

## 減低分娩時陣痛的方法

### 簡介

分娩的痛楚因個人承受的程度而有所不同。痛楚是由於子宮收縮，子宮頸漸漸擴張所致。現時瑪麗醫院提供的止痛方法有藥物性及非藥物性兩種：

#### 非藥物性止痛方法：

##### 生產球

生產球不但可助產婦減輕腰背壓力，並可促進盤骨鬆弛。產婦應選擇適合自己高度的生產球，坐在生產球上，把雙腿張開至肩膀的闊度，保持平行。生產球並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止痛機是一種無創傷身體的止痛方法，適用於初段分娩過程。止痛機是用乾電池發動的儀器，通過四個放在產婦腰背的電極，輸送電流，刺激身體產生一種名為「內啡」(或稱「安多酚」)的物質(endorphins)，阻止身體把脊髓的痛楚感覺傳送到大腦。電流只會令產婦感到輕微陣痛。產婦可以自行調節電流的強度，如子宮收縮時可以加大電流。

##### 生產按摩

透過按壓軟組織促進血液循環，生產按摩

使產婦減少肌肉緊張，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週邊催產素的增加，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，能有效地表現出親密、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%的氧氣組成。當氣體被吸入後，大約20秒始發揮作用。有需要時，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)

這是直接注射止痛藥Pethidine到血液供應強的肌肉(如大腿或臀部)。通常在注射後20分鐘左右才有效，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打針後覺得有助止痛。亦有部份產婦在注射Pethidine後會有頭暈，噁心和嘔吐的副作用。Pethidine亦可能壓抑初生嬰兒的呼吸。有需要時可為嬰兒打解藥針，以消除此副作用。

##### 硬脊膜外腔麻醉 (Epidural analgesia)

這是有用的舒緩陣痛方法，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，當他把空心的針拉出後，導管便繼續留在背部，提供間歇或持續性的鎮痛，直至生產完結。

此外，醫生亦會在妳的手背進行靜脈滴注，供應分娩期間所需的水份。

#### 這方法的優點是：

- ◆ 硬脊膜外腔麻醉亦適用於剖宮取兒，產婦在整個手術期間保持清醒。
- ◆ 當正式步入產程時，便可以施行硬脊膜注射，整個程序須時約20分鐘。注射麻醉藥後約10分鐘左右才開始產生作用。由於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。

#### 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，在分娩時妳可能需要依賴助產人員提醒妳如何用力將胎兒推出來。
- ◆ 注射的位置亦可能會留下一小孔
- ◆ 妳會產生不適，機會約百份之一至二甚至會產生嚴重的頭痛
- ◆ 有部份產婦在施行硬脊膜外腔麻醉後會有背痛；這可能是生產過程所致
- ◆ 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。

以上資料由瑪麗醫院婦產科提供。




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## 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:

#### 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 a battery-powered unit which sends 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 electrical current by herself.

#### Childbirth massage

The manipulation of soft tissue of the body through stroking, rubbing, or tapping helps to increase circulation, to improve muscle tone and to relax the 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 a mixture of oxygen and nitrous oxide (an anaesthetic gas). Through a properly fitted face mask system, client breathe in deeply until a hissing noise is heard with every breath indicating proper flow of gas from the system. She needs to start breathing the gas at the first sign of uterine contraction as it takes about one minute to become effective. 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.

The major advantage of this method is simple administration.

The disadvantages of this method are:

- ◆ There may be variable pain relief. 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 specially trained anaesthesiologist. A thin plastic tube is placed near the spinal cord through a needle in your back. The plastic tube is left in place while the needle is removed. An appropriate local anaesthetic drug is injected, intermittently or continuously, through the tube to block the pain sensation from reaching the brain. Pain sensation will return soon after the drug administration is discontinued and the tube removed. Your blood pressure and the heart rate of you and your 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 fluids and prevent dehydration. Medications may be given through this intravenous line if needed.

The advantages of this method are:

- ◆ There is excellent pain relief and more than 80% of patients are satisfied
- ◆ There are 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
- ◆ There may be some shivering
- ◆ It may cause a transient mild backache
- ◆ There is a very small chance of the needle puncturing the meninges around the spinal cord resulting later in a headache lasting for a 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