



Pain Relief for Giving Birth If Your Baby Has Died

Finding out that your baby has died before birth is devastating. It can be difficult to process all of the information you are given at such a difficult time, so is often helpful to have it in writing as well.

Your doctor will discuss the different options for delivery with you. While the thought of a vaginal birth may be distressing, it is often recommended as there are fewer risks to you and the physical recovery can be quicker. Like any other labour, you will be looked after by an experienced midwife and, where possible, cared for in a private room where your birthing partner can stay with you.

This information leaflet provides information about pain relief options that may be available to you during labour and birth.

What are my pain relief choices for birth?

Ensuring that you have good pain relief during labour and birth is important. While it is understandably difficult, trying some relaxation techniques such as deep breathing, massage and listening to music can all help. In addition to these techniques, there are several forms of pain relief below that can help.

Your personal wishes, medical history and details about this and any previous pregnancies will be taken into account when discussing pain relief options to see what may suit you best.

Gas and air / Entonox

This is a mixture of nitrous oxide and oxygen that is breathed in through a mouthpiece or facemask. Some women find that it can help with their contractions, makes them feel more relaxed and it is easy to move around while using it.

However, while it is very helpful to some women, it is not the most effective form of pain relief compared to other methods and can make some women feel sick.

TENS Machine

A TENS (transcutaneous electrical nerve stimulation) machine attaches to sticky pads on your back. It delivers a small but safe electric current to stimulate the nerves in that area which competes with the pain signals going to your brain and can therefore reduce labour pain.

It has very few side effects, and does not require any special monitoring so helps you to keep mobile. Lots of women find that it can be helpful in early labour but is not as effective when contractions get stronger.

Strong painkilling medicines

Opioids are strong pain killing medicines and include morphine, diamorphine, fentanyl and remifentanyl. They can be given via injection but in this particular situation they are often given via a patient controlled analgesia machine which you will hear us refer to as a PCA.

A PCA involves using a handheld button attached to a pump. When you press the button, the pump delivers a small dose of the painkiller into your drip. Opioid medicines provide good pain relief but can make you feel sick or drowsy. If you are attached to a drip it may be slightly less easy to move around.

Epidural

An epidural is the most effective form of pain relief of all of these options. An anaesthetist uses a needle to insert a very small plastic tube (epidural catheter) into your back. The needle is then removed and the epidural catheter stays in place throughout your labour. Typically during labour, local anaesthetic +/- a small dose of painkiller (opioid) are given down the catheter. This numbs the nerves that carry pain sensations from your tummy and the birth canal.

To check that it is safe for you to have an epidural, the anaesthetist will need to review your medical history and check your blood tests. If your baby has died before birth, you may be at higher risk of bleeding or an infection. This needs to be ruled out before the anaesthetist inserts an epidural to reduce the risk of complications.

It takes about 15 mins to insert the epidural and pain relief takes another 20 minutes or so to be fully effective. Your blood pressure will need to be monitored regularly.

Epidurals are very safe but there are some side effects. After using epidural pain relief for a while, your legs may feel heavier than normal and the epidural pump is often connected to a drip stand, making you less mobile. It can sometimes be difficult to do a wee so you may need to have a tube (catheter) passed into your bladder briefly to empty it. About 1 in every 100 women who have an epidural may develop a severe headache and may require treatment for this.

Where can I get more information?

If at any time you feel uncertain about anything, the healthcare professionals looking after you are there to help. The anaesthetist on duty on the delivery suite may be the best person to discuss your pain relief options with you. Sands², the Stillbirth and Neonatal Death charity, offers support to anyone affected by the death of a baby. They have information online in addition to a helpline that is free to call from a landline.

1. Komatsu R, Carvalho B, Flood P. Recovery after Nulliparous Birth. *Anesthesiology*. 2017;127(4):684-694. doi:10.1097/ain.0000000000001789
2. Support for you | Sands - Stillbirth and neonatal death charity. Sands - Stillbirth and neonatal death charity. <https://www.sands.org.uk/support-you>.

March 2021