



## **Pain Management on OB**

- We use a pain scale of 0-10. 0 is no pain and 10 is the worst pain you have ever had.
- We will be asking your pain scale # before we give you medications and will be reassessing this score within 1 hr. of giving you your medication to see if our actions were effective.
- We can readjust your pain plan as needed according to your scores.

## **Labor and Delivery**

**IV:** for delivery of fluids to keep you hydrated in labor. For access in case we need to give any IV medications.

**Fentanyl:** IV narcotic given during a contraction to help decrease pain caused by contractions. Takes the edge off contractions and helps patient relax between contractions. Optimally, it is not given within 2-4 hrs. of delivery as all narcotics can cause respiratory depression in a newborn.

**Nubain:** Intravenous or intramuscular injection pain reliever in labor. It is also given during a contraction to help take the edge off contractions. Optimally, it is not given too close to delivery.

**Epidural or Spinal:** anesthesia for more complete pain relief in labor.

**Pitocin:** Synthetic form of oxytocin, hormone which causes uterine contractions. Used to augment or induce labor. Given IV, very slowly via an IV pump. Also given after delivery of placenta to keep your uterus contracted and prevent excessive post partum bleeding.

**Terbutaline:** given IV or subcutaneously, or by mouth to relax your uterus and stop contractions.

**Magnesium sulfate:** given IV per IV pump to relax uterus and stop preterm labor. Requires hospitalization. Also helps prevent seizures in patients with severe Gestational Hypertension.

**Tylenol:** given for headache or fever in labor usually greater than 100.4.

**Antibiotics:** given to group beta strep positive women in labor. Usually several doses are given as prophylaxis for the newborn. Also given if amniotic sac has been ruptured for a prolonged period (18-24 hrs.) and patient is becoming febrile.

## **Delivery**

**Lidocaine:** local anesthesia used for episiotomy or for repair of perineum after delivery.

Epidural: would serve as anesthesia for episiotomy or repair of the perineum after delivery.

## **Postpartum**

Discuss your pain management plan at beginning of shift with each RN.

**Pitocin:** mentioned above.

**IV** will stay in until you are stable which is usually your 1<sup>st</sup> postpartum day.

**Tylenol with Codeine or Percocet:** usually 1 to 2 tabs by mouth taken for relief of perineal pain.

**Ice:** Remember to use ice on your perineum for at least first 24 hours to decrease swelling and help reduce pain in that area by numbing the site.

**Peribottle:** fill with warm water and spray over your perineum—helps dilute urine so it stings less. Also used for cleaning perineum. Fill to top so we can measure how much you urinate the first two times you go in the hat.

**Dermoplast:** topical local anesthetic spray that you can ask for that you can spray directly on your perineum.

**Tucks pads:** can be used to relieve discomfort of hemorrhoids after delivery. The Witch Hazel is soothing.

**Motrin:** 600-800mg given by mouth every 6 hrs. as needed for pain. Great for discomfort caused by contractions and general muscular soreness after delivery. An anti-inflammatory medication.

**Colace:** a stool softener that can be given two times a day, morning and night. This is given so that when you have your first bowel movement, you do not need to strain. Also over the counter.

**Dulcolax:** 10 mg given by suppository as needed for relief of constipation or extreme gas.

**Ambien:** 5-10 mg given as needed by mouth at night for sleeplessness.

### **Breast Soreness**

**Soothies:** soothing gel pads that can be placed directly on your nipples and areola to relieve discomfort. They are multi use and can even be refrigerated between uses.

**Lansinoh cream:** lanolin nipple cream to relieve discomfort.

**Ice:** great to relieve the discomfort of swelling when your milk first comes in.

Any further issues, please contact lactation services.

## Post Cesarean Section

- There will be discomfort because not only have you had a baby, you have had major abdominal surgery. A pain level of 3-4 after surgery (after meds given) is not uncommon.
- Pain is usually felt in the incisional region. We will help you move and perform your activities of daily living and move side to side the first few hrs. after delivery.
- Within 8 hrs. after surgery, you will be dangling off the side of the bed and by 12 hrs. walking around your room. The next day, you will be up to taking small walks to the nursery and in the OB hallway.
- Remember we can give you combinations of medications at staggered times to help control your discomfort. Make a pain management plan with your nurse. Generally, you can start with a higher dose and then take lower doses before going home.

In addition to the abovementioned postpartum meds, you may have

**Duramorph:** morphine that was given via your epidural catheter right after delivery by anesthesia personnel. Usually helps lessen pain for a few hours after surgery.

**Toradol:** an IV medication that is also a pain reliever. Often given the first few hours after surgery. Because it is in the same family of drugs as Motrin, we would not give them together.

**Nubain:** antiitch medication that is given IV (for some, narcotics given in the epidural or spinal can cause itching)

**Oxycodone:** a narcotic that is given by mouth every 3 hrs. as needed. Dosages are 5-10 mg. You may want to start with 10 then taper to 5 mg once you are feeling better.

**Mylicon:** 2 chewable tabs that can be given 2 times a day to prevent or treat gas. Keep moving as well. Doing a couple of laps around the OB department is also great to get everything moving and prevent gas pains.

**Colace:** see above.

**Celebrex:** a stronger version of Motrin (ibuprofen). Relieves pain, tenderness, swelling and stiffness. Given by mouth for pain usually on a timed basis.

**Tylenol:** pain reliever given after surgery every 6 hrs. in addition to your other pain relievers.

It is very common to **alternate** Motrin then Tylenol taken with oxycodone. **Combinations of medications** generally work well to address pain. By combining medications, a patient generally requires fewer narcotics, which is helpful to avoid constipation, grogginess, and urinary retention. All the meds we give you are safe for breastfeeding at this point.

### **Post Cesarean going home**

Your care provider will write you a prescription for Percocet. We will print out instructions for you. Remember that Percocet contains Tylenol, so you might want to alternate it with ibuprofen instead.

## **General Information**

This abbreviated medication availability sheet is a guideline for our common medications on OB. Your care provider and RN will tailor fit a program to you, taking into account your allergies, sensitivities, condition and level of pain. We can also **print out very detailed medication information sheets for you about anything you are taking or will be taking once you go home.**

### **Homeopathic Meds or other medication you may be taking or are considering taking**

Before you take any other medications than those you have discussed with your care provider, please discuss these medications or homeopathic treatments with your care providers. Some medications may be contraindicated for breastfeeding or not compatible with what your care provider has prescribed.