How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk
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If you require a translation of this leaflet please call your Community Midwife
**Welcome**

Labour is the start of your new life with your baby. We want you to be in the best possible health - emotionally and physically - to start that life together.

When preparing for labour, we suggest you find out all you can, but keep an open mind. Remember, your body is designed to labour and give birth. Do not think, for example, that because you find pain difficult to deal with in other circumstances that you will automatically need an epidural. In labour, you may surprise yourself!

Equally, be kind to yourself if things do not go as you planned. Your labour may be induced, your baby may be in a difficult position, or your carers may recommend a particular form of pain management to deal with a condition such as high blood pressure. Remember, too, that if you are very tense and frightened your labour may not progress smoothly and the pain will seem worse.

Please see the Glossary on page 9 for an explanation of any words used in this leaflet that are highlighted in **bold italics**.

**Water**

If everything is normal with your pregnancy and labour, you should be able to use the pool for pain management in labour, even if you do not want to give birth to your baby underwater. Some women find that immersion in warm water (a bath or pool) enables them to labour without any drugs at all. Others find that using the birth pool delays their need for medical pain management, so allowing them to be upright and mobile for as long as possible in labour. Please read the Waterbirth leaflet for more information.

**Paracetamol tablets**

If all is well with you and your baby, it is best to stay at home as long as possible in **early labour**. Paracetamol tablets may help with early labour pains –2 tablets (1g) can be taken every 4-6 hours but do not take more than 8 tablets (4g) in 24 hours.
Note: Although Paracetamol is safe to take for a short time in pregnancy, Ibruprofen should not be taken.

Complementary Therapies
Some women find complementary therapies beneficial, although there is a lack of sufficient evidence to recommend them. Acupuncture, hypnosis, acupressure and aromatherapy are most commonly used in labour. Aromatherapy can be provided by some midwives and we also support women who wish to be accompanied by a complementary therapist in labour.

Other things you can try in early labour
Other things to try include gentle exercise, a warm bath, massage, hot water bottle or heat pack for back ache, and distraction from music, TV, family and friends. If you’re hungry, eat. If you’re tired, try to doze or sleep. Call your community midwife or the Labour Ward for more advice. Please read the My Labour is Beginning leaflet for more information.

Transcutaneous Electrical Nerve Stimulation ("TENS")
A TENS machine consists of four self-adhesive pads, which are placed at specific points on your back. These are connected by wires to a pocket sized, battery-operated box from which you can regulate the flow of electrical stimulation. It is thought that TENS works by stimulating endorphin production distracting you from the discomfort of early labour and by delaying pain responses to your brain’s pain receptors.

TENS has been shown to relieve back pain, but there is no scientific evidence that it reduces labour pain. Even so, most women who use TENS in early labour find it helpful and say they would use it again next time. TENS is most effective when started in early labour. TENS is safe for both you and your baby. However, it should not be used before 37 weeks of pregnancy and it cannot be used in water. We do not provide TENS equipment in the Maternity Unit but will
support you in its use. TENS machines are readily available for hire from major chemists and other commercial sources.

Once labouring well (in home or in hospital), your midwife will support and encourage you and suggest suitable positions and ways to cope. She will not routinely offer you medicines. Please ask if you feel you need this extra help.

**Entonox/Equanox (gas and air)**
The term Entonox is used in this leaflet

Entonox is a mixture of two gases; oxygen and nitrous oxide. Given alone, nitrous oxide is a powerful anaesthetic; but mixed equally with oxygen to give safe, short-acting pain relief. Entonox has been used for many years in maternity units and at home births when contractions start.

Entonox is quick and easy to use. It is piped to every labour room, and also available in portable cylinders. Entonox can be used in active labour; it is also very useful during internal examinations or other uncomfortable procedures.

Your Midwife will attach a new, sterile mouthpiece (or mask, if you prefer) to the long connecting pipe and give you this to hold. It is important that you hold this yourself so that if you take too much and get very sleepy, you will automatically drop the pipe and wake up.

The most important thing to remember about Entonox is that it takes about 15 seconds to work - so you need to start using it the moment you feel a contraction starting. Place the mouthpiece between your lips and take 4 to 5 breaths as deeply as possible; there is no need to remove it to breathe out. Most women use Entonox throughout each contraction; some just until the peak has passed. Aim to get into a rhythm that suits you. Your birth partner can help by reminding you to use the gas in good time.

Entonox won’t stop the pain altogether (only epidural or spinal anaesthesia can do that) but, used properly, it can make a real difference. Best of all, you stay in control; you can move

**Glossary**

**Anaesthesia** means the removal and absence of pain. An anaesthetic is a drug or procedure that stops pain. Local anaesthetic numbs a small part of the body. A general anaesthetic is a medically-induced sleep during which no pain is felt.

**Caesarean Section** (CS or LSCS) is a surgical operation during which the baby is delivered through a cut in the mother’s abdomen. Caesarean Sections may be elective (planned) or emergency.

**Continuous electronic fetal monitoring** (CEFM) is when your baby’s heart rate and your contractions are recorded by a machine called a cardio-tocograph (CTG). The results are displayed on a computer screen or a long strip of paper (“trace”).

**Early labour** can last several days. During this time the cervix is preparing for labour; softening and shortening, getting ready to open. Contractions are short-lasting, and irregular.

**Endorphins** are naturally occurring pain-reducing chemicals.

**Established labour** (or the first stage of labour) is the time when you cervix is between 4cm and 10cm dilated (open). Contractions are strong, lasting over a minute, painful, and regular.

**Opioid drugs** mimic the effects of endorphins. They block the transmission of pain signals to the brain.

**Second stage of labour** starts when the cervix is fully dilated (wide open or 10cm) and finishes when the baby is born.

**Ventouse** is the name of the suction equipment used to help a vaginal birth of baby, when progress is very slow, or mother or baby are unwell. An alternative method is the Kiwi, a small, hand-operated device.

**Forceps** are interlocking spoons used to cup the baby’s head so the doctor can help the mother birth her baby whilst she pushes.
Once the epidural catheter is in place, you will be given either a continuous infusion of drugs or intermittent ‘top-ups’ by your midwife. If a **Caesarean Section** is required, this can usually (but not always) be done using epidural anaesthesia.

A spinal anaesthetic is very similar in some ways to an epidural – except that total pain relief is almost immediate and you cannot move your lower body at all for the two to three hours that the spinal drugs are effective. Spinal anaesthetics are used for planned and emergency Caesarean Sections and, sometimes, for assisted vaginal births in an emergency.

**To find out more about pain relief**
1. Go to [www.nice.org.uk](http://www.nice.org.uk), search for ‘intrapartum care’, and click on ‘information for the public’.

2. Speak with your Community Midwife. Make a note here of any questions you would like to ask her…


around freely, sit or lean on the birth ball, kneel or stand, get in a bath, rest in bed, or (if everything is normal) go in the birth pool.

It takes a few contractions to get used to using Entonox. Some women feel quite sick to start with – but this feeling usually fades as you get used to using it. You may also experience tingling in your hands (‘pins and needles’) after particularly heavy contractions. This is caused by hyperventilating (over-breathing); cup your hands over your mouth and nose and take 3-4 good breaths to rebalance your breathing.

Used in the way described, Entonox is not harmful to you or your baby.

**Pethidine injection**

Pethidine is an **opioid medicine** similar to morphine but not as strong. Pethidine is usually given by injection into the large muscle of your buttock or thigh. Pethidine has been used for many years in midwifery. Midwives can administer pethidine in labour without needing a doctor’s prescription which means it is available relatively quickly.

Pethidine is usually offered in **established labour** as it may slow progress if given too early. In this unit, we offer either a small dose every two hours or a larger dose every four hours.

There is much debate about the value of Pethidine. Some women find it extremely useful, saying that it helps them relax, “float above the pain”, even sleep between contractions. Other women find Pethidine of no help at all, saying that it made them sleepy without reducing the pain and so less able to cope.

There is no good scientific evidence that Pethidine is an effective pain relieving medicine. Even so, many midwives value the muscle relaxing effect of Pethidine, observing that once a woman is relaxed, her cervix (the opening to the uterus) will start to open more easily.
Pethidine can make you feel quite sick; for this reason it is generally given with an anti-emetic (anti-sickness) medicine.

Pethidine can also have effects on babies. During labour, if your baby's heart is being monitored with **continuous electronic fetal monitoring (CEFM)** the baby may appear to be 'sleepy' and, although this wears off in an hour or so, it can be worrying for women. After birth, especially if you have several large doses of Pethidine, your baby may be slow to breathe and need extra stimulation. Your midwife will assess baby's well-being at birth. There is also evidence that Pethidine in labour may make babies less alert in the early hours and days, so you may need extra patience and skilled help to get breastfeeding established.

Although the list of disadvantages may seem long, most midwives continue to recommend Pethidine. It is probably of greatest value in normal labour, when no problems are anticipated, and the minimum of doses is required. In these circumstances, a well-timed dose of Pethidine may help you avoid an epidural.

Although you cannot use the birth pool whilst under the influence of Pethidine, once the effects have worn off (in 2-3 hours) you may be able to do so.

**Epidural**

Epidurals have been available since the 1970s. An epidural involves the injection of a local anaesthetic (eg. lidocaine or bupivacaine mixed sometimes with an **opiod medicine** such as fentanyl) into the area surrounding the spinal cord. The medicines bathe the nerves that transmit labour pain which blocks painful messages ascending to the brain.

The transmission of nervous impulses controlling muscles may also be affected. Only senior doctors specialising in anaesthesia administer epidurals. Although there is always an anaesthetist on-call for labouring women, there may occasionally be a delay of up to an hour if he or she is involved in emergency treatment elsewhere.

Having an epidural changes the whole nature of labour. You will require an intravenous infusion ("drip"), **continuous electronic fetal monitoring (CEFM)**, continuous blood pressure monitoring, a temporary catheter (tube) to drain your bladder, and sometimes a drug to stimulate contractions (oxytocin). You are likely to be restricted in your movement although alternative positions can be adopted with help and support from your midwife and birth partner.

An epidural may cause your blood pressure to fall suddenly. Although this can be quickly treated, it may cause your baby to show signs of distress.

Although your chance of a **Caesarean Section** is not increased by having an epidural, the **second stage of labour** is likely to be longer and there is an increased chance that your baby's birth will be assisted by **ventouse** or **forceps**. Large doses of epidural opioids may make your baby sleepy.

On the other hand, following a successful epidural, you will be free of labour pain felt in your abdomen, back, and vagina – yet fully alert. You will be able to rest and sleep, or talk and socialise. It is important to know you may still feel pressure in your bottom or vagina despite having an epidural. If your labour needs a lot of help, an epidural may make the difference and enable a positive birth experience.

Setting up an epidural takes 10-20 minutes. During this time, you will have to sit or lie still in a curled position to enable the anaesthetist to assess your spinal cord between the individual bones of your backbone. Your skin will be numbed first with local anaesthetic. Your birth partner and midwife will be close by to give you support.

It takes a further 20-30 minutes for an epidural to be fully effective. Most work well first time but sometimes additional drugs are required or the whole procedure repeated, very occasionally several times.