

Post-Partum pain relief –time to review?

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Introduction : There was a perception amongst the senior ward midwives at our institution that women who have a spontaneous vaginal delivery (SVD) were experiencing greater than expected levels of pain . Furthermore, there has been pressure from the pharmacy to remove codeine from the post-partum analgesia regimen to reduce the risk of neonatal respiratory depression in babies of women who breast feed. The latter stimuli provoked an audit of postnatal analgesia and it seemed prudent to include all patients due to the potential impact of removal of our most common opiate analgesic.

Methods: We initially performed a pilot audit to test our data collection forms and receive feedback from the midwives/anaesthetic staff. Data was then collected prospectively over a period of 3 weeks for all women who delivered at our unit regardless of mode of delivery for the duration of their stay. Data included age, parity , a history of chronic pain, labour analgesia, episiotomy/3rd degree tear, anaesthesia for caesarean section, intrathecal/ epidural opiate usage and dose, post-partum analgesia, first and highest pain score on a visual analogue scale on the post-natal ward and nausea scores.

Results: A sizeable amount of data was collected, a brief summary is shown below. No patients experienced chronic pain and only 7% of patients had nausea.

Mode of Delivery	Number of patients	First Pain Score		Highest Pain Score	
		Mean	median	Mean	median
SVD	99	2.4	2	3.7	4
Instrumental	39	4.2	5	5.2	6
LUSCS	90	4.1	4	6.2	6

Figure 1 – Summary of data

Discussion: The pain scores of women after a SVD were reassuringly low. However, there are a small number of women who experience pain scores of 7-10. The pain scores for women after a CS are slightly concerning. On discussion with the ward midwives the break in oral analgesia during sleep in the 1st night post-operatively was mostly to blame for this.

Conclusion: The pain scores experienced in the post-natal period support the routine use of opiate analgesics after a CS while an inpatient. The decision over what is the most appropriate opiate analgesic is in progress currently. In addition the early morning peak in pain score would suggest that we need to ensure late night and early morning analgesia prescription,