

# Pain relief choices during labour in bereaved circumstances



Maternity Services

Information for Patients

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## Introduction

You may not yet have thought about pain relief for labour. This leaflet gives advice about the different types of pain relief that may help at this difficult time. Your midwife can talk about this with you. You can change your mind about which pain relief you want and in what order, please speak to your midwife.

We aim to provide you care within our specialist bereavement suite.

## What pain relief is available?

It is hard to know which pain relief will suit you, especially if you have never been in labour before. Your midwife can arrange for an anaesthetist to see you and answer any questions.

An anaesthetist is a doctor who gives advanced pain relief (like an epidural). You will have the same access to an anaesthetist as anyone else on the labour ward. You may want to talk about pain relief before your contractions become very painful.

You can use more than 1 type of pain relief to find what works best for you.

## Pain relief without medicines

### Self help methods

- Breathing calmly can help your muscles get more oxygen and make pain feel less strong. Focusing on breathing can also distract you from pain.
- A gentle massage during labour can feel comforting and reassuring.
- Warm baths can soothe pain in early labour. This may not always be possible, but your midwife can advise you on this.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.uhleicester.nhs.uk](http://www.uhleicester.nhs.uk) for maps and information about visiting Leicester's Hospitals.  
To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

## Transcutaneous Electrical Nerve Stimulation (TENS)

- A gentle electrical current passes through 4 pads stuck to your back. It creates a tingling feeling. You can control the strength of the current yourself.
- If you do not have a TENS machine, we may be able to lend you one.
- TENS can be helpful at the start of labour, especially for backache. While you may manage your labour with only the help of TENS, you may need other pain relief later on.

## Pain relief with medicines

### Tablets

Paracetamol and/or dihydrocodeine, can help in early labour. They will not take away the pain completely but may make it easier to cope while you decide which other forms of pain relief you would like to try.

### Gas and air (Entonox)

- Entonox is a gas mixture which is made up of 50% nitrous oxide and 50% oxygen.
- You breathe Entonox through a mask or mouthpiece.
- It is simple and works quickly. It wears off in minutes.
- It sometimes makes you feel light-headed or a little sick for a short time.
- It will not take away all the pain, but it may help. You can use it at any time during labour.
- You control how much you use. Your midwife will show you how to time it for best effect during contractions.
- Do not use it between contractions or for long periods. It can make you feel dizzy and tingly. It is more likely to make you feel sick.

### Opioids

Opioids are painkillers. This is like pethidine, morphine, diamorphine, fentanyl and remifentanyl. You can have morphine in a liquid form.

They are injected into your arm or leg. You will start to feel the effects after about 30 minutes and it will last a few hours.

Some people say it makes them feel more relaxed and less worried about the pain. Others may need more pain relief after having an opioid.

### Side effects of opioids:

- They may make you feel sleepy.
- They may make you feel sick. We will often give you anti-sickness medication to try and prevent this.
- They may slow down your breathing. If this happens, you may be given oxygen through a face mask and have your oxygen levels monitored.

## Patient-controlled analgesia (PCA)

Opioids can also be given into a vein, using a pump that you control by pressing a button. This gives quick pain relief. You control the dose. The machine has a limit on the dose to keep you safe.

## Epidurals and spinals

Epidurals and spinals are provided by an anaesthetist. They are the most effective methods of pain relief. It aims to remove all your pain. You could choose to have this from the very beginning of labour if you wish.

The anaesthetist inserts a needle into the lower part of your back. They use it to place a very thin tube (catheter) near the nerves in your spine. The needle is taken out. The catheter is left in place. Painkillers go through this tube during labour. The painkillers may be a local anaesthetic to numb your nerves, small doses of opioids, or a mixture of both.

An epidural may take 40 minutes to give pain relief. This includes the time it takes to put in the epidural catheter and for the painkillers to start working. It should not make you feel drowsy or sick.

Epidurals are rather slow to act, especially if you have one late in labour. A spinal works faster and is given as a one-off injection. Sometimes a spinal and epidural are combined.

## Who can and cannot have an epidural?

Most people can have an epidural. If you have had certain medical problems like spina bifida, a past operation on your back or problems with blood clotting, it may mean that it is not suitable for you.

### **You may need to have a blood test before you can have an epidural.**

This will be to test to see how easily your blood clots (stops bleeding). If you need to have a fine plastic tube (cannula) put into a vein in your arm or hand at any point in your labour for another reason, then this blood test can be done at this point. This would prevent a delay if you decided to have an epidural later. If you think you might like an epidural at some point, these blood tests can be done earlier in your labour.

If you are overweight, an epidural may be more difficult and take longer to put in place. However, once it is in you will have all the benefits.

## What does an epidural involve?

- A fine plastic tube (cannula) is put in a vein in your hand or arm.
- You will usually have a drip (intravenous fluid) running as well.
- You curl up on your side or sit bending forwards. Your back is cleaned an antiseptic.
- Your anaesthetist will inject local anaesthetic into the skin of your lower back, so that putting in the epidural does not usually hurt.
- The epidural catheter is put into your back near your nerves in the spine.
- It is important to keep still while the anaesthetist is putting in the epidural, but after the epidural catheter is fixed in place with tape you will be free to move.

- It is normal to feel anxious about sitting still when you're having contractions. Your midwife and anaesthetist will support you to get into the right position. The anaesthetist will use the times between your contractions to insert the epidural.
- Once the epidural catheter is in place, we will give you painkillers through it.
- It usually takes about 20 minutes to set up the epidural and 20 minutes for it to give pain relief.
- While the epidural is starting to work, your midwife will take your blood pressure regularly.
- Sometimes, the epidural needs adjusting or replacing if it does not work well at first.

During labour, you can have extra doses of painkillers through the epidural catheter either as an injection given by your midwife or an anaesthetist or using a pump that you control. After each epidural top-up, the midwife will take your blood pressure regularly in the same way as when the epidural was started.

The aim of the epidural is to take away the pain of contractions. Usually, the epidural also completely takes away the pain when your baby is born.

Epidurals allow you to move around on the bed.

### **Benefits of having an epidural**

Epidurals reduce the pain of labour more than any other choice.

### **Possible side effects of epidurals**

- Epidurals lower your blood pressure and you will be given fluid through your cannula to help this.
- Your legs may feel weak while the epidural is working.
- You may find it difficult to pee. You may need to have a tube passed into your bladder (a bladder catheter) to drain the pee. If this is needed you will probably be numb enough not to feel it being inserted.
- You may feel itchy.
- You may develop a slight fever.

You are more likely to need an assisted birth (forceps birth) if you have an epidural.

The side effects of epidurals and spinals are shown in a table on the next page.

### **Things an epidural does not make a difference to:**

- There is no greater chance of long-term backache after having an epidural.
- Backache is common during pregnancy. It often continues afterwards.
- You may have a tender spot in your back after an epidural which may last for months, but this is rare.

## Risks of epidurals

This leaflet has been adapted from information provided by the Obstetric Anaesthetist Association. Further information can be found on the website [www.labourpains.org](http://www.labourpains.org)

Type of risk	How often does this happen?
Itching	1 in every 3 to 10 patients. This depends on the drug and dose used (common).
Significant drop in blood pressure	1 in every 50 patients (happens sometimes).
Not working well enough to reduce labour pain so you need to use other ways of reducing the pain.	1 in every 8 to 10 patients (common).
Not working well enough for an operation so you need to have a general anaesthetic.	1 in every 20 patients (happens sometimes).
Severe headache	1 in every 100 patients (epidural) 1 in every 500 patients (spinal) (uncommon).
Nerve damage: numb patch on a leg or foot or having a weak leg.	Temporary effect: 1 in every 1,000 to 2,000 patients (quite rare).
Nerve damage effects lasting for more than 6 months.	Lasting effects: 1 in every 24,000 patients (rare).
Meningitis.	1 in every 100,000 patients.
Abscess (infection) in the spine where the needle was inserted for the spinal or epidural.	1 in every 50,000 patients (very rare).
Haematoma (blood clot) in the spine where the needle was inserted for the spinal or epidural.	1 in every 168,000 patients
Abscess or haematoma causing severe injury including paralysis (paraplegia).	1 in every 100,000 patients
A large amount of local anaesthetic being accidentally injected into a vein in the spine.	1 in every 100,000 patients (very rare)
A large amount of local anaesthetic being accidentally injected into spinal fluid, which may cause difficulty in breathing and very rarely unconsciousness.	1 in every 2,000 patients (quite rare)

