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Pain Relief (Analgesia) in Labour Guidelines for staff

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Swansea Bay University Health Board **Pain Relief in Labour Guidelines**

Women should make fully informed decisions regarding pain relief in labour. Ideally women should discuss pain relief in the antenatal period with a midwife and if appropriate a birth plan written to support the woman's choices in labour. Women should receive information on pain relief in labour at booking and should be encouraged to keep an open mind in relation to pain relief options. Midwives can only administer medication that is covered by the Midwives Exemptions List (NMC 2011)

The latent phase of labour

During this stage of labour women often report high maternal and family anxiety, there is no finite length of time for the latent stage and although women often access midwifery support, 1:1 care is not indicated, and most women should be supported to have the confidence to stay at / return home, using simple analgesia, Tens, water and mobility to cope with the pain.

When women are unable to stay at home and request or medically need to be an inpatient on an antenatal ward then the Latent Phase Bundle (2010) should be used. This bundle emphasises the importance of non-pharmacological methods of managing pain, however, recognises that there may be times when the administration of simple analgesia and opiates is necessary. Documentation is required to show psychological care and emotional support, as this midwifery support is as important as any physical care and administration of pain relief.

NB "High strength" Co-codamol (30mgs Codeine combined with 500mgs Paracetamol) is not covered by Midwives' Exemptions and will therefore need to be prescribed by a doctor. However, "low strength" Co-codamol (8mgs Codeine combined with 500mgs Paracetamol) is an "over the counter" medication and therefore does not need a doctor's prescription.

Active stage of labour

The intrapartum midwife's responsibility is to ensure that women understand the advantages, disadvantages and limitation of all methods of analgesia administered. The process of information giving should be carefully documented. Analgesic options include:

- Non-pharmacological analgesics i.e. hypno-birthing, acupuncture etc.
- Water
- TENS
- Entonox
- Opioids
- Remifentanyl
- Epidural

Each of these is discussed below.

Non-pharmacological analgesics

Non pharmacologic analgesics such as hypno-birthing, acupuncture or aromatherapy are not routinely offered by the NHS. Women may personally arrange these and in doing so they take responsibility for their administration. Community midwives *may* be able to assist with contact details.

Water

Birthing pool or bath filled with hot water.

Advantages:

1. It is an effective analgesic
2. It facilitates improved mobility, allowing women to adopt more comfortable positions more easily
3. It has no known side effects
4. It can aid relaxation
5. Available on labour ward, Singleton MLU, NPT birth centre and to hire for home setting.
6. Water compatible CTG monitoring is now available on Singleton labour ward.

Disadvantages:

1. They cannot be pre-booked and may be being used by another labour woman
2. Any concerns around CTG / fetal wellbeing may mean having to leave the pool.

TENS

Transcutaneous Electrical Nerve Stimulation or TENS is a popular non-invasive method of analgesia which involves transmission of electrical impulses through pads placed on the women's back. (Datta (1995). The subsequent tingling sensation corresponds to the stimulation of neurones responsible for tactile information, which inhibit the transmission of pain impulses. (Brownridge, 1994).

Advantages:

1. Up to 70% of women who use TENS consider it to be effective for the relief of labour pains and 63% would use TENS analgesia in a future delivery
2. It is controlled by the woman who turns the intensity up and down as she wishes
3. It can be used in any birthing setting and during transfers
4. Quick to setup
5. No risk to mother or baby.

Disadvantages:

1. It is supplied by the woman so needs forward planning to purchase or hire a machine
2. Some women find the sensation uncomfortable and are unable to tolerate it
3. It cannot be used in conjunction with water.

Entonox

Entonox is a gas mixture (50% nitrous oxide and 50% oxygen) which is inhaled through a mouthpiece or facemask. It is a relatively weak analgesic.

Advantages:

1. Easily available in any birthing setting
2. Commonly and safely used (about two thirds of women in labour use it in the UK)
3. Effective quickly and loses effectiveness as soon as it is not inhaled (within minutes)
4. No side effects on the baby.

Disadvantages:

1. Not very effective (less than half of women who use it report satisfactory pain relief)
2. Dry mouth
3. Can cause nausea or vomiting
4. Can cause unpleasant sensations including confusion, disorientation or "floating".
5. Negative environmental impact – greenhouse gas which stays in atmosphere for over 100 years.

Opioids

Opioid drugs mimic the effects of endorphins in the body, which depress the activity of neurones carrying pain impulses to the brain.

Advantages:

1. Can be administered in any birthing setting
2. Most women report some analgesic effect
3. Women report feeling more relaxed
4. Pethidine is listed on the NMC Midwives Drugs Exemptions list and as such can be administered by a midwife without prescription. A pathway for administration is attached.

Disadvantages:

1. Maternal sedation
2. Nausea and vomiting is very common and prophylactic anti-emetic use should be considered
3. Reduced fetal heart variability
4. Neonatal respiratory depression
5. May affect the baby's ability to breast feed successfully
6. Can cause maternal respiratory depression and the midwife needs to have immediate access to naloxone (narcan).

Remifentanil

An intravenous, short acting, potent opioid. Given as patient controlled analgesia i.e. infusion pump controlled by patient.

For further details please see "Guideline for remifentanil patient controlled analgesia for labour" on COIN.

(<http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=926&id=524307>)

Advantages:

1. Effective analgesic
2. Women can report feeling more relaxed
3. Women administer dose themselves thereby retaining control
4. Relatively rapid to set-up.

Disadvantages:

1. Only available on Singleton labour ward
2. Requires dedicated (extra) cannula
3. Reduces mobility as requires continuous CTG monitoring
4. Can cause respiratory depression and therefore may require oxygen in labour
5. May affect the baby's ability to breast feed successfully
6. Must be setup by anaesthetist
7. Requires constant midwifery presence while in use.

Epidural

A catheter placed in the epidural space through which local anaesthetic and an opioid are administered. This reduces and in most cases eliminates the pain associated with labour contractions.

For further details please see "Patient controlled epidural analgesia" guideline on WISDOM.

(<http://www.wisdom.wales.nhs.uk/sitesplus/documents/1183/patient%20controled%20Oepidural%20analgesia.pdf>)

Advantages:

1. For most women pain can be eliminated
2. Women administer dose themselves thereby retaining some control
3. Does not have any effect on the baby.

Disadvantages

1. Reduces mobility as requires continuous CTG monitoring
2. 1 in 10 epidurals do not provide “perfect” analgesia and may need re-siting
3. Small risk of a headache (1 in 100)
4. May find it difficult to urinate and therefore need intermittent catheterisation
5. Rare complications include nerve damage (temporary 1 in 3,000, permanent 1 in 13,000)
6. More difficult to achieve spontaneous vaginal delivery in the second stage
7. Only available on labour ward.

General (non-obstetric) information on analgesia

For further information relating to general (non-obstetric) pain management please see “Guideline for multidisciplinary management of acute and complex pain in patients over 16 years” on WISDOM.

(http://howis.wales.nhs.uk/sites3/Documents/926/CID1272%20Multidisciplinary%20Clinical%20Guidelines%20for%20the%20Management%20of%20Acute%20and%20Complex%20Pain%20in%20Patients%20Aged%20Over%2016%20Years%20APRIL%202015_UPDATE%5B2%5DSH.pdf)

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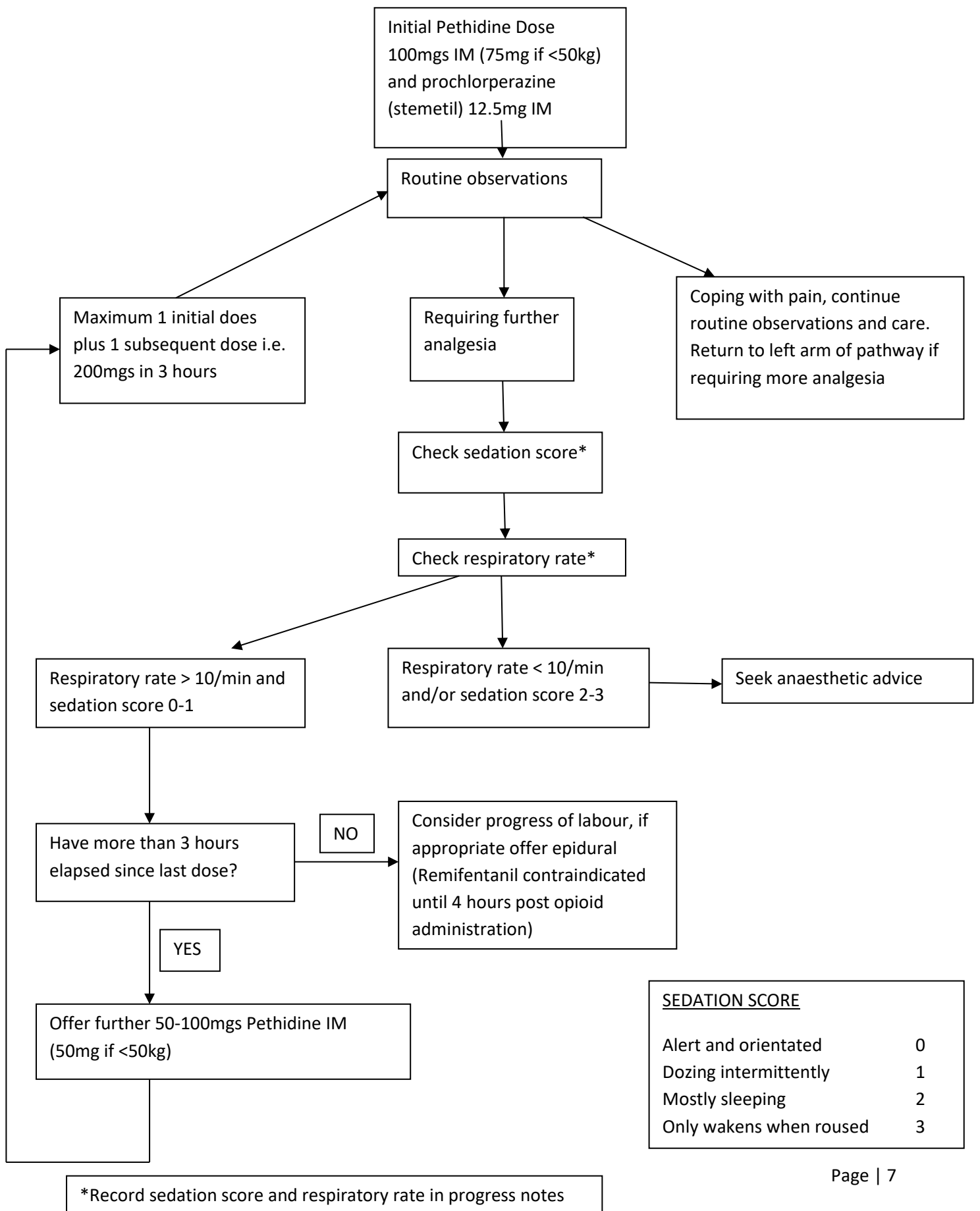
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Davies M (2010) **Care Bundle – Latent Phase** ABMU Health Board

<http://www.nmc-uk.org/documents/circulars/2011circulars/nmccircular07-2011-midwives-exemptions.pdf>

Labour Opioid Analgesia Requested (has not received any other opioid in labour) - Pethidine



<u>SEDATION SCORE</u>	
Alert and orientated	0
Dozing intermittently	1
Mostly sleeping	2
Only wakens when roused	3

*Record sedation score and respiratory rate in progress notes