

Nitrous Oxide Midwife tip sheet

Ontario Midwives

What is nitrous oxide?

Nitrous oxide (N2O) is a colourless gas with analgesic and anxiolytic effects. This inhalational anaesthetic is fast-acting, safe and effective for intrapartum pain relief.

Study participants rated satisfaction with N2O and epidural equally

When would N2O benefit clients?

Client satisfaction linked to maintaining mobility, and control over administration of N2O

Intrapartum pain, especially when >5cm dilated

Avoiding epidural, or awaiting availability/onset of other pain relief

Anxiety during labour

To support out-of-hospital labour (if N2O available in community)

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How does N2O work?

Several mechanisms of action involved

Analgesic effects

Increases the release of endogenous endorphins, dopamine and other opioids in the brain and spinal cord

Analgesic effects work like morphine

Anxiolytic effects work like benzodiazepine

Anxiolytic effects

Increases prolactin and decreases cortisol, reducing the hormonal response to stress. Activates GABA-A, an inhibitory neurotransmitter.

What are the benefits and risks of N2O?

Benefits

- Rapid onset (30-50 seconds)
- Rapid offset
- (1-2 breaths room air) Preserves client mobility
- No effect on uterine activity
 - Non-invasive Cost-effective

Fetal effects

- No effect on fetal heart rate, umbilical cord gases, Apgar score
- Crosses placenta, but lack of lipid solubility prevents accumulation; any residual gas eliminated when neonate starts breathing

Adverse effects

- Nausea
- Dizziness/vertigo
- In mixtures of 50% N20/50% Oxygen, there is NO respiratory depression or diffusion hypoxia

Can N2O be used during the COVID-19 pandemic?

See the AOM FAQ for information about safely using N2O during COVID-19: www.ontariomidwives.ca/covid-19-clinical-faq

How to administer N2O

1. Prepare equipment

Connect regulator, gas tubing, filter, mask/mouthpiece, and scavenging tube.* Check if tank is full enough.

* Equipment may vary by community/institution

2. Inform client

Instruct client to inhale and exhale fully into mask/mouthpiece during contractions, breathe room air between contractions.

5. Refill prn

Monitor gas level and replace tank as needed.

4. Breathe deeply

The client should breathe deeply during contractions. The N2O will only flow during inhalation.



3. Client to hold apparatus

Clarify that no other person should hold mask/mouthpiece for client. Do not use straps to hold mask in place.



Supplies needed:

- Nitrous oxide tank
- Gas tank regulator (integrated from some suppliers)
- Mask/mouthpiece Filter (integrated from some suppliers)
- Gas tubing
- Scavenged gas tubing (scavenging recommended as COVID precaution)
- Cylinder cart carrier (optional)





- References:
- 1. Collins M. Use of nitrous oxide in maternity care: AWHONN practice brief number 6. Journal of Obstetric, Gynecologic & Neonatal Nursing. 2018 Mar 1;47(2):239-42.

 2. Emmanouil DE, Quock RM. Advances in understanding the actions of nitrous oxide. Anesthesia progress. 2007;54(1):9-18.

 3. Hellams A, Sprague T, Saldanha C, Archambault M, Nitrous oxide for labor analgesia. JAAPA. 2018 Jan 1;31(1):41-4.

 4. Knuf K, Maani CV. Nitrous oxide. InStatPearis [Internet] 2020 Jul 26. StatPearis Publishing. Available from: https://www.ncbi.nlm.nih.gov/boosk/NBK532922/#:-:text=Nitrous%20oxide%20used.obstetrical%20ward%20or%20emergency%20department.

 5. Nodine PM, Collins MR, Wood CL, Anderson JL, Orlando BS, McNair BK, Mayer DC, Stein DJ. Nitrous oxide use during labor: Satisfaction, adverse effects, and predictors of conversion to neuroxial analgesia. Journal of Midwifery & Women's Health. 2020 May;65(3):335-41. **Published August 2022**