



York Teaching Hospital
NHS Foundation Trust

Coping Strategies in Labour

Information for women

Maternity Services

① For more information, please contact:

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This leaflet aims to provide you with the information necessary to make an informed choice regarding pain relief and coping strategies for use during labour.

Labour can be painful – it can help to learn about all the ways you can relieve the pain. Pain is a normal response to the natural process of labour. The body itself releases endorphins in response to pain; these are naturally produced painkillers, which can be very effective. However, in situations of increased stress and anxiety the body also releases adrenaline, which inhibits the beneficial effect of endorphins.

You may want to consider practicing relaxation techniques in preparation for labour. These simple coping strategies can be adopted at home and continued on Delivery Suite with the support of your midwife and birthing partner(s). Courses in hypnobirthing are also available locally. Visit the York Trust website to access the 'Information about Hypnobirthing' leaflet for more information.

If necessary, a range of drugs are also available for additional pain relief, though all have side effects.

It is helpful for whoever is going to be with you during your labour to know about the different options available, and the ways in which they can support you. This leaflet will help you decide what is best for you.

Latent Phase of Labour

What is the Latent Phase of Labour?

Before labour starts, the neck of the womb (cervix) is long, firm and closed. As your contractions start, your cervix becomes soft and thin and opens up (dilates) to 3-4cm. This is called the latent phase of labour.

For this to happen, you'll start having contractions. When you have a contraction, your uterus (womb) tightens and then relaxes. For some people, contractions may feel like extreme period pains. You may feel pain in your back and thighs instead of, or as well as, pain in the front of your bump. Contractions during this stage may be irregular and vary in frequency, strength and length. You may get lots of regular contractions and then they may slow down or stop completely. The length of the latent phase is often unpredictable, and can sometimes occur over the course of a few days.

You may pass a sticky, jelly-like mucus from your vagina. This is called your "show" and comes away from your cervix. You may notice it in your underwear or when you wipe after going to the toilet. Some women don't have a show. It's normal to lose a small amount of blood with the mucus, but contact your maternity unit straight away if there is more than a streak of blood.

Coping Strategies for use at home

Research has shown that fear and anxiety may slow down the labour process. The best place for any woman in the latent phase of labour is therefore at home in familiar surroundings. If there are no concerns with you or your baby, you will be encouraged to stay at home for as long as possible during this stage. Here are some things you may like to try to help you during your time at home:

- Relaxing - Use water and heat (e.g. shower, bath or hot water bottle), listen to calming music, massage, dim room lighting.
- Energise – Keep eating and drinking regularly, particularly carbohydrates for energy (e.g. pasta, potatoes, bananas and cereal bars). Many women find isotonic(sports) drinks to be beneficial.
- Mobilise – Upright positions such as sitting on birthing ball, leaning over a chair or in all fours position, gentle walks.
- Pain relief – TENS (transcutaneous electrical nerve stimulation) can be beneficial in the latent phase of labour.
- Paracetamol- (taken as per manufacturer's instructions) can be taken safely in pregnancy.
- Rest– take a nap if you feel able as this will help your energy levels for active labour.

T.E.N.S. (Transcutaneous Electrical Nerve Stimulation)

TENS works in the same way as massage. A TENS machine emits small electrical pulses that block the pain messages being sent to the brain by your uterus and cervix. The electrical pulses also stimulate the release of endorphins (your body's own painkillers). The electric pulses are transmitted from a small hand held box through two pairs of self-adhesive electrodes applied to either side of the spine.

Advantages

- There are no known side effects to either mother or baby. TENS will not make you feel sick or drowsy.
- Easy to use.
- Women have full control over it and can increase intensity as they require.
- Can provide some degree of pain relief.
- Can be used in conjunction with most other forms of pain relief.

Disadvantages

- Not all women find it effective. Some find the sensation to be irritating.
- Help will be required to apply electrodes.
- Cannot be used in water.

- There is a cost involved to hire/buy if you wish to use it at home.

(Please note - If you are hiring or buying your own TENS machine, please ensure that it is a maternity/obstetric model)

How a birth partner can help

- Holding and cuddling can have a calming effect.
- Gentle pressure on the shoulders and hips may release tension.
- Back rubbing using the palm of the hand in long strokes down the side of the spine and over the buttocks if required is soothing, along with slow, firm circular strokes over the lower spine. A lubricant, such as gel, oil or talc can be used to prevent friction.

Sometimes however you may feel that you do not want to be touched or find this irritating. Birthing partners should be aware that this can be completely natural, even when, normally you would appreciate massage and touch.

How long should you stay at home?

A midwife will be available 24 hours a day on the phone at your Maternity Unit to provide advice or reassurance, and to help plan the right time for you to come to hospital for assessment. If labour is not established when you arrive and there are no concerns, you will be supported to return home to await events.

When do I need to call my Maternity Unit?

You should call your Maternity Unit immediately if you experience any of the following:

- Vaginal bleeding.
- If your waters break (ruptured membranes). The midwives will invite you into the unit to confirm this. If labour is not established and there are no concerns with you or your baby, you may be sent home again to await labour and be given advice on when to return (See “Going home when your waters have broken” leaflet on York Trust website).
- Reduced/altered fetal movements.
- Regular painful contractions – 3 in a 10 minute period.
- You feel you need further pain relief.
- If you are worried about anything or need reassurance.

Drugs Available for Pain Relief in established Labour

Established labour is the period of time from 4cm dilatation up until full dilatation -10cm (the first stage of labour), and from full dilatation to the birth of your baby (the second stage of labour). There are drugs available that you can use in addition to the coping strategies discussed previously during this time.

Entonox Inhalation (“Gas and air”)

Entonox is a mixture of oxygen and nitrous oxide gas. It is short acting and takes approximately 20 seconds to take effect and 20 seconds to be eliminated from the body. It will not take away all the pain but can ease the severity of the pain and help control your breathing technique. Entonox can also be used in conjunction with all others forms of pain relief. It is self-administered via a mouthpiece and clear instructions on use its will be given to you by your midwife.

Advantages

- Self-administered.
- Almost immediately effective and doesn't stay in the body for long.
- Can be used alongside all other types of pain relief and in the birthing pool.
- Safe to use. No known harmful side effects to mother or baby.

- Can be used during any stage of labour. Can't "run out" due to continuous supply through wall port. (This may differ for Homebirths as Entonox is provided in cylinders).
- Helps you to breathe rhythmically.

Disadvantages

- May experience nausea and vomiting.
- Can cause temporary dizziness and light headedness.
- A feeling of 'not being in control' experienced by some women may be disliked.
- Can be tiring if used for a prolonged period.
- Can cause a dry mouth – your midwife will encourage you to remain well hydrated.

Meptid

Meptid belongs to the same family as opioid drugs (such as pethidine) and has very similar side effects. The main difference between Meptid and other opioids is that it is not as strong so can be given more often. It is given as an intramuscular injection into your buttock or thigh, and will usually be given with an anti-sickness medication.

Advantages

- Can be an effective form of pain relief during labour.
- Can be used during waterbirth.
- Can be given every two to three hours.
- It is less likely to make you feel dizzy or out of control, which are side effects often associated with opioids.
- Less effects than other opioids on baby's respiratory system.

Disadvantages

- Can cause nausea and vomiting.
- Can take up to twenty minutes to become fully effective.
- Will cross the placenta and can make the baby 'sleepy'.
- Can cause drowsiness.

Opioids (Pethidine, Morphine, Diamorphine)

(The opioid used at our hospitals is generally Pethidine)

Pethidine is given as a single injection into your buttock or thigh muscle. It takes effect in about 20 minutes and the effects last between two and four hours. It is normally given with an anti-sickness medication (Prochlorperazine)

Advantages

- Can induce relaxation and rest in the early stage of labour.
- Can provide effective pain relief during labour.
- Can be given at four hourly intervals.

Disadvantages

- Can cause nausea and vomiting.
- Can cause dizziness. Your midwife may advise you to limit your mobility as it begins to take effect for your own safety.
- If labouring in the birthing pool, you will be asked to exit the pool if having pethidine.
- Will cross the placenta and can make the baby 'sleepy'.
- Can affect the baby initiating breathing if given close to birth.

Water immersion and Waterbirth

The use of water for labour and birth is a well-established option for healthy women with uncomplicated pregnancies. There is good evidence of the benefits from water immersion during the first stage of labour. Results indicate that it can reduce the likelihood of requiring an epidural and studies have illustrated that women who choose to labour in water feel a high sense of control and satisfaction. Some women chose labour and birth in the water; however some prefer to exit the pool for the birth. Please speak to your midwife if you are considering a waterbirth, and have a look on the York Trust website at the “Use of the birthing pool for labour and birth” leaflet for further information.

Aromatherapy

Aromatherapy is a complementary therapy using essential oils – concentrated extracts from a wide range of plants. The oils may be massaged into the skin, put into a bath or inhaled using a steam infusion or burner. The oils are thought to encourage the natural labour process and help aid relaxation. Many midwives at York Trust have undergone additional specialist training in the use of Aromatherapy in labour – please ask when you attend in labour if one of these midwives are available to you and for further information. There is also a leaflet on the York Trust website.

Epidural

An epidural is an injection of local anaesthetic and other painkillers given via a small tube into your lower back. This numbs the nerves that carry pain messages from your lower body to the brain. Once working effectively this can often provide a pain free labour. An epidural is inserted by an Anaesthetist – a doctor with special training in pain relief.

This procedure has advantages and disadvantages associated with it. There is a separate information leaflet 'Pain relief in labour, epidurals and spinals' available on the York Trust website which will give you more in-depth information.

References

National Institute for Health and Clinical Excellence (2014) "Intrapartum Care of healthy women and their babies during childbirth" guidance.

The Royal College of Midwives (2012) Evidence based guidelines for Midwifery-Led care in Labour Latent Phase.

Midwifery care in Labour Guidance for all women in all settings – The Royal College of Midwives Midwifery Blue-top guidance – Nov 2018.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
The Clinical Midwifery Manager, The York Hospital,
Wigginton Road, York, YO31 8HE or telephone
01904 726720.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

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Owner	Clinical Midwifery Manager
Date first issued	September 2003
Review Date	June 2022
Version	7 (July 2020)
Approved by	Obstetrics and Gynaecology Clinical Governance Group
Document Reference	PIL 26 v7

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