WOMEN'S HEALTH AND PAEDIATRICS
MATERNITY UNIT

POST NATAL ANALGESIA

Amendments			
Date	Page(s)	Comments	Approved by
14/01/15	3	Change for analgesia after vaginal birth for women who can have NSAID's who are breast or bottle feeding - Ibuprofen from 6 hours after diclofenac.	Women's Health Guideline Group Anaesthetic Consultants. Obstetric Consultants.
14/01/15	3	Analgesia following Caesarian Section for women who can have NSAID's who are breast or bottle feeding – omit first dose if within 6 hours of diclofenac suppository.	
08/08/18		Whole document review. No changes	Women's Health Guideline Group Anaesthetic Consultants.

Compiled by: Debbie Parkinson, Lead Midwife, Joan Booker Ward, Gynaecology And GUM.

In Consultation with: Dr S Newbold, Women's Health Guideline Group, Labour Ward Forum, Obstetric Consultants, Supervisors of Midwives. ASPH, Obstetric Anaesthetic Team.

Ratified by: Women's Health Guideline Group – Chairs Action

Date Ratified: 18/09/14

Date Issued: 18/09/14

Next Review Date: 31/08/21

Target Audience: Staff working within the maternity unit

Impact Assessment Carried Women's Health guideline group

POST NATAL ANALGESIA

See also:
- Care in Labour Guideline
- Caesarian Section Guideline

Women post birth have compelling reasons to achieve optimal pain relief, because they are expected to recover expeditiously and to care for their newborns. Consequently, it is necessary that pain relief is safe, effective and does not interfere with the mother's ability to care for her infant and that it results in no adverse neonatal effects in breast feeding women.

The mainstay of post natal pain relief is Paracetamol +/- Non-Steroidal Anti-Inflammatory Drugs (NSAID's). All post natal pain relief should be prescribed before transfer to the post natal ward. Paracetamol should be considered the analgesic of choice. Where Paracetamol alone is ineffective use of NSAID's should be considered. Ibuprofen and Diclofenac produce low levels in breast milk and are the preferred NSAID's (http://www.midlandsmedicines.nhs.uk/content.asp?section=6&subsection=25&pageIdx=1)

Women who cannot have NSAID's must have alternative analgesia prescribed. It should be noted that the MHRA have advised that codeine is not appropriate in women who are breast feeding (www.mhra.gov.uk/safetyinformation)

Women who are unable to have NSAID's in the early post natal period eg haemorrhage; PET etc should have their analgesia reviewed once their clinical condition is stable (preferably before transfer to the post natal ward) and NSAID's prescribed then if they have no other contraindications.

ANALGESIA AFTER VAGINAL BIRTH

Single 100mg Diclofenac suppository to be given after suturing

WOMEN WHO CAN HAVE NSAID'S (BREAST OR BOTTLE FEEDING)	WOMEN WHO ARE BREAST FEEDING WHO CANNOT HAVE NSAID'S	WOMEN WHO ARE NOT BREAST FEEDING AND CANNOT HAVE NSAID'S
• Paracetamol 1g 6 hrly PRN (TTO own supply) • Ibuprofen 400mg 6 hrly PRN Start from 6 hours if diclofenac suppository has been administered (TTO own supply)	• Paracetamol 1g 6 hrly PRN (TTO own supply) • Tramadol 50mg 6 hrly PRN (TTO for 3 days only via pharmacy)	• Paracetamol 1g 6 hrly PRN (TTO own supply) • Codeine Phosphate 60mg 6 hrly PRN (TTO for 5 days, prescription must indicate that the women is not breast feeding via pharmacy)

ANALGESIA FOLLOWING CAESARIAN SECTION

Single 100mg Diclofenac suppository to be given after caesarean section

WOMEN WHO CAN HAVE NSAID'S (BREAST OR BOTTLE FEEDING)	WOMEN WHO ARE BREAST FEEDING WHO CANNOT HAVE NSAID'S	WOMEN WHO ARE NOT BREAST FEEDING AND CANNOT HAVE NSAID'S
• Paracetamol 1g 6hrly regular prescription (TTO own supply) • Ibuprofen 400mg 6 hrly regular prescription, omit first dose if within 6 hours of diclofenac suppository (TTO own supply) • Oramorph 20 – 30mg 2 hrly PRN (not for TTO's)	• Paracetamol 1g 6 hrly regular prescription (TTO own supply) • Tramadol 50mg 6 hrly regular prescription (TTO for 3 days only via pharmacy) • Oramorph 20 – 30mg 2 hrly PRN (not for TTO's)	• Paracetamol 1g 6 hrly regular prescription (TTO own supply) • Tramadol 50mg 6 hrly regular prescription (TTO for 3 days only via pharmacy) • Codeine Phosphate 60mg 6hrly PRN (TTO for 5 days, prescription must indicate that the women is not breast feeding via pharmacy) • Oramorph 20 – 30mg 2 hrly PRN (not for TTO's)

The anaesthetic team will review the analgesia of all post caesarean section women the day after delivery and will increase the dose of Tramadol if needed.

If higher doses of Tramadol are needed the dose should be reduced 24 – 36 hours after the increase to assess whether the woman is fit for discharge on low dose of Tramadol. **Tramadol TTO's will only be for 50mg QDS for 3 days.**

Writing a TTO for Tramadol.

Tramadol is now a SCHEDULE 3 controlled drug
The **strength, form, dose** and **total quantity** in words and figures must be stated.
Eg: Tramadol **50mg capsules.** 50mg po QDS PRN. Please supply **twelve capsules.**

If a woman is discharged on Tramadol and is breast feeding please document this in the mothers notes, baby's care plan and inform community midwives by documenting this in the comments box on the Post Natal Discharge Form. Tramadol for a brief period is not associated with significant side effects in babies or mothers, however midwives need to advise mothers to observe baby for signs of drowsiness and how to raise concerns.

Community Midwives should be aware that if the mother has used all her TTO's and still requires prescription analgesia she will need to be reviewed by the GP. (Women who are breast feeding should also have the baby reviewed by the GP).

REFERENCES

1. UKMi http://www.midlandsmedicines.nhs.uk/content.asp?section=6&subsection=25&pageIdx=1

2. MHRA. Codeine for analgesia: restricted use in children because of reports of morphine toxicity. Drug Safety Update 2013:6(12) www.mhra.gov.uk/safetyinformation

Monitoring:

1. Annual Post Natal Analgesia Audit.

2. Feedback results to Risk and Governance and Labour Ward Forum annually.

EQUALITY IMPACT ASSESSMENT TOOL

Name: Post Natal Analgesia

Policy/Service: Maternity Service

Background • Description of the aims of the policy • Context in which the policy operates • Who was involved in the Equality Impact Assessment
Provides evidence based guidance enabling staff to deliver consistent care with maternity services
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
Unlikely to have any negative impact as no procedure is carried out with full consent of the women involved and is based on clinical need
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
No impact identified
Conclusion • Provide a summary of the overall conclusions
No impact identified
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
Reconsider at next guidance review

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	**Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	**Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	**Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	**Social class** (consider ability to access services and information, for example, is information provided in plain English?)

If further assessment is required please see the Integrated Single Equality Scheme.

For advice in respect of answering the above questions, please contact, HR Manager, on extension 2552.

PROFORMA FOR RATIFICATION OF POLICIES AND GUIDELINES BY RATIFYING COMMITTEE

Policy/Guidelines Name:	……Post Natal Analgesia……………………………………………………
Name of Person completing form:	………Debbie Parkinson………………………………………………….
Date:	………………180914………………………………………….

Author(s)	Debbie Parkinson and Dr S Newbold
Name of author or sponsor to attend ratifying committee when policy/guideline is discussed	Debbie Parkinson and Dr S Newbold
Date of final draft	180914
Has this policy/guideline been thoroughly proof-read to check for errors in spelling, typing, grammar and consistency?	Yes
By whom:	Women's Health guidelines Group
Is this a new or revised policy/guideline?	New guideline

Describe the development process used to generate this policy/guideline.
Maternity guidelines Group, labour ward forum, disseminated to all obstetric consultants for comment
Who is the policy/guideline primarily for?
Staff working in maternity services
Is this policy/guideline relevant across the Trust or in limited areas?
Maternity services
How will the information be disseminated and how will you ensure that relevant staff are aware of this policy/guideline?
Notice board, intranet, communication bulletin, newsletters
Describe the process by which adherence to this policy/guideline will be monitored.
See monitoring section
Is there a NICE or other national guideline relevant to this topic? If so, which one and how does it relate to this policy/guideline?
Advice from UKMi regarding codeine and breastfeeding.
What (other) information sources have been used to produce this policy/guideline?
See reference list
Has the policy/guideline been impact assessed with regard to disability, race, gender, age, religion, sexual orientation?
No impact identified
Other than the authors, which other groups or individuals have been given a draft for comment?
Women's Health guideline Group, Supervisors of Midwives, all obstetric consultants
Which groups or individuals submitted written or verbal comments on earlier drafts?
Comments received by email
Who considered those comments and to what extent have they been incorporated into the final draft?
All comments considered by Women's Health guideline group
Have financial implications been considered? yes

MONITORING - Compliance with this guideline will be monitored yearly by review of maternity records and prescription charts as detailed in the table below. Where deficiencies are identified action plans will be developed and changes implemented and disseminated as required.

Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangement**	**Acting On recommendations and Lead(s)**	**Change in practice and lessons to be shared**
Management of appropriate post natal analgesia being prescribed and administered. 1 Is the mainstay of post natal pain relief Paracetamol +/- NSAID's 2 Unless contraindicated is Ibuprofen and Diclofenac the preferred NSAID being used. 3 Does the medical history agree with the prescribed analgesia. 4 Is Codeine being prescribed for breast feeding women 5 Are community midwives informed of women going home on Tramadol who are breast feeding	**Standard lead** Debbie Parkinson Lead Midwife Joan Booker Ward	1% of health records using audit tool Attached appendix	Annually	Reported to Labour Ward Forum and Risk and Governance Team	**Criterion Lead** Debbie Parkinson, Lead Midwife who will disseminate and monitor any action plans required. Labour Ward Manager Maternity Matron Clinical Managers	Communication bulletin MDT Quality & Safety half days Staff meetings Any other meeting as appropriate Individual feedback as appropriate One or all of the above.

POST NATAL ANALGESIA – AUDIT TOOL

1. If the mother is breast feeding has codeine been prescribed — YES / NO

2. Has Paracetamol been prescribed — YES / NO

3. Has Ibuprofen been prescribed with Paracetamol to women who can have NSAID's — YES / NO

4. Has Tramadol been prescribed to women who are breastfeeding and who cannot have NSAIDs — YES / NO

5. Has Oramorph been prescribed to post Caesarian Section women — YES / NO

6. Has the TTO for Tramadol been prescribed correctly **50mg QDS for 3 days.** — YES / NO

7. If the mother is sent home with Tramadol has the Community midwife been informed by completing The Comments Box on the Post Natal Discharge Form. — YES / NO