TENS for Labor Comfort

a gentle guide to a small machine you can hold yourself

TENS stands for **Transcutaneous Electrical Nerve Stimulation**. A labor TENS is a small, battery-powered unit with four sticky pads on your **lower back**. It sends a gentle tingling current through the skin. It is thought to dull pain messages on their way to the brain, and to help your body release its own endorphins. It will not take all the pain away, and it does not work the same for everyone — but many people like having something they can control, especially in early labor. **This page is only about comfort in labor, with pads on the back.**

What the evidence says

A modest, mixed picture

Cochrane Review CD007214 found only limited evidence that TENS reduces labor pain overall; pain scores were often similar to control groups. Some women were less likely to rate their pain as severe, and many said they would use TENS again. No adverse events were reported.

Most helpful in early labor

NICE NG235 (2023) supports your choice to use TENS, notes very little evidence of benefit in established labor, and no evidence of harm. Other pain relief can be used alongside it. NHS leaflets often suggest it mainly for early labor, especially backache.

A comfort tool, not a promise

ACOG lists a TENS unit on the lower back as one non-medication comfort option. It may also help you feel in control. It does not appear to change the length of labor or outcomes for mother or baby (Cochrane).

Where the pads go



Cottage Guide, about 39 weeks · pads 2–4 cm from the spine, not overlapping

How to use it

Start in early labor

Begin when tightenings start, on a **low intensity**, and turn up slowly until you feel a comfortable tingle. It should not hurt. Endorphins take a little time to build, so starting early helps (Elle TENS / NHS).

Use the boost in a contraction

Press the **boost** button when a contraction begins; turn boost off when it eases, so you return to a gentler pulse in between.

Machine off to place or remove

Skin should be clean, dry, and unbroken. Switch the unit **off** before you put pads on or take them off. Use fresh pads. Only you should turn the intensity up — only you can feel it.

Tell your care team

Let your midwife, nurse, or OB know you are using TENS. Take it off for an **epidural**, or whenever staff ask you to switch it off.

Never in water

Do not use TENS in the bath, the shower, or a birth pool. Remove the unit and the pads first. You can put fresh pads back on later.

For general information; ask your own OB or midwife before you buy or use a TENS unit. Not a substitute for personal medical care. Follow the leaflet that comes with your own machine.

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important cautions, when to wait, and a word about choosing a unit

A clear caution

Not for inducing labor. Do not place TENS pads on the breasts, nipples or abdomen in pregnancy. Nipple stimulation to start labor can cause overly strong contractions; only do this with your OB or midwife's guidance.

TENS in pregnancy and labor is for comfort on the lower back, once labor has begun. It is not a method to start labor.

When not to use it

- *Not before 37 weeks, unless cleared*
  Labor-TENS makers (Elle TENS / Babycare) say do not use before 37 weeks of pregnancy unless a medical professional advises it. A try-out, if your provider agrees, is usually on the forearm — not on the bump or chest.
- *Pacemaker, epilepsy, or a heart problem*
  Do **not** use TENS if you have a pacemaker or other implanted electrical device. If you have epilepsy, a heart condition, metal implants, or any doubts, ask your OB or midwife first (NHS; Elle TENS instructions).
- *Skip broken or irritated skin*
  Do not place pads on broken, inflamed, infected, or numb skin, or if you react to the adhesive. Stop and remove the pads if the skin becomes itchy or red.

In the room, and in the water

- *Never in water*
  Take the unit and the pads off before a bath, a shower, or a birth pool. Water and electrical units do not mix. Fresh pads can go back on afterward.
- *Remove for an epidural — and when staff ask*
  TENS comes off for an epidural, and whenever your midwife, nurse, or OB asks you to switch it off, including for some kinds of monitoring.
- *Tell your care team*
  Mention TENS in your birth plan and again when you arrive. They can help with pad placement and will tell you if it needs to come off.

If you are choosing a unit

A **labor-specific** TENS (examples people often ask about are Elle TENS and Babycare TENS) usually has **larger pads** and a **boost button** made for contractions. A general drugstore pain TENS is not the same, and is not automatically suitable in pregnancy. As of 16 November 2026, a current in-stock listing for Elle TENS or Babycare TENS could not be confirmed on Amazon.com (U.S.), so no purchase link or price is printed here. If you shop later, look for a maternity labor unit, read the leaflet, and **ask your OB or midwife before you buy, hire, or switch it on.** Hire schemes and specialty birth shops sometimes carry these models in the United States when Amazon does not.

In short

- Pads on the lower back only — never on the breasts, nipples, or abdomen.
- Start in early labor, low and slow; boost during a contraction.
- Never in water. Come off for an epidural, or whenever staff ask.
- Not before 37 weeks, and not with a pacemaker, unless your provider clears it.
- Tell your care team. Ask before you buy, hire, or switch it on.

For general information; ask your own OB or midwife before you buy or use a TENS unit. Not a substitute for personal medical care. Follow the leaflet that comes with your own machine.

Sources: NICE NG235, Intrapartum care (2023), recommendation 1.6.7. NHS, TENS (transcutaneous electrical nerve stimulation). Cochrane Review CD007214, Dowswell et al., TENS for pain management in labour. ACOG, Making Sense of Childbirth Pain Relief Options (2022, reviewed 2024) — TENS on the lower back as a non-medication comfort option. Babycare / Elle TENS 2 Instructions for Use (Jan 2026), and NHS labor-TENS leaflets (pad placement, boost, water, and early labor).

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