References

1. Lawrence A, Lewis L, Hofmeyr GJ, Styles C. Maternal positions and mobility during first stage labour. Cochrane Database Syst Rev 2013 Oct 9;(10):CD003934.
2. Cluett ER, Burns E, Cuthbert A. Immersion in water during labour and birth. Cochrane Database Syst Rev. 2018 May 16;5:CD000111.

UNIDADE LOCAL DE SAÚDE
SANTA MARIA

NATURAL METHODS FOR PAIN RELIEF IN LABOUR

UNIDADE LOCAL DE SAÚDE SANTA MARIA

Av. Prof. Egas Moniz—1649-035 Lisboa

SNS SERVIÇO NACIONAL DE SAÚDE

Will I be able to cope with labour pain?

The expectations surrounding labour and the way it is perceived are different for every woman. For most pregnant women, uterine contractions during labour are painful, but pain is greatly influenced by physical, psychological, social, and cultural factors, so the way it is experienced, valued, and tolerated varies enormously.

At the start of labour, uterine contractions may still be somewhat irregular, but intervals between them rarely exceed 10 minutes. The pain that is felt during a uterine contraction is usually similar to a strong menstrual cramp, and it may radiate to the back. The intensity can vary greatly and may or may not be tolerable. From around 4 cm of cervical dilation onwards, contractions usually become more regular, intervals between them gradually become shorter, and the intensity of pain usually increases. Some women cope well with labour pain using **natural methods** of pain relief , while others may need additional help with **pharmacological methods**.

Sometimes it is enough to use a single natural method, while at other times it may be necessary to combine different methods. Natural methods may be helpful in the early stages of labour and pharmacological methods may need to be considered at later stages. For some women natural methods are sufficient throughout the whole of labour. During induced labour, the longer duration of the process, and the greater intensity of contractions may make natural methods less effective. Each woman needs to figure out which methods provide the most comfort and should feel totally free to choose among the available options, as well as to change her mind if needed.

The support and involvement of an **accompanying person** in natural methods of pain relief is extremely important and can greatly increase their effectiveness. If you still have any questions about these methods or if you would like help using applying of them, do not hesitate to speak to the midwife assigned to your room.

Controlled breathing

Controlled breathing is a relaxation technique that helps to reduce pain sensations, to control anxiety, and promote muscle relaxation. This technique involves taking rhythmic, deep, and slow inward and outward breaths during uterine contractions. The aim is to achieve a state of physical and psychological relaxation that helps to reduce the perception of pain and avoids the occurrence of uncontrolled breathing patterns such as rapid, shallow breathing, or sustained breathing pauses.

Music therapy

Music therapy can have a relaxing effect on the body, helping to reduce anxiety and the perception of pain. This effect is closely linked to each person's individual life experiences and can be influenced by psychological, social, and cultural factors.

To achieve the greatest benefit from music therapy, it is important to choose in advance the music that you would like to listen to during labour, selecting pieces that help you to feel more relaxed and calm. If you want to use the sound system in the delivery room, please bring a memory stick with your music selection. Please keep the volume at a level that does not disturb others. If you prefer, you may also bring with you a sound system and headphones.

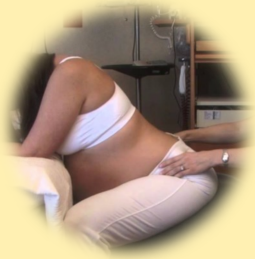
Mobility

If there are no health reasons preventing you from getting up during labour, mobility (standing, walking, sitting on the armchair, or sitting on a birthing ball) has been shown to be effective in relieving labour pain, reducing the need for epidural analgesia by around 20%. It also shortens the overall duration of labour. Most pregnant women feel comfortable maintaining mobility during most phases of labour, so this is usually encouraged. In more advanced stages of labour, some women prefer to spend more time lying down, and the choice naturally depends on what feels best for you. In most cases, mobility can still be maintained even after the membranes have ruptured and after epidural analgesia has been started, but it is important to confirm first that there are safety conditions for this. If a large amount of fluid has come out of the vagina, please speak to the midwife assigned to your room before getting up. If you are receiving medication through an epidural, ask the midwife for assistance the first time you get up after each dose.

You may alternate between walking around the room, sitting on the armchair, and doing exercises on the birthing ball. The upright position and pelvic rocking movements can help the baby to descend through the birth canal. Changing position frequently can reduce fatigue and improve comfort. The birthing ball allows you to sit, perform pelvic rocking movements, and to lean forward, which makes it easier for your accompanying person or midwife to massage your back (please see below). Please ask the midwife in your room to explain how to perform these exercises.

Your baby's wellbeing is a priority to us, so we continuously monitor the baby's heartbeat and uterine contractions throughout labour. This will not prevent you from moving freely, as we have technology that allows monitoring to be performed without the need for wires.

Back massages



Back massages are important methods for relieving labour pain. As pain increases, muscle tension often increases as well, which can worsen the discomfort. Massages helps to relax the back muscles, easing tension and reducing pain. Applying **local heat** may also help relax the muscles and improve comfort. Ask the midwife assigned to your room to perform a back massage the first time, and afterwards your accompanying person can repeat this throughout labour. If you have had an epidural, extra care is needed to avoid the area where the catheter is inserted, so that it does not become displaced.

Warm immersion bath or shower

Warm water, in addition to promoting muscle relaxation, stimulates the release of endorphins by your brain, which are considered a "natural analgesic". During the early stages of labour, a bath or shower usually helps to reduce the sensation of pain and promotes greater relaxation. There are bathroom facilities available where you may take a warm immersion bath or shower. Please let the midwife assigned to your room know if you would like to try this. Continuous monitoring of your baby's heartbeat and uterine contractions can be maintained during this, as the sensors used to transmit signals are wireless and waterproof.