This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.
Introduction
This leaflet is designed to make you aware of the pain relief available to you once you are in labour. It will explain the choices available and any benefits or risks that may be associated with each method. Midwives can help enable you to choose what is suitable for you by discussing the options and answering your questions.

What causes pain and what does it feel like?
Pain in labour comes from the nerves around the bottom of your womb – the nerves pass through muscles to reach the brain. Women describe labour pain in many ways, and they also feel the pain in different places – such as the lower back, lower tummy, legs, or labia. At the point of giving birth, women often describe a very strong burning sensation. Many things will affect the pain you experience, such as the position of your baby in the womb, how tired you may be, if you are anxious, and whether you have someone with you for support. Other things going on in your life can affect how you cope with pain speak to your midwife who will support you throughout your labour.

Drug Free Methods
Remain mobile
Remain mobile for as long as you are able. Mobilising often helps labour to progress. If you go into spontaneous labour (start on your own), are more than 37 weeks pregnant with an uneventful pregnancy, stay at home for as long as you are comfortable.

Let your midwifery team /midwife know that you are in labour and ring for advice about when to go into the unit. If you are planning a home birth let the team midwife know when you think you are in labour, and she will assess when she needs to see you.

Think positively, remember that pain is normal.
You may find ways of distracting yourself in early labour:
- Enjoy a game of cards with your partner in early labour (but only if you win!)
- Watching television
- A favourite piece of music can help you to relax and CD players are available in the Maternity units
- Walking or use of a birthing ball

Transcutaneous Electrical Nerve Stimulation
(TENS) is most effective if used from early labour. Whilst all of the units have TENS units, we cannot guarantee availability. You may wish to hire one and if you plan to use it at home your midwife will be able to give you details of how to do this.

Benefits
A small battery operated pulsar sends weak electric signals through electrodes taped to your back. These block the pain signals sent through your spinal cord to your brain reducing the pain sensation. The TENS also causes your body to produce natural painkillers, called endorphins which further enhance the sensation.

The electrical stimulation can then be increased by you as the contractions become stronger.

Risks
It is not possible to use the TENS in water.
Water
You may find it soothing to rest in a warm bath during early labour, even your own bath tub at home will help. All of the units within the Trust have water birth facilities.

Benefits
Water allows you to remain upright and mobile and the warmth of the water reduces the pain associated with labour. This has been proven to assist the progress of labour in the majority of women who choose this as a method of pain relief. You may wish to use the pool only for pain relief during labour and leave the pool to deliver your baby. Alternatively, you may prefer to remain in the pool and deliver your baby into the water.

Risks
Unfortunately, not all women will be suitable for water birth. Your midwife will be able to advise you whether or not this is a suitable / advisable option for you. There is a leaflet available should you require further information. Should you wish to have a water birth at home, you will need to make the arrangements to hire or buy a pool yourself. Whilst your midwife will be able to offer advice, you must be aware that the setting up of the pool, as well as the filling and emptying of it, is your responsibility. With all of the drug free methods of pain relief you will be able to eat and drink as you wish. We would suggest that you eat food that is easily digestible and avoid fizzy drinks. Your Midwife will be happy to advice you in this regard.

Drug based Methods

Paracetamol and codeine (Oral Pain Relief)

Benefits
May be taken orally; these are particularly useful in early labour. They can be taken at home and helps with mild pain, allowing you to have some rest.

Risks
You must not exceed the recommended dosage during a 24 hour period. Although rare some women may experience side effects as listed on the packaging and may be ineffective as your labour progresses.

Entonox (Gas and Air)

Benefits
Is a gas, which is a mixture of oxygen and nitrous oxide. The gas may be piped from a wall attachment or come from a cylinder. It is inhaled through a mouthpiece, which is disposable. And only used for one patient. You control how much you have and the effects of Entonox wear off very quickly once you stop using it (usually within 10-15 minutes). Entonox can be used with other pain relief, including water. You can eat and drink when using Entonox and your midwife will advise you of which food to avoid. Entonox is effective towards the end of the first stage of labour and also available for use in a home birth setting.

Risks
Whilst it can be used earlier in labour, it is felt that it can be quite tiring and research has shown that whilst women find it useful it may not be very effective in lessening the pain for long periods.
**Injections**

There are several opioid drugs in use within the Trust. All have the same effect and are normally given as a single injection into your buttocks or leg. At Grimsby, the drug offered is Pethidine. At Scunthorpe the drugs offered are Diamorphine, Meptid or Pethidine. At Goole the drug offered is Meptid.

**Benefits**

The effects of the drugs are very similar. You will probably feel very sleepy and relaxed and may even go to sleep. The drugs do not remove the pain completely but they reduce the sensation and make you more relaxed and therefore more able to cope.

**Risks**

Are that there is a limit to how much of the drug you can safely have in labour. The drugs also cross the placenta and your baby may be affected. This will depend on how much you have had and how long before delivery you had your last dose. The baby may be very sleepy at birth and sometimes may be slow to feed. You will not be able to eat after having the injection but will be allowed water to drink. This is because your stomach does not empty well following the injections and you may have an increased tendency to vomit.

The use of injections for pain relief in home birth is not recommended due to the risks of your baby being sleepy at delivery.

**Epidural**

An epidural is a local anaesthetic, which is given through a very fine catheter (tube) that is inserted into your back. An Anaesthetist will site the epidural for you. Although there is a 24-hour epidural service at both Grimsby and Scunthorpe, out of hours the Anaesthetist also covers Intensive Care and in some cases the needs of the patients there must come first. In these instances, other pain relief would be offered and the Anaesthetist would see you as soon as they were able.

**Benefits**

The epidural will usually take your pain away completely. You will have reduced sensation to your lower limbs, the sensation returns approximately 6 hours after the epidural is stopped but this varies. We would suggest that you do not try to walk until you are advised you are fit to do so.

At Scunthorpe your epidural will be continuous via a pump (like a small drip through a catheter). This should maintain your pain relief at a fairly constant level.

At Grimsby the midwife will top up your epidural as you begin to feel pain. This is done by injection into the catheter. You will be able to have top ups as frequently as you need them with each top up lasting for at least an hour.

**Risks**

It will be necessary for you to have a drip in your arm as the epidural can make your blood pressure fall, this can make you feel quite nauseated and lightheaded. Extra fluids, given through the drip can reverse this quickly. Due to the risks of your blood pressure falling and the effects this can have on your baby, it will be necessary to attach you to the monitor for the rest of your labour to record the contractions and the baby’s heart rate. You will not be able to eat or get out of bed when you have an epidural but you may be able to take fluids.
There is no epidural service at Goole and epidurals are not available for home confinements.

If you have any further queries about the pain relief that is available, please discuss this with your midwife. It is often best not to plan too much, but to see how you feel, when you are in labour.

Reference Section
http://nice.org.uk
http://www.oaa-anaes-ac.uk

Contact details for Further Information
You will be provided with the contact number for your community midwifery team at your booking appointment.

Concerns and Queries
If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which situated on C Floor.

Alternatively you can email: nlg-tr.PALS@nhs.net

Confidentiality
Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour
The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy
The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.
Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk. Please tell a member of staff on the ward or in the department you are attending / visiting.

**Moving & Handling**

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, you may speak to any member of the nursing staff, the designated keyworker within the department or the Trust Moving & Handling Coordinator.

For more information about our Trust and the services we provide please visit our website: [www.nlg.nhs.uk](http://www.nlg.nhs.uk)