UNC HEALTH CARE
WOMEN'S CARE

Guidelines for management of postpartum pain following discharge from maternity care

Postpartum pain is common. All women experience uterine cramping in the early postpartum period, and women with lacerations from vaginal birth experience perineal pain. Following cesarean delivery, women experience pain from laparotomy.

First-line agents for postpartum pain control are NSAIDs and Acetaminophen. There is evidence that scheduled analgesics (Ibuprofen 600 mg and Acetaminophen 650 mg q6 hours) provides superior pain relief compared with prn dosing. Concurrent dosing provides similar relief to staggered dosing[1].

Women undergoing cesarean delivery often require additional opioid analgesia. **The FDA recommends that breastfeeding women not receive codeine or tramadol**, because common genetic variants in *CYP2D6*, which metabolizes codeine and tramadol, can lead to toxic levels of active drug in breast milk[2]. Other options for oral opioids include oxycodone, hydrocodone, and hydromorphone. Both oxycodone and hydrocodone are metabolized by *CYP2D6*, albeit to a lesser extent.

Contraindications
Ibuprofen
Absolute: History of asthma, urticaria or allergic reaction to aspirin / NSAID therapy
Relative: Active gastric ulcer disease, bleeding disorder, inflammatory bowel disease, renal impairment, refractory hypertension, gastric bypass

Acetaminophen
Absolute: hypersensitivity to acetaminophen, severe hepatic impairment
Relative: Known G6PD deficiency, hypovolemia, severe renal impairment

Many postpartum women are sent home with oral opiates after delivering via cesarean birth, and, in some cases, following vaginal births. Considerable variation exists in the number of tablets dispensed. Recent work suggests that most women ingest fewer than 20 tablets of oral opiates following an uncomplicated cesarean[3]. If women are prescribed 30 or 40 tablets, there is potential for diversion of opiates for misuse, whether by the mother, family members, or others**. Prescribing an appropriate number of tablets is thus a public health priority**.

The following are guidelines for oral analgesia prescribed at discharge following birth. Providers should individualize pain treatment to the specific needs of their patients.

	Vaginal Birth	Cesarean Birth
Non-opiates	**Ibuprofen 600 mg q6h** **Dispense #30 600 mg tablets** (1-week supply) **Acetaminophen 650 mg q6h** **Dispense #60 325 mg tablets** (1-week supply)	**Ibuprofen 600 mg q6h** **Dispense #60 600 mg tablets** (2-week supply) **Acetaminophen 650 mg q6h** **Dispense #120 325 mg tablets** (2-week supply)

Opiates	Opiates not prescribed unless required by patient for pain control during the hospital stay. Perineal pain requiring opiates should prompt a careful evaluation for hematoma, wound breakdown, or infection[4].	If pain well-controlled during postpartum stay (Visual analogue scale <= 4 on POD 2) **Oxycodone 5 mg q6h prn pain** **Dispense #20 5 mg tablets** If pain poorly controlled (VAS >4 on POD 2)[5] Individualize number of tablets dispensed

Cost

Ibuprofen and oxycodone are covered by prescription drug plans. Acetaminophen is over the counter. As of March 2018 at the UNC central outpatient pharmacy, patients can purchase 50 Acetaminophen 325 mg tablets for $1.99; Acetaminophen is free for patients enrolled in the Pharmacy Assistance Program.

Follow-up

- Women calling after discharge requesting additional opiates **should be evaluated in person** to determine the etiology of persistent pain.
- Women with persistent breastfeeding-associated pain should be referred to the UNC Lactation Consultant Warmline, 984-974-8078.

Disposal

Leftover opiates expose the patient and her family to potential misuse or diversion of medications. Leftover opiates can be disposed of through North Carolina's Operation Medicine Drop (http://bit.ly/NCMedDrop), or during business hours at UNC HealthCare locations, including the UNC Hillsborough Outpatient Pharmacy, UNC Central Outpatient Pharmacy, and the UNC Employee Pharmacy (http://bit.ly/UNCMedSafe)

Patient Education

Epic SmartPhrase:obptedcspain
Handout: https://www.mombaby.org/wp-content/uploads/2018/03/Pain-management-after-c-section-3.5.18.pdf
A Spanish-language version of the handout and SmartPhrase will be available shortly.

References

1. Sutton CD, Carvalho B. Optimal Pain Management After Cesarean Delivery. Anesthesiol Clin 2017;35:107-24.
2. FDA Drug Safety Communication: FDA restricts use of prescription codeine pain and cough medicines and tramadol pain medicines in children; recommends against use in breastfeeding women. 2017. (Accessed April 20, 2017, at https://www.fda.gov/Drugs/DrugSafety/ucm549679.htm.)
3. Bateman BT, Cole NM, Maeda A, et al. Patterns of Opioid Prescription and Use After Cesarean Delivery. Obstetrics and gynecology 2017;130:29-35.
4. Fahey JO. Best Practices in Management of Postpartum Pain. J Perinat Neonatal Nurs 2017;31:126-36.
5. Prabhu M, McQuaid-Hanson E, Hopp S, et al. A Shared Decision-Making Intervention to Guide Opioid Prescribing After Cesarean Delivery. Obstetrics and gynecology 2017;130:42-6.

Approved by NC Women's Hospital Patient Education Committee, March 5th, 2018

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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