

Patient information

Pain Relief Choices for Pregnancy Loss

We would like to express our sympathy to you during this difficult time. This leaflet is designed to give an overview of the pain relief choices available to help with the physical discomfort of your labour. Your midwife and anaesthetist can discuss these in greater detail with you if you wish.

Why Pain Relief is Important

Labour pains can be strong, especially if you need medicines to bring on your contractions. Everyone experiences pain differently, therefore it is important to be aware of the options available.

Pain Relief Choices

Paracetamol:

This can be given orally or intravenously through a cannula. Paracetamol may help reduce pain in the early stages of labour.

Entonox:

Commonly known as 'gas and air.' Your midwife can get this for you, and you can use it as much or as little as you need. You will be given a mouthpiece to breathe through when you feel a contraction is about to begin. Entonox works quickly and wears off quickly, so you will feel like yourself again within minutes of stopping it. However, you may feel dizzy or sick with Entonox, and it will not completely stop your pain.

Opioids:

These are a group of morphine-based strong pain medicines. They can be given orally, into a muscle or directly into your vein via a cannula. They may help you feel relaxed and less worried about your pain. However, they can make you feel sick or sleepy and you may need anti-sickness medication.

- a) Oramorph: Liquid oral morphine. This can help with the early stage of labour.
- b) Pethidine: This is given as an injection into the muscle of your arm or thigh.
- c) Intravenous Morphine: This is given via a special pump connected to your cannula. You will have a button to press every time you need a dose of

morphine. This is known as 'patient-controlled analgesia' or 'PCA.' The pump has a safety program, and it will not let you overdose. Whilst you are using the PCA, you will be monitored closely. You may find that the PCA works well for strong labour contractions.

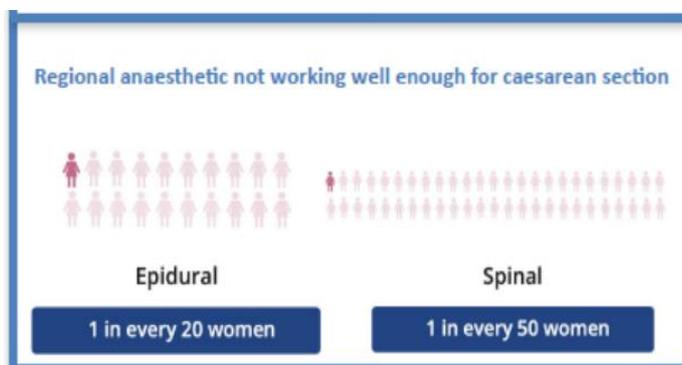
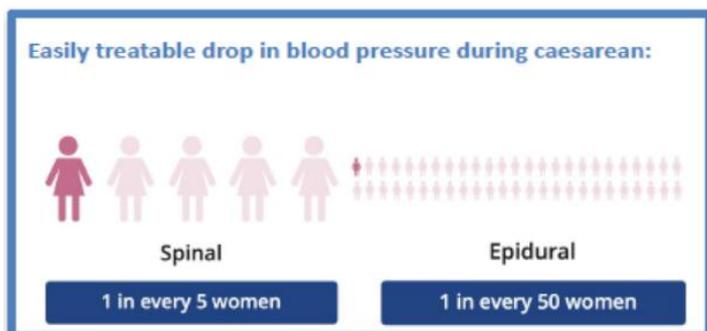
Epidural:

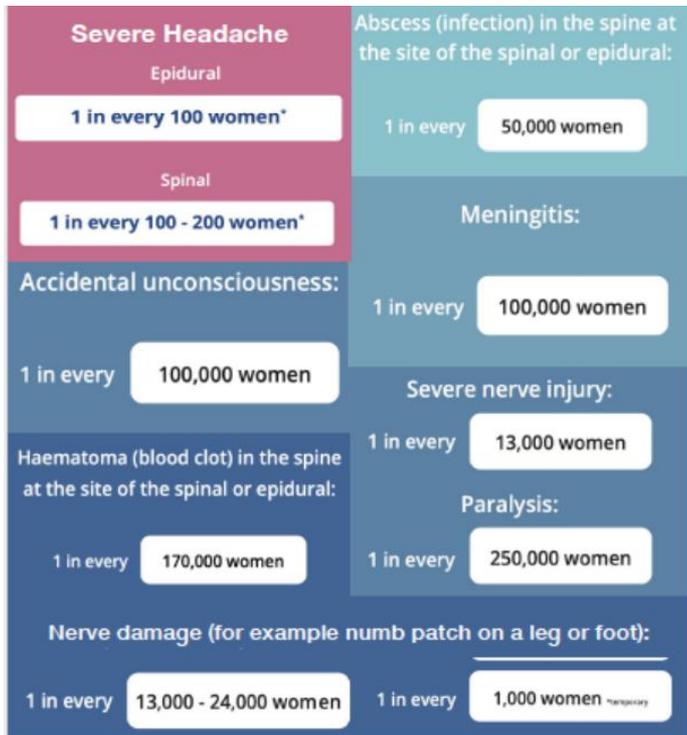
If you are in the third trimester and your pain is not controlled with the above options, you may prefer an epidural. Epidurals usually provide very effective pain relief. You will be reviewed by your anaesthetist prior to this procedure.

A stillbirth increases your risk of developing an infection, and this may cause problems with your blood clotting. Therefore, you will require regular blood tests. If you have an infection or problems with blood clotting, it may not be safe to proceed with an epidural.

To insert the epidural safely, you will need to be able to sit very still and relax your back. Your skin is numbed with an injection of local anaesthetic. Then a tube called an 'epidural catheter' is inserted in your back and carefully secured. Some people find the procedure uncomfortable. It takes about 20 minutes to insert the epidural and about half an hour to get you comfortable.

However, there are risks associated with epidurals, which are shown below.





Reading more

You can find additional information on the <https://www.LabourPains.com> website or scanning the QR code. The infographics on this leaflet have been taken directly from LabourPains.com.



If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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