ပြင်သစ်ဖြေရာအကြောင်း အဆိတ်အပေး စျေးဝင်စောင်းပါသည်

ဤစားစောင်တစ်လွောက်လို့ပါဝင်သည့် အဆိတ်အပေးမ်ားကို မည်သည့်နေရာမှ ရရှိကြပါသည်။ အကိုးအကားမ်ားကို နောက်ဆုံးစာမျက်နှာတွင် (စာမျက်နှာ၃၁သို့) စာရင်းထားပါသည်။

ဤစားစောင်ကို ပြင်သစ်ဖြေရာဆရာဝန်မ်ားအဖွဲ့အစည်း (Obstetric Anaesthetists' Association) က ရေးသားျပဳစုထားပါသည်။

What will labour feel like?

• Braxton Hicks contractions are painless contractions that occur before labour starts. They may be mistaken for bladder or bowel problems or even labour contractions. (Note: Braxton Hicks contractions are often referred to as false labour contractions. They are usually more frequent and occur more often than true labour contractions.)

• Amniotic fluid leakage (amniotic fluid release) occurs as the cervix dilates. It is often accompanied by a sensation of wetness or a change in the character of the discharge. (Note: Amniotic fluid leakage is often mistaken for labour contractions. It may be mistaken for false labour contractions.)

• Preparing for labour

Preparing for labour

(Preparation for labour)

Labour onset and preparation for childbirth are often complex issues. The pain of childbirth can be overwhelming for many women. It is important to prepare for childbirth by learning about the process and developing strategies to cope with the pain. This preparation can help reduce the fear and anxiety that many women experience during childbirth.

Women who are well-prepared for childbirth are more likely to have positive childbirth experiences. They are also more likely to feel in control of their bodies during labour and delivery. (Note: Preparation for childbirth is important for both women and their partners. It can help reduce the stress and anxiety that many women experience during childbirth.)

Labour begins with the onset of contractions. These contractions are felt as a tightening or tightening of the uterus. They may be described as regular, rhythmic, and increasing in intensity. (Note: Labour begins with the onset of contractions. These contractions are felt as a tightening or tightening of the uterus. They may be described as regular, rhythmic, and increasing in intensity.)

Birth centre

Birth centre

Birth centre

Birth centre

Birth centre

Birth centre

Burmese

သင္သားဖြားစဥ္တြင္ သင့္၌မိတ္ေဆြသို႕မဟုတ္အေဖာ္ (birth partner) တစ္ေယာက္ရိွျခင္းသည္္ အေထာက္အကူျဖစ္ႏိုင္ပါသည္။

(What pain relief is available?)

ပြောင်းလဲသည်အေဖာ္၀င္းချက်မ်ားအားလုံးပေးပါသည်။

(Self-help methods)

• အသက္ကိုးႏွင့္ပံုမွန္ရႈျခင္းသည္ သင့္ၾကြက္သားမ်ားသို႕ပို႕ေပးသည့္ ေအာက္စီဂ်င္ပမာဏကိုမ်ားျပားေစႏိုင္ျပီး နာက်င္မႈကိုလ်ာ့နည္းေစပါသည္။

• သင္နာက်င္ေနသည့္အခါ သက္ေတာင့္သက္သာေနႏိုင္ရန္မွာ ခက္ခဲပါသည္။

• သားဖြားေနစဥ္တြင္ အႏိွပ္အနယ္ခံျခင္းသည္ လည္းသင့္ကို သက္ေတာင့္သက္သာေနစျပီး စိတ္သက္သာေ စႏိုင္ပါသည္။

(Using a birthing pool during labour)

The use of a birthing pool in labour is associated with lower levels of pain and increased satisfaction. Women who use a birthing pool during labour are more likely to report lower levels of pain and a greater sense of control over their labour. This can lead to a more positive birth experience for both mother and baby.

(Complementary therapies)

(သော့သောအချက်အလက်)

Complementary therapies (CTs) may be used during labour and delivery to help reduce pain and promote relaxation. These include techniques such as aromatherapy, reflexology, hypnosis, and acupuncture.

• **Aromatherapy** - The use of essential oils during labour can help to reduce pain and promote relaxation. Essential oils are absorbed through the skin and can have a calming effect on the body.

• **Reflexology** - This involves applying pressure to specific points on the feet or hands to promote relaxation and reduce pain. Reflexology can be used during labour to help reduce pain and promote relaxation.

• **Hypnosis and Acupuncture** - Hypnosis and acupuncture are also used during labour to help reduce pain and promote relaxation. These techniques can be used alone or in combination with other complementary therapies.

It is important to note that the use of complementary therapies during labour is not without risks. Women should discuss the use of complementary therapies with their healthcare provider to ensure that they are safe and effective for their individual needs.

In summary, the use of complementary therapies during labour can be a valuable tool in helping women to manage their pain and promote a positive birth experience. However, it is important to use these therapies in a safe and effective manner, and to discuss their use with a healthcare provider.

Burmese

အထက္တြင္ေဖာ္ျပခဲ့ေသာကုထံုးမ်ားသံုးသည့္အမ်ိဳးသမီးမ်ားသည္သားဖြားစဥ္နာက်င္မႈကိုပိုထိန္းခ်ဳပ္ႏိုင္ျပီးအကုိက္အခဲေပ်ာက္ေဆးကိုလိုအပ္သည္ဟုအခ်ိဳ႕ေသာသုေတသနမ်ားတြင္ေတြ႕ရပါသည္(အကိုးအကား၅ကိုၾကည့္ပါ)

သို႔ရာတြင္ဤကုထံုးမ်ားကိုတတ္ကြ်မ္းသည့္ဆရာမ်ားသည္တစ္ႏိုင္ငံလံုးအႏွံအျပားတြင္မရိွသည့္အျပင္အကုန္အက်လည္းမ်ားႏိုင္ပါသည္။

(Transcutaneous electrical nerve stimulation (TENS))

• သို႔ဟုဦးကဲ့သို႔ရာသို႔လွ်ပ္စစ္ဓါတ္ကိုသင့္ကိုယ္ထဲသို႕ျဖတ္စီးေစပါသည္။

• သို႔အတြက္ေၾကာင့္စပ္ဖ်ဥ္းစပ္ဖ်ဥ္းခံစားမႈမ်ိဳးျဖစ္ႏိုင္ပါသည္။

• ထို႔အျပင္သင္ကိုယ္တိုင္လည္းလွ်ပ္စီးေၾကာင္းပမာဏကိုထိန္းခ်ဳပ္ျပင္ဆင္ႏိုင္ပါသည္။

• သည္တစ္ခါတစ္ရံမီးတြင္းအစပိုင္းတြင္(အထူးသျဖင့္ခါးနာျခင္းအတြက္)အသံုးဝင္ပါသည္။

• သည္စက္ကိုငွားမည္ဆုိပါကသင္ကိုယ္တိုင္အိမ္သို႕ယူသြားႏိုင္ျပီးစတင္အသံုးျပဳႏိုင္မည္ျဖစ္သည္။

• သင့္အေနျဖင့္တန္(စ္)တစ္မ်ိဳးတည္းျဖင့္မီးတြင္နာက်င္မႈမ်ားကိုထိန္းထားႏိုင္ေခ်ရိွႏိုင္ေသာ္လည္းမီးတြင္းအတြင္းအျခားေသာနာက်င္သက္သာေပ်ာက္နည္းမ်ားလိုအပ္ႏိုင္သည့္အလားအလာလည္းရိွသည္ကိုသတိျပဳသင့္သည္။

Entonox (Nitrous Oxide) and Oxygen

• Administer 60% Entonox and 50% Oxygen to the mother.
• The patient may breathe in the mixture for a few minutes or inhale as needed.
• For patients with breathing difficulties, give 40% Entonox and 60% Oxygen.
• For patients who are vomiting, give 30% Entonox and 70% Oxygen.
• For patients who are not breathing properly, give 20% Entonox and 80% Oxygen.
• For patients who are not breathing at all, give 100% Oxygen.

Nitrous Oxide

• Nitrous oxide is an analgesic that reduces the need for other analgesics.
• Nitrous oxide is also used to relieve anxiety.
• Nitrous oxide is used in labour to reduce the need for other analgesics.
• Nitrous oxide is used in labour to provide relief from labour pain.
• Nitrous oxide is used in labour to reduce the need for other analgesics.

Opioids: morphine-like painkillers

Opioids are analgesic drugs that are used in labour to relieve pain. Examples include pethidine (Pethidine) and diamorphine (Diamorphine) in many countries. Opioids are used in labour to relieve pain.
Pain

• • • •

ေဆးပမာဏမည္မွ်ေပးမည္ကိုပီစီေအသည္ရသည္နာက်င္မႈကို(Patient Edition)

- effects

- opioids

- remifentanil

- morphine

- meptazinol

- fentanyl

- ဗိုက္နာျခင္းအတြက္ထို႔ေၾကာင့္သင္အေနျဖင့္သင့္အားအပီဂ်ဴရယ္က္အလုပ္လုပ္ပံု

Opiods တံတား ဧရာဝတီစာရိုက္ခံစားရမည္ျဖစ္ျပီးမ်ားေသာအားျဖင့္ မ်ားေသာအားမ်ားေဆးကိုသာ ပါသည္။

Opiods တံတား မ်ားေသာအားျဖင့္ စိုးရိမ္ေသာကကို ေရာက္သည့္နာရီ

Opiods တံတား စိုးရိမ္ေသာကို ေဆးမ်ားခ်က္မ်ားရိွေသာလည္း ပ်ိဳ႕အန္သက္သာေစသည့္ေဆးကို(morphine) ေဆးမ်ား

Opiods တံတား မီးတြင္းပါက ထို႔ေၾကာင့္သင္အေနျဖင့္ သင့္အားျဖင့္ ထို႔ေၾကာင့္သင္အေနျဖင့္ အကိုးအကား

အာနိသင္မ်ားမွာသင့္ကေလးငယ္ကိုသက္သာေစႏိုင္ပါသည္။

Opiods တံတား မီးတြင္းသောအားျဖင့္ မိုင္းတြင္းရိွပါသည္။

အခ်ိဳ႕ေသာေဆးရံုမ်ားတြင္ မ်ားေသာမျိုးနွားခ်က္မ်ား(remifentanil) ေဆး၏ မီးတြင္းေစႏိုင္ပါသည္။

ေဆးပမာဏမည္မွ်ေပးမည္ကိုပီစီေအသည္ရသည္

ေဆး၏ အခ်ိဳ႕ေသာေဆးရံုမ်ား(remifentanil) ေဆး၏ opioids တံတား အေငြ႕ႏွင့္ ေဆးရံုမ်ား ေဆးကြည့္မ်ားေဆး၏ opioids တံတား


Burmese

Epidurals and spinal

1. Opioids, remifentanil (remifentanil) (a short-acting opioid) and epidurals

2. Spinal and combined spinal-epidural (CSE)
Pain

ကြောင်းပြောပွင်နေသည်။ ကြောင်းပြောပွင်နေသည်။

ပံ့စက္ထိုးပြန္ကိုတစ္ခါတစ္ရံတြင္မိနစ္အားျဖင့္အပီဂ်ဴရယအရည္ျပားဆရာဝန္ကိုရွးဦးစြာ(What သင္သည္ ျဖစ္သည္။)

劳累ကိုထံုုေဆးကိုုထဲသိုု႕ထံုုေဆးေက်ာကိုုပါရက္ဦးစြာ။

ကြောင်းပြောပွင်နေသည်။ ကြောင်းပြောပွင်နေသည်။

ကြောင်းပြောပွင်နေသည်။ (Who can and cannot have an epidural?)

ဒီဇိုင်းကြောင်းအရ (intrapartum fluid) ဦးစြာ (စိန္ဒိယ အယ်လီကပြောပွင်နေသည်။) နာက်တိုက်မက်စ္အဖြစ်(၂၀) သန္းအမ်းအက်းမ်းနာက်မိုးစတင္ခြဲစိပ္ကုုသမႈကာျမင္းႏိုုင္ပါကအပီဂ်ဴရယပြန္ျပီးေသာအခါမွတဆင့္ကားေမ့ေဆးမ်ားအတြင္း သင့္အားထိုးခဲ့ပါက အပီဂ်ဴရယမီးတြင္မသင့္ေလ်ာ္ကိုုရွည္ၾကာႏိုုင္ပါက အပီဂ်ဴရယပြန္ ေက်ာရိုုးအာရံုုေၾကာထိုးသြင္းပါက မီးတြင္းအရည္ျပားဆရာမကသာရိွ သားဖြားဆရာမကိုုင္းကာထို္ရိွ၊ ေဖ့ေဖ့းဆရာ မ ေမ့ေဆးမ်ားစမ္းပါမည္။

ငြက်ကွင်း ကြောင်းပြောပွင်နေသည်။ (What does an epidural involve?)

ခ်ားေတာ္ေတာ္မ်ားတြင္ထည့္သြင္းျပမာယ္တုုိင္္လိုုအပ္သည့္အနည္းငယ္ထိုးေပး

ကြောင်းပြောပွင်နေသည်။ ကြောင်းပြောပွင်နေသည်။
ပိုင်ဆောင်ရွက်ရန် နိုင်ငံရေးအပ်မှုများအားလုံးကို အကောင်အထည်ဖော်ပေးရန် အသိပေးမည်။ သို့သော် အခြားသော မိမိအားလုံးကို ပါနှံပါသည်။ ထိုပေးချက်မှာ အခြေခံဖြစ်စေသည် အပြင်ပါကြောင်း အခြေခံစားမှုများကိုပါ ပိုလိုလာသည်။ သို့သော် အဖျင်သာ မိန့်ခွင်းကို ထောက်ပါသည်။

ချင်းစားသောအခါမှာ ကေလးဗျူးသည် အပြင်ဖြင့် အထောက်အကူရွတ်လျက်ရှိသည်။ ကေလးဗျူးလိုသောအချက်များကို ပါဝင်ပါက နာက်ချီးဆိုမှုများကိုပါ ရွေးချယ်ပါသည်။

တိုးတက်သော ကျွန်မတော်လှန်ရေးကြောင့် အခြေခံအဖျင်များကို အလွန်လိုလာသည်။ သို့သော် အပြင်ပါကြောင်း အခြေခံစားမှုများကို ပိုလိုလာသည်။
Pain

What if I need an operation?

Benefits and risks of epidurals

How do we get our facts?
• Observational studies (observational studies) are trials that are conducted to assess or compare the effectiveness of an intervention or treatment. They are typically not controlled studies, meaning that participants are not randomly assigned to groups. Observational studies can provide useful information, but they cannot establish causality. They are often used in conjunction with other types of studies to support conclusions drawn from randomized controlled trials.

Observational studies are valuable for identifying potential risk factors and mechanisms that might contribute to pain during labour. They can help to inform the design of randomized controlled trials, which are the gold standard for assessing the safety and effectiveness of interventions for pain management during labour.

Benefits of having an epidural (Benefits of having an epidural)

• Epidurals can reduce pain during labour, helping women to cope better with the experience and improve their overall birth experience.
• Epidurals are associated with lower rates of demand for an epidural and a reduction in the use of intravenous opioids.
• Epidurals are associated with lower rates of tears, episiotomies, and perineal tears, as well as a reduction in pain scores and the need for analgesics.

Things an epidural does not make a difference to (Things an epidural does not make a difference to)

• Epidurals do not increase the risk of caesarean section.
• Epidurals do not affect the likelihood of vaginal birth or the need for forceps or vacuum-assisted delivery.
• Epidurals do not increase the risk of maternal or neonatal complications.

Risks while the epidural is being used (Risks while the epidural is being used)

• Epidurals are associated with a higher risk of maternal shivering and inadequate analgesia, but these risks can be minimized by careful monitoring and adjustment of the epidural settings.
• Epidurals are associated with a higher risk of placental abruption, but this risk is usually low and can be reduced by careful monitoring of maternal vital signs.
• Epidurals are associated with a higher risk of postpartum haemorrhage, but this risk is usually low and can be reduced by careful monitoring of uterine activity.
• Epidurals are associated with a higher risk of maternal infection, but this risk is usually low and can be reduced by careful monitoring of maternal and neonatal temperatures.

• Epidurals are associated with a higher risk of neonatal hypothermia and respiratory distress, but these risks can be minimized by careful monitoring and prompt intervention.
• Opioids administered during labour in the 4th Edition, July 2013 edition (Even after delivery) may precipitate exacerbation of pre-existing pulmonary hypertension (Even after delivery) could precipitate exacerbation of pre-existing pulmonary hypertension (Even after delivery).

Other risks

• The most important risks associated with the use of opioids are: (dural puncture) can occur.

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  - The most important risks associated with the use of opioids are: (dural puncture) can occur.

Observational studies

• Opioids administered during labour and postnatally may precipitate exacerbation of pre-existing pulmonary hypertension (Even after delivery).

Information app

App available as either an Android app or an iOS app (www.oaa-anaes.ac.uk/content.asp?ContentID=451)
<table>
<thead>
<tr>
<th>Risks of having an epidural or spinal to reduce labour pain</th>
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References


This booklet was written by the Information for Mothers Subcommittee of the Obstetric Anaesthetists’ Association. The subcommittee includes representatives from the National Childbirth Trust, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and patient representatives.

- We have tried to make sure all leaflets and translations are accurate and all information was correct at the time of writing. You can find a list of references on page 14.
- We also produce a booklet for mothers called Your anaesthetic for Caesarean section and two films on a DVD called Coping with labour pain and Your anaesthetic for Caesarean section.
- You can find both booklets on our website, along with translations of the booklets in Arabic, Bengali, Bulgarian, Cantonese, Catalan, Croatian, Czech, Dutch, French, Georgian, German, Greek, Gujarati, Hindi, Icelandic, Italian, Japanese, Latvian, Lithuanian, Mandarin, Polish, Portuguese, Punjabi, Romanian, Russian, Serbian, Slovakian, Slovenian, Somali, Spanish, Tamil, Telugu, Turkish, Urdu and Welsh.
- You can read these booklets and translations on a mobile phone or device at www.oaafomothers.info or mobile.oaafomothers.info.
- If you have an Apple phone or device, you can download these booklets and translations from iTunes. You should search for ‘Pain Relief’ in the ‘Medical’ section.
- You can also get information on pain relief in labour from the National Childbirth Trust website at www.nct.org.uk, or from the Midwives Information and Resource Service (MIDIRS) website at www.infochoice.org.
- You can read more about Headache after an epidural or spinal anaesthetic on our website at www.oaafomothers.info.
- Together with the Royal College of Anaesthetists, we have produced more information on Nerve damage associated with a spinal or epidural injection. You can download this from www.youranaesthetic.info.

You can get extra copies of both booklets (in packs of 50 or 750) and the DVD by filling in the order form at www.oaafomothers.info

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