



Pain Relief in Labour

When you're planning for the birth of your baby, pain relief might not be something you have thought about much — but it's a good idea to give it some advance consideration.

Understanding the medicines, techniques and alternatives now, can help you feel more confident, in control, and supported when the big day arrives.

There is a general awareness of epidurals for example, but what about other options for pain relief that are available? Depending on your circumstances and preferences, you might consider:

- Gas and air (Entonox): this is 50% oxygen and 50% nitrous oxide. This gives short acting pain relief after inhaling it. As it is self-administered, some women like the control it gives but others don't like the side effects which may include dizziness and nausea.
- Using the hydrotherapy pool. The National Maternity Hospital offers the option to labour and give birth in a warm water birthing pool*. Some women will find immersion in warm water during labour can ease their contraction pains.
- Transcutaneous Electrical Nerve Stimulation (TENS) machine: pads are placed on the back and a handheld device controls emission of small bursts of electricity through the skin via those pads. This method can be especially beneficial in early labour. Please note; women are encouraged to bring their own TENS machines with them. They are not provided by the hospital.
- Remifentanyl: a strong painkiller administered through a drip*. Women can press a button and have doses of the painkiller released into the drip, as they need it. This cannot be used at the same time as an epidural. While remifentanyl can work well for contraction pains, it would not be enough of a painkiller to keep you comfortable for a Caesarean section. Remifentanyl patient controlled analgesia (PCA) is available at the National Maternity Hospital.
- **Not yet available at all maternity hospitals.*

The truth about epidurals

Epidural analgesia is by far the most effective and reliable form of pain relief for labour and it has a very good safety profile. Social media, certain online information and even outdated books, may not give a holistic picture, however. In 2024 at the National Maternity Hospital 61.7% of our mothers who delivered vaginally had an epidural. 81.4% of these were first-time mothers and 59.7% of those were on their second or subsequent birth. The lower rate for second time mothers is because babies tend to come quicker the second time.



Myth 1: “Epidurals cause chronic back pain”

✗ False. While some women do experience back discomfort after labour, there’s no evidence that epidurals are to blame¹. Pregnancy itself, and pre-existing back problems are the much more likely culprits.

Myth 2: “An epidural will slow my labour down”

✗ Partially true. Epidurals do prolong labour but the magnitude is small, it’s just 15 minutes on average over the duration of the labour.

Myth 3: “If I get an epidural I’ll end up needing a Caesarean section”

✗ Incorrect. Epidurals do not increase the risk of a needing a Caesarean section, and several large studies prove this. Research also shows that epidurals can *make labour safer*² — especially for women with certain medical conditions³.

Myth 4: “There’s only a small window of time to get an epidural”

✗ False: While it’s best not to wait until the last minute, you can usually request an epidural at any stage — as long as there’s enough time for it to take effect. When labour is faster e.g. your second labour, the baby may come quicker than the epidural can take effect. Your care team will guide you. As is the nature of obstetrics, some clinical situations can become urgent. If your anaesthesiologist is required for an emergency elsewhere, there could be a delay in being able to have your epidural placed. Trust your midwife. They are experienced in helping women decide on the timing of an epidural, should they want one. At the National Maternity Hospital, families consistently tell us how supported and empowered they feel thanks to our amazing midwifery team.

Myth 5: “Epidurals can cause nerve damage”

Partially true. While this is possible, it is extremely rare. If nerve damage does occur, it’s far more likely to be related to the birth itself e.g. from prolonged pushing or pressure on nerves inside the pelvis from the baby. In order to minimise this risk, your midwife will encourage you to change your position frequently during labour. At The National Maternity Hospital, we have introduced a ‘regional anaesthesia alert bracelet’ to encourage women to mobilise as

¹ Timerga, Sara, Walle, Getaw, Mebratu, Wondwosen, Befkadu, Aynalem, Assessment of the Association Between Neuraxial Anesthesia and Back Pain After Delivery: A Systematic Review and Meta-Analysis, *Anesthesiology Research and Practice*, 2025, 2105413, 16 pages, 2025. <https://doi.org/10.1155/anrp/2105413>

² American College of Obstetricians and Gynecologists Committee on Obstetric Practice. ACOG committee opinion. No. 339: Analgesia and cesarean delivery rates. *Obstet Gynecol.* 2006 Jun;107(6):1487-8. doi: 10.1097/00006250-200606000-00060. PMID: 16738188.

³ Kearns RJ, Kyzayeva A, Halliday LOE, Lawlor DA, Shaw M, Nelson SM. *Epidural analgesia during labour and severe maternal morbidity: population based study.* *BMJ.* 2024 May 22;385:e077190. doi: 10.1136/bmj-2023-077190. PMID: 38777357; PMCID: PMC11109902.

*This may be already be in use for another woman, and thus unavailable to you.



soon as they feel up to it after the birth of their baby because early mobilisation can also help to minimise symptoms of nerve damage.

Myth 6: "The drugs in the epidural might harm my baby"

✗ False. The medications used are safe in labour and do not interfere with breastfeeding. At the National Maternity Hospital we are continually auditing our practice and engaging with our women in an effort to give the lowest doses of medicines without compromising on pain relief.

Caesarean section

Many women will plan for a vaginal delivery, but the baby has a different plan, and they will instead deliver by caesarean section. In fact 41.5% of first time mothers in Ireland will have their baby by caesarean section. At the National Maternity Hospital, we are passionate about personalising theatre births. With our award winning 'Sips Til Section' initiative, we aim to make you as comfortable as possible by encouraging drinking water freely before your operation. We also have an iPad and speaker* for you to listen to your own choice of music in the theatre, and we encourage you to eat and drink as soon as you feel up to it post-operatively. Your anaesthesiologist stays with you throughout the procedure, and a member of the team sees you the next day too. We also have an anaesthesiologist at the antenatal classes to give information on what to expect during caesarean birth, and to answer any questions you may have. You may be offered paracetamol after your caesarean section. Taking paracetamol and ibuprofen *regularly* can help reduce the need for stronger opioid painkillers. This approach follows international best practice guidelines to support your recovery.

Want to learn more?

Here are two excellent resources:

- **www.labourpains.org** – run by anaesthesiologists, full of honest, helpful information
- **www.nmh.ie** – the National Maternity Hospital's site, where you'll find detailed explanations of all your options under Maternity/Labour and Birth/Pain Management

Remember, if your birth doesn't go exactly as planned, you've done nothing wrong. We cannot plan or control every aspect of the birth of our baby. Every birth and every experience is unique. Your anaesthesiologist is a specially trained medical doctor, and many of us are parents too! We all want the best for our patients. What *you* can do is come informed and prepared, and the National Maternity Hospital is here to provide support every step of the way.

Dr. Nikki Higgins, Consultant Anaesthesiologist and Director of Anaesthesiology at National Maternity Hospital, Holles Street.