Pain management—after childbirth

Most women will experience some pain following childbirth. This information explains the pain relieving medicines you may be prescribed, including possible side effects of each medicine. It is important to tell your doctor or pharmacist about the following:

- any medicines you were using prior to coming into hospital. Prescription, non-prescription or over-the-counter medicines, herbs and natural remedies may interact with the medicines you are prescribed in hospital. Some examples include antidepressants, St John’s Wort, sleeping tablets or sedatives, anti-epileptics, any medicines for migraines, muscle relaxants or medicines for nausea and vomiting.

- if you suffer from chronic pain.

- if you are allergic to any medicines.

- if you have or have ever had asthma, a stomach ulcer, bowel disorders (such as Crohn’s disease), epilepsy, an injury to the head, depression, any mental illnesses, problems with your kidneys or your liver or any other medical condition.

Assessing your pain

While you are in hospital your midwife or doctor will ask you about your pain. They may ask you to score your pain with a number between zero and 10 (zero means no pain and 10 means the worst pain you can imagine). You may prefer to describe your pain as mild (score less than five) or moderate to severe (score five to 10).

We aim to manage your pain so that your score is four or less. This means you are able to comfortably care for yourself and your baby. Remember, it is always important to have some pain medication before your pain becomes severe.
Pain relieving medicines

There are three common types of pain relieving medicines:

1. simple medicines, such as paracetamol (Panadol®)
2. anti-inflammatories, such as ibuprofen (Nurofen®) or diclofenac (Voltaren®)
3. opioids such as oxycodone (Endone®, OxyNorm®), tramadol and morphine.

These medicines work in different ways, so it is usually safe to use more than one at a time. In fact, combining different types of pain relieving medicines may give better pain control allowing lower doses to be used.

All medicines may cause side effects, however each person responds differently and most people do not experience any side effects at all.

Most side effects are mild, predictable and easily treated. Allergic reactions (rash, swelling, hives or wheezing) are not common. Speak to your midwife or doctor immediately if you suspect you are experiencing a side effect to a medicine.

Please note that not all pain relieving medicines are suitable for everyone.

Always follow the instructions on the packaging and never take more than the recommended dose.

Paracetamol

Paracetamol is an effective pain reliever and regular dosing can actually prevent pain from developing. When pain does occur, it is usually less severe and requires smaller doses of stronger pain medicines to provide relief. For this reason, for the first few days after the birth of your baby, you will probably be given paracetamol regularly. Paracetamol has been safely used to treat pain after birth for more than 50 years.

The adult dose of paracetamol is two 500 mg tablets four times a day, up to a maximum daily dose of 4000 mg (four grams)—i.e. eight 500 mg tablets in 24 hours.

If you take other medicines containing paracetamol, e.g. Panadeine®, Codral Cold & Flu® these must be included in the total amount taken. Please discuss this with your doctor or pharmacist.

When you get home and become more active, you may experience some increased aches and pains. You can continue to take regular paracetamol at home until your pain settles.
Anti-inflammatories

Anti-inflammatories such as ibuprofen (Nurofen®) and diclofenac (Voltaren®) help with swelling as well as pain. You can take an anti-inflammatory, in addition to paracetamol, to help control your pain.

You can take either ibuprofen or diclofenac, but never both together.

The recommended dose of:

• ibuprofen is 200 mg to 400 mg up to three times a day
• diclofenac is 25 mg to 50 mg up to three times a day.

Do not take anti-inflammatories continuously for longer than seven days without consulting your pharmacist or doctor. In some circumstances your doctors will advise not using anti-inflammatories because of specific risks associated with your condition.

Common side effects include heartburn, stomach upset or abdominal discomfort, nausea, dizziness, diarrhoea, drowsiness and headache.

Taking these medicines with food usually minimises stomach irritation.

Opioids

Opioids cover a wide range of strong pain relievers including codeine (contained in Panadeine® and Panadeine Forte®), morphine, pethidine, tramadol and oxycodone.

Opioids are very effective pain relievers and are used for moderate to severe pain. They mimic the action of certain hormones in the brain, nervous system and gut and work to dull the awareness of pain and prevent its transmission through the body. Tramadol works in two ways: it acts like an opioid, and it also slows pain messages between the nerves in the brain.

If your pain is not adequately controlled with a combination of regular paracetamol and diclofenac or ibuprofen then an opioid may be added for extra pain relief.

Common side effects include nausea, vomiting, itch, confusion or mental clouding, headache and dizziness, sweating and constipation. However, these side effects more commonly occur with high doses and continued use. Opioids used after birth are usually lower doses and used short-term.

Drowsiness and slow reaction times can sometimes occur with opioids, and may mean that you need your dose reviewed. Speak to your midwife, doctor or pharmacist if you become excessively drowsy.

الدواء المضاد للالتهاب

تسبع مضادات الالتهاب، من أمثال الإيبوبروفين (نيروفين®) أو ديكلوفيناك (فولتارين®) على تخفيض التورم، والآلام. يمكنك تناول مضادات الالتهاب بالإضافة إلى الباراسيتامول لمساعدتك على الح🛑 في الأمر.

يستطيع تناول إما الإيبوبروفين أو ديكلوفيناك، ولكن ليس أبداً كلاهما معاً.

الجرعة الموصية بها لكل منها هي:
• إيبوبروفين 200 ملغم إلى 400 ملغم ثلاث مرات يومياً كحد أقصى.
• ديكلوفيناك 25 ملغم إلى 50 ملغم ثلاث مرات يومياً كحد أقصى.

لا تتناول مضادات الالتهاب باستمرار لأكثر من سبعة أيام دون استشارة طبيب أو الصيدلي. في بعض الحالات سيستثنا الطبيب بعدم استخدام مضادات الالتهاب بسبب بعض الخطر المحدد المرتبطة بحالة الصحة.

من الآثار الجانبية الشائعة حرقة في المعدة، ألم في المعدة أو الأمعاء، الغثيان، الدوخة، الإسهال، التعب والصداع.

تناول هذه المضادات مبكرًا خارج المدة تقلل عادة مزج الباراسيتامول والباراسيتامول الباراسيتامول، إيبوبروفين، بيثيدين، ترامادول وأكسيدون.

المواد أفيونية المفعول

تشمل المواد أفيونية المفعول على عدد كبير من مسكنات الألم منها الكودين (الذي يحتوي على البانادين، والبانادين فورت)، المورفín، بيتيدين، ترامادول، وأكسيدون.

المواد أفيونية المفعول من السكانت الفعالة جداً للألم وتفيد الألم المعتدل وحتى الحاد. وهي تракти عمل بعض الهرمونات في المخ والنظام العصبي وال Меأل الفيصل لقليل من حدة الشعور بالألم ومنعه من الإنتشار في الخلايا. يعمل الباراسيتامول بطريقة: كمادة أفيونية المفعول بالإضافة إلى إعطاء سر سائل الآلم التي تقلل الأعراض إلى المخ.

في الحالات التي لا يتم فيها الحكر في الألغام بشكل كاف باستخدام مزيج من الباراسيتامول الحي إيبوبروفين أو ديكلوفيناك ، قد يتم إضافة مادة أفيونية المفعول كمسكن إضافي للألم.

تشمل الأثار الجانبية الشائعة الغثيان والقلق، الحركة، الإسهال، أو عدم القدرة على التركيز، الصداع، الأرق، والإنساء. إلا أن هذه الآثار الجانبية تحدث في المعدة عند تناول جرعات كبيرة والاستخدام المستمر. عادة توصف المواد أفيونية المفعول بعد الولادة بجرعات أقل وفترة قصيرة.

بما أن الوجع وإعطاء دواعي إعطاء المواد أفيونية المفعول قد تتطلب ذلك إعداد النظر في الجراحة التي تتناولها. تحدث مع القابضة أو الطبيب أو الصيدلي إذا شعرت بنعاس مفرط.
Always be aware when handling your baby that medication can affect your alertness and coordination, making you drowsy and slowing your reaction times.

See how the medication affects you before attempting tasks such as bathing your baby. Take care when standing up from a sitting or lying position, to avoid dizziness.

Time the doses of medicines which make you drowsy to coincide with your baby's sleep times, if possible.

Always keep medicines out of the reach of children.

Breast milk and pain medication
Small amounts of pain medications are transferred into breast milk but the dose received by the baby (relative to its size), is usually much less than that given to the mother. Paracetamol and anti-inflammatories are generally considered acceptable to use while breastfeeding. Opioids may occasionally cause sedation or excess sleepiness in breastfed babies but usually only at doses that would cause similar effects in the mother. You should seek advice if you require more than 30 mg per day of oxycodone, more than 400 mg per day of tramadol or if you are concerned that your pain medication may be affecting your baby. Codeine is less accepted due to unpredictable metabolism. Premature babies and those with apnoeas or breathing difficulties may be more sensitive to the effects of opioids.

Useful contacts
Australian Breastfeeding Association provides advice about breastfeeding and can be contacted via 1800 686 2 686.