

WORDS JANE YETTRAM

Fear makes pain worse. So relax! Read up on pain relief, talk it through with your midwife and make sure your birth partner will speak for you on the big day. Once you know what's available you can start writing your birthplan (see page 19 and Checklist, page 117). Here's a rundown of your options.

TENS

What is it? TENS stands for transcutaneous electrical nerve stimulation. A TENS machine is a unit the size of your palm, linked by wires to four sticky pads which you attach to your back.

How does it work? The machine emits electrical pulses which stimulate the release of endorphins – natural pain-relieving chemicals – into nerves to block pain messages from the cervix and womb.

When do you use it? As soon as your contractions start – endorphin levels will build up in about 30 minutes. Increase the strength of the pulses as your labour progresses.

Who administers it? You'll need someone to attach the pads to your back, but you control the strength and frequency of the pulse yourself, and can use the boost button when a contraction becomes more intense.

THE AGONY AND THE ECSTASY

FEAR OF PAIN IS THE MAJOR ANXIETY FOR MOST MOTHERS-TO-BE, BUT THERE ARE MANY EFFECTIVE WAYS – FROM DRUGS TO HYPNOSIS – TO CONTROL IT

Does it affect the baby? No.

Can there be problems for you?

Some women find it doesn't work for them, especially as labour gets more painful. And as it's electric, you can't use it in the bath.

Can everybody use it?

People fitted with a pacemaker can't use TENS.

Any preparation needed?

A few hospitals supply patients with TENS machines, but this is very rare. It's best to hire one instead (see Contacts, page 128) so you can carry it with you and start with it when your contractions begin. Practise using the controls, make sure your partner knows where to place the pads and buy a spare set of batteries.

ENTONOX (GAS & AIR)

What is it? Nitrous oxide with air.

How does it work? You breathe in the Entonox through a tube or a mask when you're having a contraction. It takes 30-45 seconds to work, making you feel woozy (like you've had a glass or two of wine) and dulling your perception of pain. Your head clears within a minute after you stop inhaling.

When do you use it? At any stage in labour. Start to breathe the Entonox the moment a contraction starts (or even just before) so the effect is strongest when the contraction peaks.

Who administers it? You do, through a mouthpiece you hold.

Does it affect the baby?

Entonox does cross the placenta but doesn't harm your baby. The oxygen may even be beneficial.

Can there be problems for you?

Some women find Entonox makes them nauseous. It can make your mouth very dry, so sip water or suck ice cubes in between contractions.

Can everybody have it? Yes.

If you're having a home birth, the midwife can bring a cylinder.

Any preparation needed? No.

PETHIDINE

What is it? Also called meperidine, it's a sedative similar to morphine.

How does it work? It relaxes your muscles, lessens anxiety and makes you feel woozy and unaware of pain. Meptazinol (or meptid), a similar drug, can be given later in labour as it has less of an effect on the baby. Diamorphine (rarely used) lasts longer than pethidine so it can only be given very early in labour.

When do you use pethidine?

In the early stages of labour. If given too late you may be unable to push properly in the second stage. It works after 20 minutes and lasts up to four hours.

Who administers it? A midwife injects the drug into your bottom or thigh. In a few hospitals, you can administer meptazinol yourself via a tiny tube in your hand or arm.

Does it affect the baby? Yes. It crosses the placenta and can make your baby drowsy and unwilling to breast-feed after birth. Too much may affect its breathing (an injection can be given to counteract this). Pethidine takes up to a week to clear from a newborn's system.

Can there be problems for you?

It can make you feel sick; another drug is used to counteract this. It may leave some mothers feeling disorientated, but this will wear off.

Can everybody have it? No.



If the baby has shown any signs of distress, it would be better to go for an epidural. Also, ex-drug-users are advised not to have pethidine.

Any preparation needed?

Find out whether pethidine is the drug used at your hospital.

ENTONOX MAKES YOU FEEL WOOZY, LIKE YOU'VE HAD A GLASS OR TWO OF WINE

EPIDURAL

What is it? An anaesthetic administered through a thin tube placed in the lower spine, numbing the nerves attached to the womb and vagina; it takes about 30 minutes to kick in. The tube is left in your back so the epidural can be topped up when necessary (about every 90 minutes). Can also be given as a spinal block – a one-off injection of anaesthetic into the spine, which takes just 15 minutes to work. It isn't a continuous form of pain relief for labour – only if an emergency Caesarean is needed.

How does it work? In a full epidural, all feeling below the waist is lost so pain relief and loss of mobility is total. With a mobile epidural, when the dose of the drug is lower, you may still be able to move your legs. You'll need a catheter to empty your bladder (you won't feel the urge to pee) and a drip to boost fluid volume in case your blood pressure drops too low.

When do you use it? During the first stage of labour. If you're nearly fully dilated you may not be given an epidural – it's better if the effect has worn off a little by the second stage so you can feel when to push.

Who administers it? A qualified anaesthetist. The midwife can usually do the topping up.

Does it affect the baby? No.

Can there be any problems for you? Your blood pressure may drop, making you sick and dizzy. ▶▶

◀ Occasionally epidurals won't work correctly and can worsen muscle tone, making pushing harder, labour longer and a forceps or ventouse delivery more likely. Headaches or back pain can follow.

Can everybody have it? No. If you're on anticoagulant drugs (to treat thrombosis) or have a septic area on your lower back, you won't be able to have an epidural. If the hospital is busy, an anaesthetist could be hard to find. If you've had pethidine, you must wait three hours before having an epidural.

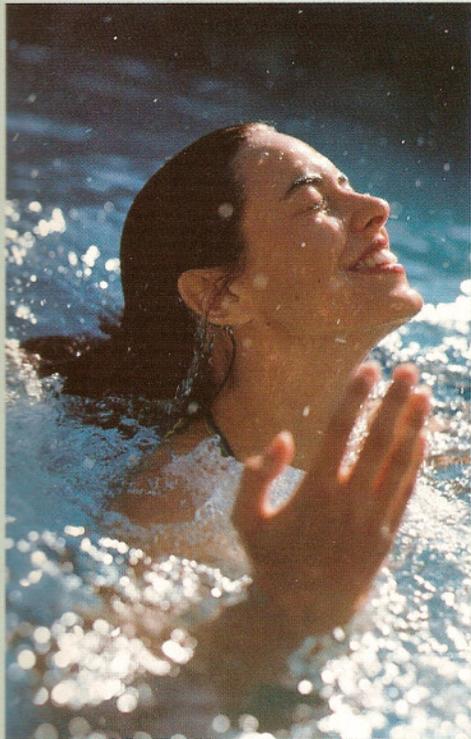
Any preparation needed?

Check whether an anaesthetist is on hand 24 hours a day.

HELPING YOURSELF

In early labour – and even beyond – these techniques can help:

Breathing exercises Holding your breath and tensing your muscles worsens pain. Practise breathing in deeply through your nose and out slowly through your mouth. For details of how to find an antenatal yoga group see Contacts, page 128.



Active birth Using various positions and movements, an active birth minimises pain and uses gravity to help labour. You can learn techniques at hospital parentcraft classes or National Childbirth Trust antenatal classes (see Contacts, page 128).

Water Warm water, in a bath or a birthing pool, supports your weight and soothes your muscles. It also increases oxytocin (which stimulates contractions) and decreases noradrenaline (which triggers stress). A warm shower

VISUALISING AND CHANTING CAN ENABLE YOU TO 'FLOAT' ABOVE YOUR BODY AND THE PAIN, REACHING A KIND OF HYPNOTIC TRANCE

sprayed on your back can relieve backache during labour.

Self-hypnosis Visualising and chanting can enable you to 'float' above your body and the pain, reaching a kind of hypnotic trance. Before the birth, rehearse mental scenes (such as walking on a beach) and learn rhymes you can chant during contractions.

Birth partner Use your birth partner to help you out. To relax muscles and counteract pain, try massage: kneading your lower back with the heel of a hand or massaging your shoulders in a slow, even rhythm. To soothe back pain, ask them to soak a cloth in hot water, wring it out and place it on your back. Gravity is a great aid to giving birth, so get your birth partner to support your weight in an upright position. Find out about birthing positions from your midwife or NCT class. ■

CAESAREAN SECTION

Caesarean rates are soaring, with a growing number of women opting for a Caesarean for personal reasons rather than medical ones. If you're very frightened of pain and feel you can't contemplate going through labour, talk to your doctor about this possibility. In a few cases it may be the right decision. There are benefits – you'll have a pain-free birth and no damage to your pelvic floor muscles or perineum. But a Caesarean is not a soft option. It's a major operation and there are many downsides that you need to consider:

- You'll need to stay in hospital for five days. The scar will be very painful – most women are given morphine-type drugs to cope
- You'll need a drain in the cut, a catheter in your bladder and possibly a drip in your hand for 24 hours afterwards
- Common complications that affect the scar are infections, haematomas (pooling of blood) or bleeding. These are also painful
- There is a risk of blood clotting (thrombosis)

after the operation, so you'll need to move about to get your circulation going and you may need to wear surgical tights

- Babies born by Caesarean are far more likely to suffer from respiratory problems at birth than those born vaginally. This is because the labour process triggers the release of hormones that assist the baby's breathing
- Recovery takes far longer than with a vaginal birth. You will not be able to lift anything, exercise or drive for up to two months after a Caesarean delivery.

ALTERNATIVE THERAPIES

These therapies are useful to help you through labour, either on their own or alongside orthodox methods of pain relief. See Contacts, page 128, for information on finding a qualified practitioner. But get the hospital's approval first if you want a therapist to attend the birth

▶ **HOMEOPATHY** Certain remedies can speed up a slow labour, and help you cope with pain, anxiety and exhaustion

▶ **REFLEXOLOGY** Massaging areas of the feet that correspond to specific parts of the body can help to strengthen or lessen contractions, according to which part of labour you are in

▶ **AROMATHERAPY** Essential oils can aid relaxation. Take care though – some oils are dangerous in pregnancy so check with your midwife

▶ **ACUPUNCTURE** Using fine needles to stimulate the flow of energy at particular points can ease contractions and lessen nausea