

The Epidural Process

- A small cannula (plastic tube) is inserted into a vein on the back of your hand.
- You will be required to sit at the edge of the bed with your shoulders as relaxed as possible whilst pushing your lower back out.
- Staying still is very important, let your anaesthetist know if you are about to have a contraction.
- A cold disinfectant is sprayed onto your back.
- Local anaesthetic is injected into your back. You should only feel pressure in your back from this point onwards.
- Once the epidural catheter is in place, you will be given pain relief through it.
- It usually takes about 20 minutes to set up and a further 20 minutes to feel the effects.

Risk	Occurrence	Frequency
Itching	1 in 3	Common
Not working well enough requiring additional pain relief	1 in 8	Common
Significant drop in blood pressure	1 in 50	Occasional
Severe Headache	1 in 100	Uncommon
Nerve Damage	1 in 1000 (temporary)	Rare
	1 in 250,000 (permanent)	Very Rare
Infection	1 in 50,000 (abscess)	Very Rare
	1 in 100,000 (meningitis)	Very Rare
Bleeding into spinal space (blood clot)	1 in 170,000	Very Rare

Further help and Resources

- If you require any additional help or support, please just ask your midwife or anaesthetist or obstetrician. We are all here to help support you through this difficult time.

Bereavement midwife at UHW

Office: 02920742187 Mobile: 07811652307



Scan the QR code or visit the website



Contact the helpline via email:
helpline@sands.org.uk

or use the website: www.sands.org.uk

References

- Pain relief in labour. Obstetric Anaesthetists Association. www.labourpains.com
- Office for National Statistics (Child Mortality Statistics 2016, available from www.ons.gov.uk)

L Nixon, K James, S Harries. April 2020.



Pain Relief During Labour

Information for Stillbirth and Intrauterine Death

The information provided in this leaflet is intended to try to help you through the physical discomfort of the delivery of your baby.

Your midwife, obstetrician and anaesthetist are all here to help support you through this difficult process. If you have any questions on the day, please feel free to ask your anaesthetist.



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On the Day

- Unfortunately, stillbirth is not a rare tragedy happening to 1 in 200 people in the UK.
- Strong labour inducing medications are often required after stillbirth and these can cause painful contractions.
- The midwives and doctors will be there for you to help discuss and manage any pain using the choices mentioned in this leaflet.

Options for Pain Relief in Labour

- Simple painkillers such as paracetamol can help reduce the intensity of your pain, particularly in the early stages of labour.
- Non-drug measure such as TENS machines may also be of benefit. You are welcome to use a TENS machine if you have one.
- Other forms of pain relief which are commonly used are discussed below:

Entonox®

- A 50% mixture of oxygen and nitrous oxide, sometimes known as 'gas and air'.
- You breathe it through a mouthpiece.
- Only use it during a contraction and start breathing as soon as you feel a contraction coming on.



Advantages ✓

Fast acting and wears off quickly.
Immediately available & can be used anytime during labour.

Disadvantages ✗

Can make you feel light headed & sick for a short time.
Helps with pain but does not remove it completely.

Opioids

- Opioids can be given as tablets, as an injection into the muscle or given directly into the vein.
- Opioids can be less effective than Entonox®.
- Although pain relief may be limited, some women say it makes them feel more relaxed and less worried about the pain.



Pethidine

- Your midwife usually gives pethidine by injection into a muscle in your arm or leg

Morphine

- A small cannula (plastic tube) is inserted into a vein on the back of your hand.
- Morphine is usually given directly into the cannula a "Patient Controlled Analgesia" pump or PCA.
- A PCA uses a pump controlled by yourself via a button.
- When you press the button the pump gives you a small dose of morphine.

Advantages ✓

You have control over your pain relief. You can press the button when you feel you need to.

For safety reasons the PCA pump limits you from having too much.

Disadvantages ✗

May cause you to feel sick but you can take anti-sickness medicine for this.

May cause drowsiness which can affect your breathing. If your breathing slows down you may require oxygen through a facemask.

Additional Pain Relief

- The amount of pain relief you are likely to need will depend partly on the gestation of your baby.
- If your stillbirth is less than 28 weeks then many women will manage with simple painkillers, Entonox® and opioids such as pethidine or a PCA (see below).
- If you are more than about 28 weeks then you also have these options available, but you may wish to ask for an epidural, this is explained below.

Epidural

- An epidural is often the most effective pain relief.
- It involves a thin tube, or epidural catheter being placed near to the nerves in your lower spine using a needle.
- Local anaesthetic & painkillers can then be injected through the epidural catheter as required to numb the nerves during labour.
- Most people can have an epidural, but certain medical problems or a previous operation on your back may mean that it is not suitable for you.
- If you have an infection or problems with blood clotting, both of which are not uncommon in cases of stillbirth, you may be advised against having an epidural for your own safety.

