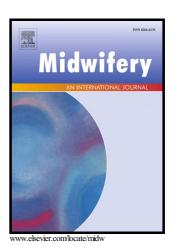
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Taking the alternative route: Women's experience of intranasal fentanyl, subcutaneous fentanyl or intramuscular pethidine for labour analgesia

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Introduction

Many factors influence women's experience of childbirth, including her response to pain in labour. While most women receive analgesia for labour, the pain experienced by each woman is highly variable (Jones et al., 2012). This unique experience is believed to be affected by not only physiological factors, such as maternal position in labour and mobility, but also psychosocial factors, including levels of fear, anxiety or confidence (Othman et al., 2012). A systematic review undertaken to examine which method of pain relief was most efficacious to women in childbirth concluded suitability of pain relief methods needed to be tailored to each woman's circumstance, experience and expectation of labour pain (Jones et al., 2012).

In recent years there has been a change in attitude towards labour analgesia. More women are accessing epidural analgesia, whereas, intrapartum opioids such as pethidine are less frequently used (Lindholm & Hildingsson, 2015). Studies that have examined women's preferences for pain relief during the antenatal period identified women rated pethidine the least preferred pharmacological option due to the potential adverse effects (Henry & Nand, 2004: Madden et al., 2013).

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