# **DRAFT PROTOCOL**

# **Clinical Practice Guidelines for Pain Management after Childbirth**

1. **Applicability**

Any patient receiving intrapartum care before, during, or after childbirth at (hospital name).

1. **Definitions**
2. **Opioid-sparing**: Multimodal approach to pain management using medications and nonpharmacologic strategies to improve pain and minimize the need for opioid medication.
3. **3rd or 4th degree laceration**: A tear of tissue between the vagina and the anus that extends into the anal sphincter. Can be more common with operative vaginal delivery (e.g., use of vacuum or forceps).
4. **Patient-centered care**: Care that is respectful of, and responsive to, individual patient preferences and needs and ensures that patient values guide all clinical decisions.
5. **Shared decision-making**: A process in which both a patient and a clinician work together to make a healthcare decision; optimal decisions consider medical evidence about the options and align with the patient’s preferences and values.
6. **Health equity**: A state in which all people have a fair and just opportunity to attain the highest level of health, regardless of race, class, gender, and other social circumstances.
7. **NSAID**: Non-steroidal anti-inflammatory drugs
8. **COMFORT:** Creating Optimal pain Management FOR Tailoring interventions after childbirth
9. **Standard**

For all people undergoing childbirth, the goal is to create a safe and effective plan for managing pain postpartum, in accordance with the COMFORT clinical practice guidelines. These national guidelines promote opioid-sparing pain management, excellent pain control, and patient-centered, equitable care experiences. All patients will benefit from opioid-sparing approaches, including preparation for and education about postpartum pain, scheduled non-opioid medications (e.g., NSAIDs, acetaminophen) for those without contraindications, and nonpharmacologic strategies (e.g., abdominal binder, heat/ice therapy). In addition, some patients may need opioid medication for pain management. Patients receiving an opioid should receive information on the risks and benefits of opioid prescribing (including sedation, overdose, and persistent use), the effects on lactation, and safe disposal. Opioid prescription sizes should be within COMFORT clinical practice guideline-concordant ranges and tailored within this range based on the individual patient’s needs, preferences, and values.

1. **Guideline**

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| **Prenatal** | Determine individual factors that may impact pain management needs and plans. Offer anticipatory patient education and counseling about pain management after birth.  |
|  | **Vaginal Birth** | **Cesarean Birth\***  |
| **Postpartum Day 0** | Determine individual factors that may impact pain management needs.Opioid-sparing pain management to include:* Education on pain management strategies and considerations
* Scheduled NSAID (e.g., ibuprofen)
* Scheduled acetaminophen
* Nonpharmacologic strategies

Opioid analgesia, if appropriate | Determine individual factors that may impact pain management needs.Opioid-sparing pain management to include: * Education on pain management strategies and considerations
* **Long-acting regional analgesia**
* Scheduled NSAID
	+ **Consider ketorolac on POD 0 and then oral NSAID (e.g., ibuprofen) on POD 1**
* Scheduled acetaminophen
* Nonpharmacologic strategies

Opioid analgesia, if appropriate\*differences from vaginal birth in **bold** |
| **Postpartum Day 1** | Determine individual factors that may impact pain management needs.Opioid-sparing pain management to include:* Education on pain management strategies and considerations
* Scheduled acetaminophen and NSAID
* Nonpharmacological strategies

Opioid analgesia, if appropriate  |
| **Discharge** | Determine individual factors that may impact pain management needs.Opioid-sparing pain management to include:* Education on pain management strategies and considerations
* Scheduled acetaminophen and NSAID
* Nonpharmacological strategies

Opioid analgesia, if appropriate* Utilize Opioid Prescribing Tool
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* 1. Prenatal
		1. [Nurse/clinician/trainee/other] determines individual factors that may impact pain management needs and plans (see Exhibit A).
		2. [Nurse/clinician/trainee/other] provides patient education and counseling about anticipatory pain management after birth (see Exhibit B).
			1. Give patient handouts/resources (see Appendices A & C).
			2. Document special considerations and patient preferences for pain management.
	2. Postpartum Day 0
		1. Cesarean Birth
			1. [Nurse/clinician/trainee/other] assess/reassess individual factors that may impact pain management needs and plans (see Exhibit A).
			2. [Nurse/clinician/trainee/other] provides patient education and counseling about pain management after birth (see Exhibit B).
			3. Anesthesia provides long-acting regional anesthesia in the operating room.
			4. [Clinician/trainee] orders COMFORT Cesarean Birth order set (see Exhibit C).
				1. Scheduled [simultaneous or staggered] around-the-clock non-opioid medications

Ketorolac 15 mg IV every 8 hours for 3 doses starting POD 0

Ibuprofen 800 mg every 8 hours to start 24 hours postpartum

Acetaminophen 1000 mg every 8 hours

* + - * 1. Oxycodone 5 mg every 6 hours PRN for [moderate to severe pain on pain scale]
				2. Order COMFORT nonpharmacologic menu strategies Consider standard ordering of recommended COMFORT menu options (e.g., abdominal binder, heat/ice therapy)
			1. [Nurse/clinician/trainee/other] offers patient COMFORT menu or nonpharmacologic strategies (see Exhibit D).
		1. Vaginal Birth
			1. [Nurse/clinician/trainee/other] assesses/reassess individual factors that may impact pain management needs and plans (see Exhibit A).
			2. [Nurse/clinician/trainee/other] provides patient education and counseling about pain management after birth (see Exhibit B).
			3. [Clinician/trainee] orders COMFORT Vaginal Birth order set (see Exhibit C).
				1. Scheduled [simultaneous or staggered] around-the-clock non-opioid medications

Ibuprofen 800 mg every 8 hours

Acetaminophen 1000 mg every 8 hours

* + - * 1. Order COMFORT nonpharmacologic menu strategies Consider standard ordering of recommended COMFORT menu options (e.g., abdominal binder, heat/ice therapy)
			1. [Nurse/clinician/trainee/other] offers patient COMFORT menu of nonpharmacologic strategies (see Exhibit D).
			2. Do NOT prescribe routine opioids for uncomplicated vaginal birth.
				1. Consider opioid analgesia ONLY when appropriate (e.g., postpartum tubal ligation, higher order vaginal laceration)
	1. Postpartum Day 1 - All Births
		1. [Nurse/clinician/trainee/other] assesses/reassess individual factors that may impact pain management needs and plans (see Exhibit A).
		2. [Nurse/clinician/trainee/other] provides patient education and counseling about pain management after birth (see Exhibit B).
		3. Continue COMFORT order set (see Section B: Postpartum Day 0).
		4. Continue COMFORT nonpharmacologic strategies menu (see Section B: Postpartum Day 0).
	2. Discharge Day - All Births
		1. [Clinician/trainee/other] elicits and clarifies the patient’s preferences and values:Inquire about their concerns and priorities for postpartum pain management (see Exhibit A).
		2. [Clinician/trainee/other] assesses/reassess individual factors that may impact pain management needs and plans (see Exhibit A).
		3. [Clinician/trainee/other] provides patient education and counseling about pain management after birth (see Exhibit B).
		4. Determine non-opioid medication plan for discharge.
			1. [Clinician/trainee/other] prescribes scheduled [simultaneous or staggered] around-the-clock non-opioid medications and provides the patient with appropriate dosing and administration instruction (see Exhibit C).
				1. Ibuprofen 800 mg every 8 hours
				2. Acetaminophen 1000 mg every 8 hours
			2. [Nurse/clinician/trainee/other] offers patient COMFORT menu of nonpharmacologic strategies (see Exhibit D).
				1. Discuss which strategies the patient would like to use at home
				2. Consider feasibility and try to remove barriers for patients with resource challenges
				3. Consider Social Work consult as appropriate for material needs and access barriers
		5. [Clinician/trainee/other] determines opioid prescribing needs for discharge.
			1. Consult COMFORT Clinical Practice Guidelines opioid prescribing ranges for individual populations and procedures to determine appropriate options for shared decision-making with patients.
				1. **Determine the prescribing range:** Using the **type of birth and birth procedures** and **any individual risk factors**,identify the corresponding COMFORT panel range of an appropriate prescription size (see Exhibits A & F)
				2. **Determine the right prescription size:** With the patient, determine the best prescription size within the appropriate range

Consider the patient’s individual factors (see Exhibit A)

Consider markers of the patient’s pain management needs (e.g., **pain level, pain medication use in previous 24 hrs.)** and the **day of discharge**



* + - 1. If the patient receives an opioid prescription, verbally review and provide them with written education on opioid harm reduction information (see Appendices A, D, & E).
				1. Risks of Opioid Use Disorder (OUD) and overdose
				2. Increased risks of overdose when mixing opioid medications with benzodiazepines, alcohol, cannabis, and other drugs
				3. Opioid medication use with lactation
				4. Information about naloxone and offer of a prescription for naloxone
				5. Safe storage and disposal (see Appendix D)
				6. Complete [Start Talking form](https://www.michigan.gov/opioids/health-professionals/panel-info-pre/pre/forms-resources)
			2. Send a prescription to the pharmacy for Oxycodone 5 mg with the number of selected tablets.
	1. For patients with Opioid Use Disorder (OUD), chronic pain, or complex pain needs
		1. The standard of care outlined in this document is still appropriate for patients with OUD, chronic pain, or complex pain BUT may not be sufficient to manage their pain.
		2. Please refer to the COMFORT+ Clinical Practice Guidelines (see Appendix G) for a principle-based approach to patients with complex pain.
		3. Consider consultation with anesthesia, addiction medicine, and/or pain medicine where possible.

1. **Exhibits**
	1. Individual factors that may impact pain management and needs.
		1. Use the below chart to assess individual factors that impact pain management needs and opioid prescription size.

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| --- | --- | --- | --- |
| **Factors**  | **Components** | **How does this influence pain?** | **How to assess** |
| Patient Preferences | Patient's beliefs, wishes, and values related to pain management | Some patients may want to avoid opioid medications; others may be concerned about managing their pain at home | Ask, What is most important to you in managing your pain?What concerns do you have about opioid medications or pain? |
| Mental Health | DepressionAnxiety | Mental health conditions may affect a patient’s experience of pain and are associated with increased risk of new persistent opioid use following childbirth | Screening Tools:* Edinburgh Postnatal Depression Scale (EPDS)
 |
| History of Trauma | Post-traumatic stress disorderIntimate partner violence  | Trauma can increase difficulty of pain management and may affect patient preferences for management options | Screening Tools:* Primary Care Screen for DSM-5 (PC-PTSD)
* PTSD Checklist for DSM-5 (PCL-5)
 |
| Type of Birth | Vaginal birthVaginal birth with additional procedures or lacerationsCesarean birth | Operative procedures and advanced lacerations may be associated with increased postpartum pain | Delivery summaryOperative report |
| Health Conditions | Substance Use:* Tobacco
* Alcohol
* Non-medical use of prescriptions such as benzodiazepines, hypnotics, and sedatives
* Other illicit substances
 | Substance use can increase both the difficulty of pain management and the risk of respiratory suppression and persistent use with opioid prescribing | Screening Tools:* [TAPS](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5291717/#:~:text=TAPS%20Tool%20scores%20have%20a,of%20their%20TAPS%2D1%20responses.)
* [4Ps](https://pubmed.ncbi.nlm.nih.gov/17805340/)
 |
| Ability to receive non-opioid medications:* Acetaminophen
* NSAIDs
 | Patients who cannot take acetaminophen and/or ibuprofen may have higher baseline pain | Allergy listPatient discussion |
| Pain Management at Time of Discharge | Pain scores in 24 hours prior to discharge | These factors reflect a patient's pain control and pain medication needs following discharge  | Nursing flowsheets |
| Medication use in 24 hours prior to discharge | Medication administration record |
| Timing of discharge | Number of days postpartum at the time of discharge |

* 1. Patient Education and Counseling
		1. Set clear expectations for the pain experience.
			1. How pain management differs across mode of delivery and procedures.
				1. Even patients planning vaginal birth should receive information about the possibility of cesarean birth and pain management
			2. Expectations for recovery.
				1. Help patients know what to expect after birth, including normal and abnormal pain
		2. Discuss effective medications for pain management.
			1. First-line pain management should include non-opioid and nonpharmacologic strategies.
				1. Acetaminophen and NSAIDs should be used together as scheduled, first-line medications for postpartum pain unless contraindicated
			2. Offer a menu of nonpharmacological strategies that may improve the pain experience.
		3. Safer opioid use
			1. Use of prescription opioids ONLY to manage severe breakthrough pain that is not relieved by other alternatives.
			2. Safety of limited opioid consumption for lactating moms, and the importance of watching for infant sedation and respiratory suppression.
			3. Risks and side effects of opioid medications (sedation, respiratory depression, dependence, withdrawal, addiction, overdose).
			4. Do not use opioids at the same time as alcohol, benzodiazepines, muscle relaxers, sleep aids, or other medications that can cause sleepiness.
			5. Appropriate use of naloxone, if prescribed.
			6. How to safely store and dispose of opioids.
			7. Discuss mental health and well-being to improve postpartum recovery.
			8. Review and sign Start Talking form per Michigan Department of Health and Human Services requirements.
	2. Non-Opioid Medications\*

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| **Simultaneous Schedule** |
| 7am  | Acetaminophen (1000mg) Ibuprofen (800mg) | **Why choose this schedule?**Simultaneous dosing may be easier to administer. **Inpatient**: Simultaneous dosing may be easier to incorporate on busy floors or with high patient-to-nurse staffing ratios. **Discharge**: Patients may choose this dosing to reduce burden or facilitate sleep. |
| 3pm | Acetaminophen (1000mg) Ibuprofen (800mg) |
| 11pm | Acetaminophen (1000mg) Ibuprofen (800mg) |

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| **Staggered Schedule** |
| 7am | Acetaminophen (1000mg)  | **Why choose this schedule?**There is limited evidence in non-obstetric patients to support staggering medications.**Inpatient:** Patients with more breakthrough pain may benefit from staggered dosing. **Discharge:** Patients with poorer pain control may consider this approach. |
| 11am | Ibuprofen (800mg) |
| 3pm | Acetaminophen (1000mg)  |
| 7pm | Ibuprofen (800mg) |

**\***For admitted patients undergoing cesarean birth or with complex pain (e.g., history of opioid use disorder, chronic pain requiring opioid medications), consider Ketorolac 15 mg IV every 8 hours for 3 doses starting POD 0 to replace the first 3 doses of ibuprofen

* 1. Nonpharmacologic Strategies to Manage Pain
		1. Offer to patients as a menu of options to select from:
			1. Heat
			2. Ice
			3. Abdominal binder (cesarean birth only)
			4. Acupuncture
			5. Acupressure
			6. Mindfulness
			7. Music
			8. Aromatherapy
	2. COMFORT Opioid Prescribing Ranges

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| --- | --- |
| **Population** | **Prescription Range (5 mg tabs of oxycodone)** |
|  | RoutineVaginal Birth + VBAC | Vaginal birth with 3rd or 4th degree laceration | Postpartum sterilization with minilap | Cesarean birth discharged on POD2 | Wound vacuum | Peripartum hysterectomy (Additional) | Dilation and Curettage | Uterine artery embolization | Postpartum endometritis, antibiotic course complete |
| General adults | 0 tabs | 0-5tabs | 0-5tabs | 0-15tabs | 0-15tabs | 0-10 tabs | 0 tabs | 0 tabs | 0 tabs |
| Individuals who cannot take NSAIDs or acetaminophen | 0 tabs | 0-10tabs | 0-10tabs | 0-15tabs | 0-15tabs | 0-10 tabs | 0 tabs | 0 tabs | 0 tabs |
| Individuals who use benzodiazepines, sedatives, or hypnotics | 0 tabs | 0-5tabs | 0-5tabs | 0-15tabs | 0-15tabs | 0-10 tabs | 0 tabs | 0 tabs | 0 tabs |
| Individuals with alcohol use disorder/non-opioid substance use disorder | 0 tabs | 0-5tabs | 0-5tabs | 0-10tabs | 0-15tabs | 0-10 tabs | 0 tabs | 0 tabs | 0 tabs |
| Individuals who use tobacco or have cannabis use disorder | 0 tabs | 0-10tabs | 0-5tabs | 0-10tabs | 0-15tabs | 0-10 tabs | 0 tabs | 0 tabs | 0 tabs |

1. **Appendices**
	1. Managing Pain after Childbirth patient brochure
	2. Managing Pain after Childbirth clinician guide
	3. [Non-Medication Pain Management patient brochure](https://michigan-open.org/resource/non-medication-pain-management/)
	4. [Safe Storage and Disposal patient brochure](https://michigan-open.org/resource/safe-storage-disposal-of-opioids/)
	5. [Learn the Facts Naloxone patient brochure](https://michigan-open.org/resource/learn-the-facts-naloxone/)
2. **References**
	1. Link to SR paper
	2. Link to COMFORT+ Clinical Practice Guidelines

1. **Authors and Consultants**
2. **Approval**