Best practice guidelines for postpartum pain management – A pilot study.

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Effective postpartum pain management is a complicated practice due to variables such as the type of birth delivery and the individual patient’s current health status. One of the main issues contributing to the inadequate management of postpartum pain is the current lack of guidelines or treatment protocols, especially regarding the treatment of pain experienced beyond the first 24 hours. This study is designed as phase I of a broader study that aims to: a) identify whether patients are being assessed regularly to determine need for pain management; b) evaluate prescribing trends that may contribute to dissatisfactory pain relief; and c) develop local, evidence-based guidelines to optimise care in the 72 hours postpartum. The first phase involved an audit of 190 patients over a 4-week period via patient surveys, medication and medical charts. Results demonstrated that pain management during this period failed to meet criteria for appropriateness, and that analgesic choice was often based on nurses’ preconceived medications of choice, not current best practice. The study confirmed results of a previous hospital audit of 24 patients and 11 midwives. The analgesics chosen were frequently those not recommended for routine use, such as dextropropoxyphene and tramadol. There were also disparities in both frequency and methods of rating patient pain scores. Local, evidence-based guidelines were then developed, with appropriate analgesic options for patients, based on delivery method and the time since delivery. Recommendations included a stepwise approach, with regular use of paracetamol for first-line analgesia in all patients, adding in non-steroidal anti-inflammatory drugs when required. Appropriate narcotic choices, for example morphine via patient-controlled-analgesia, were also indicated for patients with more severe pain, such as post-caesarean pain. The guidelines included the use of fixed-dose scheduled analgesics, as opposed to dosing ‘when necessary. Routine use of pain assessments, rated by the patient rather than the midwife, using 6-hourly rating scales, was also recommended. Following guideline implementation, the second phase of the study - a post-intervention audit to determine the success of the guidelines in improving patient care and satisfaction - will commence.