

Remifentanil Patient-Controlled Analgesia (PCA) for Pain Relief in Labour – What You Need to Know

Key facts

- Puts **YOU** in control.
- You hold a button in your hand. When you feel pain, press it. A small amount of strong painkiller (remifentanil) goes into a drip in your hand.
- Remifentanil is a strong medicine like morphine, pethidine and diamorphine.
- It can be used instead of an epidural. You might choose this, or there may be medical reasons you cannot have an epidural.
- Works fast and wears off quickly.
- Safe for most women and babies.
- Can be used from 36 weeks of pregnancy onwards.

How well does it work?

- When asking women in labour, they say PCA works better than other injections like pethidine, morphine or diamorphine, but not as well as an epidural.
- Your experience may be different.
- You can also use gas & air (Entonox) alongside it.
- It used to be mainly for women who couldn't have an epidural, but now it is used more widely and has benefits.
- You can stop at any time or change to another pain relief (like an epidural).

NICE 2023 guidelines say that compared with pethidine, remifentanil PCA users are less likely to need an epidural or assisted birth and more likely to have a natural vaginal birth.

How to use it

- A special PCA pump gives you remifentanyl through a drip in your arm or hand.
- Press the button **just before or at the start of a contraction (first subjective sign or in anticipation of labour contraction)**.
- It takes 60-90 seconds to reach peak effect, so timing of pressing the button is important.
- It may take a few tries and a little practice to get the timing right. Your midwife and anaesthetist will help.
- Do **not** use the handset in-between contractions.
- Only you must press the button (not your birth partner).
- A safety feature stops extra doses. You can only get one dose every 2 minutes.
- Tell your midwife or doctor immediately if you feel very sleepy or unwell.

Safety and monitoring

While using remifentanyl PCA:

- You will have oxygen to breathe.
- A clip on your finger will check your oxygen levels.
- Your midwife will stay with you at all times.
- An anaesthetist will be available if needed.
- Your baby will also be closely monitored.

Possible side effects

Some women may:

- Feel sleepy.
- Feel sick.
- Get itchy.
- Have slower breathing or lower oxygen levels (1 in 10 women).

These effects are easy to treat and usually go away quickly. If there are any concerns, the anaesthetic doctor may stop the PCA and discuss other options with you. These medicines have very little effect on your baby.

When it cannot be used

- If you are allergic to morphine-type medicines.
- Within 4 hours of having pethidine or diamorphine.

Questions?

Please ask your midwife, anaesthetist, or obstetric doctor.

We are here to support you and help you choose the best pain relief for your labour.

This leaflet can be formally translated on request via our Patient Experience Team, although response times to have information translated can vary. To request formal translation services or if you would like to make any suggestions or comments about the content of this leaflet, please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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