Eyes on Evidence
expert commentary on important new evidence

Relaxation techniques for pain management in labour

Pregnant women may experience some benefit from using relaxation techniques during labour, in relation to reduced pain, increased satisfaction and improved clinical outcomes. However, the available evidence is insufficient to make clinical recommendations.

Overview: The pain of labour can be intense, with body tension, anxiety and fear making it worse. Women may use a range of interventions to help with pain relief during labour. Complementary therapies are sometimes used for pain relief, and include: acupuncture, mind-body techniques, massage, reflexology, herbal medicine, homoeopathy, hypnosis, music and aromatherapy.

It is important to examine the efficacy, effectiveness and safety of under-evaluated forms of treatment to enable women, health providers and policy makers to make informed decisions about care.

Current advice: The NICE clinical guideline, Intrapartum care, includes guidance on coping with pain.

Regarding complementary methods of pain relief, NICE recommends that women who choose to use breathing and relaxation techniques in labour should be supported in their choice. Playing music of a woman's choice in the labour ward should also be supported. Acupuncture, acupressure and hypnosis should not be provided, but women who wish to use these techniques should not be prevented from doing so.

New evidence: A Cochrane review, of 11 randomised controlled trials involving 1374 women, examined the use of relaxation methods for pain management in labour, comparing relaxation methods with standard care, no treatment, other non-pharmacological forms of pain management in labour, and placebo (Smith et al. 2011).

The interventions were grouped into relaxation, yoga, music and audio-analgesia. Relaxation was associated with a reduction in pain intensity during the latent phase and active phases of labour. Instruction on relaxation demonstrated increased satisfaction with pain relief, and lower assisted vaginal delivery. Yoga was associated with reduced pain, increased satisfaction with pain relief and satisfaction with the childbirth experience, as well as reduced length of labour. Trials evaluating music and audio analgesia found no difference between groups in the primary outcomes of pain intensity, satisfaction with pain relief and caesarean delivery.

The researchers conclude that there may be some benefit from relaxation techniques in relation to reduced pain, increased satisfaction and improved clinical outcomes to mothers and their babies. However, the available evidence is insufficient to make clinical recommendations and more research is required.

Commentary: "There is substantial interest in using complementary therapies for pain relief by women and their partners preparing for childbirth, and a range of activities offered by providers with
wide variation in cost. This review adds to current knowledge by highlighting that women may benefit from relaxation techniques and yoga, in relation to reduced pain, increased satisfaction with pain relief, and childbirth experience and reduced assisted vaginal delivery. We also know that no effect was found on the use of epidural, length of labour, use of oxytocin or caesarean delivery, and that the use of music and audio analgesia had no effect.

"However, due to the unknown risk of bias of in the majority of trials and the limited number of trials, recommendations for clinical practice cannot be made until further high-quality research has been undertaken. In addition, not enough is known about the type of programme, timing, person providing the programme, training, and length of experience, which may be important.

"There are no data available regarding cost savings or efficiencies, and future trials should include relevant outcomes relating to safety, effectiveness and cost, address bias and sample size, and specify in more detail what women receive in the intervention and standard care." - Jane Sandall, Professor of Social Science and Women's Health, and Programme Director (Innovations) NIHR King's Patient Safety and Service Quality Research Centre Division of Women's Health King's College London.