pads on the end. You stick 2 of the pads on your back either side of your spine, at about bra-strap level. Stick the other 2 either side of your spine, lower down your back, just above your bottom. You can then clip the TENS box onto your clothing and switch it on. The box will give out little electric pulses which can help to relieve pain.

If you wish to use TENS you will need to hire a TENS machine from a local pharmacy or chemist. Follow the instructions that come with your TENS machine.

You can use TENS at home, on the delivery suite and at the Serenity and Halcyon birth centres.

What are the benefits of TENS?

- TENS can increase your own pain-relief hormones and so helps you to cope with labour. It is usually helpful in the latent phase of labour.
- You can adjust the frequency and strength of the electrical impulses.
- There's a boost button for you to hold in your hand and press when you want maximum output from the machine to help you with a difficult contraction.
- You can move around while wearing the TENS machine.

What are the risks of TENS?

There are no risks in using TENS for labour, however if you have a pacemaker TENS is not suitable for you as the electrical impulses could affect your pacemaker.

A disadvantage of TENS is that some women do not feel any pain relief from it, and it does not provide pain relief in the active stages of labour.

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Coping with labour: Gas and air

Gas and air (Entonox)

Gas and air, also called Entonox, is a mixture of oxygen and nitrous oxide which can be used for pain relief during labour. The gas and air comes out of a mouthpiece that you put between your teeth or lips. The gas and air will come out of the mouthpiece when you breathe in deeply.

You can use gas and air at a homebirth, on the delivery suite and in the Serenity and Halcyon birth centres.

What are the benefits of gas and air?

- Gas and air can help to relieve some of your pain.
- You have control over how much gas and air you use, and when to use it.
- You can use it at the same time as other methods of pain relief.
- You can be upright and move around while using it.
- You can use it in the birthing pool if you wish.
- It does not harm your baby.
- You can use it throughout labour.

What are the risks of gas and air?

- It only gives limited pain-relief.
- It can make you feel sick and light-headed.
- It can give you a dry mouth and you could become dehydrated if you do not have enough to drink.

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Coping with labour: Pain-relieving medicines

Pethidine and diamorphine injections

Pethidine and diamorphine are opiate medicines (made from the poppy plant, similar to morphine) which can be given by injection to help relieve your pain. Your midwife can give these injections at a homebirth, in one of the birth centres and in the delivery suite at City Hospital.

It takes about 20 minutes for them to take effect and the effects last for up to 4 hours. They can be used from when you are established in labour (the 1st stage) up until your baby is born.

Your midwife will also give you an anti-sickness injection when they give pethidine or diamorphine, and will ask you to lie down after having the injections so he/she can monitor the effects on you and your baby.

What are the benefits of pethidine and diamorphine injections?

The benefit of pethidine injections is that they provide some limited pain relief from labour and can help you relax.

The benefit of diamorphine injections is that they provide stronger pain relief during labour. These injections can help if your labour is long and difficult and may help you to sleep during early labour.

What are the risks of pethidine and diamorphine injections?

- They make you feel drowsy or drunk.
- They can make you feel sick, so you will also be given an anti-sickness injection with pethidine or diamorphine to reduce this.
- They can make your baby drowsy.
- Your baby may have difficulty feeding for up to 48 hours.
- Some of the medication passes through the placenta to your baby. If you have the injections when you are close to giving birth your baby may have difficulty breathing when he/she is born and may need to be given an antidote to reverse the effects.
- You will not be able to use the birthing pool for 2 hours after having the injection.

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Coping with labour: epidural

What is an epidural ?

An epidural is an injection into the small of your back that numbs the lower part of your tummy, your legs and your feet. A thin, hollow needle will be inserted between the bones of your spine, a fine tube is passed through the needle and the needle will then be removed. The tube is then taped up your back and over your shoulder and the pain-relieving medicine (local anaesthetic) is injected into the tube. Your midwife can then 'top-up' your epidural when you need more pain relief.

Sometimes the tube is attached to a small pump, which allows you to control how much local anaesthetic you have, or releases a small dose of the anaesthetic every few minutes.

If you have an epidural you will need to stay on the bed as your legs and feet will be numb. You will also have a catheter (tube) inserted into your bladder to empty urine as you won't be able to do this. You will also need to have a drip in your arm to give you fluids. Your heartbeat and your baby's heartbeat will need to be monitored continuously.

An epidural can only be used on the delivery suite and when you are in the active stages of labour. If you are at home or in one of the birth centres and you decide you want an epidural, you will need to be transferred to the delivery suite at City Hospital.

What are the benefits of an epidural?

- An epidural usually gives a high level of pain relief and you won't feel your contractions. This can help if your labour is long and you are finding it hard to manage the pain.
- The pain-relieving effects start to work within 10 - 15 minutes and last as long as you need because you can have regular doses to top up the pain-relief.
- It can allow you to rest during labour.
- There is less acid in baby's blood at birth which means that the baby is less likely to have been in any distress.
- If there is a problem, you can have a caesarean section without needing to be put to sleep with a general anaesthetic.
- Babies whose mothers have an epidural usually have less acid in their blood when they are born. This means the baby is less likely to have been in any distress.

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What are the risks of an epidural?

- 5 out of 100 epidurals do not give enough pain relief from labour.
- Having an epidural can slow down the second stage of your labour and you may need a hormone drip (oxytocin) to strengthen the contractions.
- Spinal fluid leaks out from the epidural site in 1 out of 100 women. This is called a dural tap. It can cause you to experience headaches, sickness and pain.
- 14 - 16 out of 100 women who have an epidural need help to deliver their baby, either with forceps or a ventouse.
- You may develop a fever (high temperature).
- The epidural can make you feel itchy.
- An epidural can cause your blood pressure to become low, so you will need to have fluids given through a drip in your arm to prevent this.
- The medication in the epidural can cross the placenta to your baby. If you have a high dose of medication in your epidural this can cause your baby to have breathing problems and be drowsy when he/she is born.

Where to get more information

If you are having your first baby you may be able to attend a parent education or 'Active Birth' session where midwives will give you advice about what happens during labour and how you can cope. If you would like to attend one of these sessions please speak to your community midwife.

It is important to remember that labour and birth for each woman will vary. If you have any questions about labour and giving birth or have any worries, please speak to your community midwife or contact the antenatal clinic.

You can also find more information about pregnancy and childbirth on the maternity pages of our websites www.swbh.nhs.uk and www.swbhengage.com.

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Contact details

If you have any questions or concerns about your pregnancy or giving birth, please contact the maternity unit on one of the following numbers:

Antenatal Clinic

0121 507 4388

Delivery Suite/Labour Ward

0121 507 5449

Maternity Triage

0121 507 4181

Sources used for the information in this leaflet

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- National Institute for Health and Clinical Excellence, CG55 'Intrapartum care: management and delivery of care to women in labour', September 2007
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- A.D.A.M. Medical Images

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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