

減低分娩時陣痛的方法

簡介

現時瑪麗醫院所提供減低分娩時陣痛的止痛方法有藥物性及非藥物性兩種:

非藥物性止痛方法：

音樂

柔和的輕音樂能幫助產婦放鬆。產婦可攜帶自己喜愛的音樂入院。

生產球

生產球不但可助產婦減輕腰背壓力，還可以促進盤骨鬆弛。產婦應選擇適合自己高度的生產球，坐在生產球上，把雙腿張開至肩膊的闊度，保持平行。此外生產球亦有助承托產婦的會陰部位。這時，伴侶可以按摩產婦背部，以助舒緩緊張情緒。產婦在子宮收縮時，可以嘗試輕輕搖動生產球，幫助減輕初段分娩過程的陣痛與不適。

TENS止痛機

使用TENS止痛機是一種非入侵性的止痛方法，適用於初段分娩過程。此機通過四個放在產婦腰背的電極輸送電流，刺激身體產生「安多酚」，能有效地阻止痛楚感覺傳送到大腦。在電流作用下產婦只會感到輕微陣痛。產婦可以自行調節電流強度以達止痛的效果，如子宮收縮時產婦可以自行加大電流。

生產按摩

透過按壓軟組織以促進血液循環。能減低肌肉緊張，使產婦得以放鬆，甚或有鎮靜作用。規律性按摩能有效刺激中樞神經及

周邊催產素的增加，從而增加孕婦的忍痛能力。按摩產生「觸摸感覺」從而減輕陣痛；按摩時能增加夫婦間的溫暖感受和被關懷感覺，以致有效地表現出親密、鼓勵和關心。

藥物性止痛方法：

安桃樂 (Entonox-俗稱為笑氣)

安桃樂是由50%的氧化亞氮和50%的氧氣混合而成。當氣體被吸入後，大約20秒始發揮作用。在需要時，持續性地吸入氣體，才能發揮止痛的效用。安桃樂的副作用不多，大部份產婦有暈眩或噁心的感覺。這些副作用通常都是短暫的，不會對嬰兒構成任何影響。

派替定 (Pethidine)

派替定是一種強效的肌肉注射型止痛藥。通常在注射後20分鐘左右才發揮作用，可緩解痛楚約2-3小時。Pethidine不一定能減輕痛楚，從以往的經驗所得，約有一半的產婦表示注射後覺得有助止痛。亦有部份產婦在注射Pethidine後會感到頭暈、噁心和嘔吐。Pethidine亦可能壓抑初生嬰兒的呼吸。需要時可為嬰兒注射解藥，以消除此副作用。

硬脊膜外腔麻醉(Epidural analgesia)

這是有效的舒緩陣痛的方法，需要由麻醉科醫生主理。他會把一支幼細空心的針插入硬脊膜外的空間，然後在空針中放進一條十分幼細的導管，導管會留在產婦的背部。提供間歇或持續性的鎮痛，直至生產完結。此外，醫生亦會在產婦的手背進行靜脈滴注，以供應分娩期間所需的水份。

這方法的優點是：

硬脊膜注射可減低子宮收縮引致的痛楚，80%以上產婦對此方法感到滿意

- ◆ 對嬰兒沒有副作用
- ◆ 硬脊膜外腔麻醉能安全地、快速地轉化為半身麻醉以進行剖腹取嬰手術，產婦在整個手術期間亦能保持清醒

這方法的不足之處是：

- ◆ 施行硬脊膜外腔麻醉後，腰部以下的地方的感覺會減少，因此，在分娩時產婦可能需要依賴助產人員提醒如何用力將胎兒推出來
- ◆ 有機會令產婦短暫下肢麻痺乏力、發燒、發冷、頭暈、嘔吐、背痛等
- ◆ 會增加儀器助產的機會
- ◆ 施行硬脊膜收腔麻醉後必須臥床，不能走動
- ◆ 產婦會產生不適，機會約百份之一至二甚至會產生嚴重的頭痛
- ◆ 亦有部份產婦會對藥物有過敏反應，如嘔吐、痕癢等
- ◆ 嚴重及永久性損害神經線的機會則屬罕有，大約有一萬分之一的機會

以上資料由瑪麗醫院婦產科提供




瑪麗醫院
Queen Mary Hospital



贊育醫院
Tsan Yuk Hospital

減低分娩時陣痛的方法 INFORMATION ON LABOUR PAIN RELIEF

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INFORMATION ON LABOUR PAIN RELIEF

Introduction

At Queen Mary Hospital, we provide two types of pain relief during labour, i.e. Pharmacological Pain Relief and Non-Pharmacological Pain Relief.

Non-pharmacological Pain Relief:

Music

Soft music helps you relax. Client can also bring her own music to our Labour ward.

Birth ball

Using birth ball helps to ease the pressure on the mother's back and to relieve stress during uterine contractions. It helps to reserve energy for delivery. Client should choose a birth ball according to her height. When she sits on the birth ball, plants her feet shoulder width apart.

The birth ball provides vital perineal support. Her partner can massage her back to help her relieve stress. If she copes the pain well, she can rock the ball gently during contraction to enhance the progress of labour.

TENS (Transcutaneous Electrical Nerve Stimulation)

TENS is a non-invasive therapy providing electrical impulses through electrodes placed on the back. It is simple to use in early labour. The electrical current, which causes a tingling sensation, stimulates the body's production of

endorphins and blocks pain message at the spinal cord. Mother may adjust the strength of electrical current by herself.

Childbirth massage

The manipulation of soft tissue of the body through stroking, rubbing, or tapping helps to increase circulation, and improve muscle tone which in turn helps to relax patient. It eases muscle tension and helps patient to relax and sometimes its effect can be sedating. Evidence from observational & experimental research suggests that regular massage & other forms of sensory stimulation helps to activate the synthesis of central & peripheral oxytocin and thus increase pain threshold. The massage action between couples communicates warmth, caring, concern, closeness & encouragement. Childbirth massage is an effective psychosocial intervention during labour.

Pharmacological Pain Relief:

Entonox Inhalation

Entonox is an anaesthetic gas that mixed oxygen with nitrous oxide. Client should breathe in deeply with a face mask until a hissing noise is heard with every breath indicating proper flow of gas from the system. She should start breathing the gas at the first sign of uterine contraction as it takes about 20 seconds to effect. It is not necessary to breathe the gas between uterine contractions.

The advantages of this method are:

- ◆ It is easy to use

- ◆ It is safe for both the baby and the mother

The disadvantages are:

There is variable pain relief. Dizziness, and occasionally drowsiness may occur.

Pethidine Injection

Pethidine is a strong narcotic pain killer given by intramuscular injection. It takes 20 minutes to effect. And the pain relief will last for 2-3 hours.

The major advantage of this method is simple administration.

The disadvantages of this method are:

- ◆ There may be variable level of pain relief as experienced by client. Nausea and occasional vomiting may occur
- ◆ There is a risk of depressing the breathing of the newborn baby if given near the time of delivery. An antidote is available to counteract this depression

Epidural Injection

This is performed by a trained anesthesiologist. A thin plastic tube is placed near the spinal cord through a needle in client's back. Through the local anaesthetic drug is injected, intermittently or continuously, through the tube to block the pain sensation from reaching the brain. Blood pressure and the heart rate of client and her baby will be frequently and regularly checked to ensure safety. It is important that an intravenous

infusion is set up for this procedure to replace fluid and prevent dehydration.

The advantages of this method are:

- ◆ A good pain relief method and more than 80% of patients are satisfied
- ◆ No harmful effects on the baby
- ◆ The method can be easily and quickly converted into a full regional anaesthesia for assisted or Caesarean delivery if needed

The disadvantages are:

- ◆ It may cause transient numbness and weakness of the legs fever, shivering, dizziness, nausea, vomiting, backache, etc.
- ◆ May increase the chance of instrumental delivery
- ◆ Mobilization is restricted after epidural injection
- ◆ There is a very small chance of the needle puncturing the meninges around the spinal cord resulting in headache that may last few days. The chance is about 1 in 100
- ◆ Very rarely, damage to nerves may occur (about 1 in 10,000). Complete recovery usually occurs after a few months