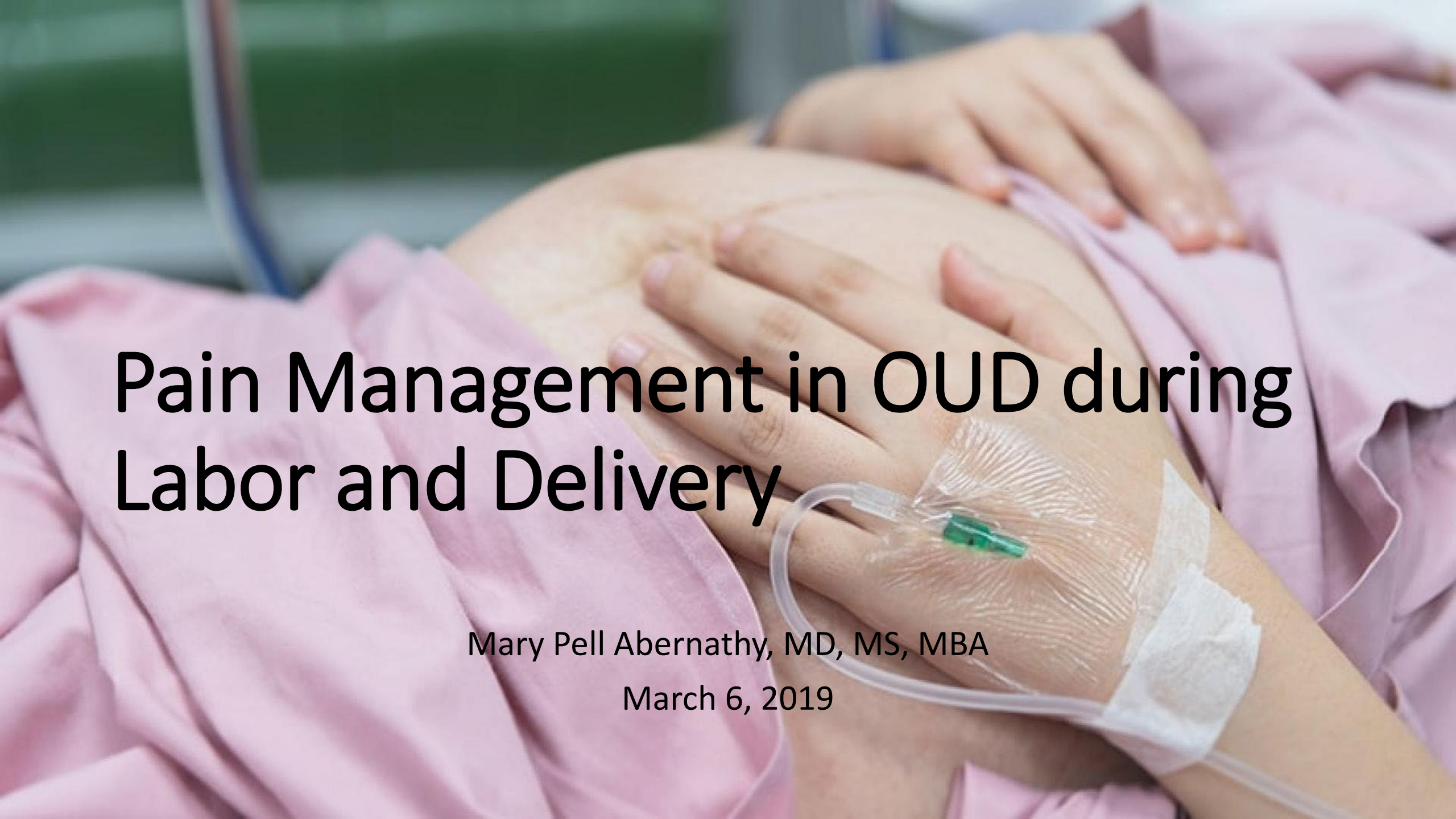

Pain Management in OUD during Labor and Delivery

Mary Pell Abernathy, MD, MS, MBA

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Learning points

- Patients on MAT still need pain relief during labor and delivery.
- Pain management should be provided in the safest and most effective way possible, consistent with the patient's wishes.
- Use the clinical exam rather than the patient's prescribed dose of MAT to guide pain relief during pregnancy.
- Remember to use multimodal therapy for postoperative pain management including nonsteroidal therapy (intraoperative ketorolac or IV acetaminophen, if appropriate), spinal or epidural morphine, oral acetaminophen and PCA for breakthrough pain.
- Use PCA on by demand only (no basal rate).
- Monitor patient for respiratory depression.

Provide L&D Staff Training on Intrapartum Pain Management

- Avoid mixed antagonist/agonist preparations such as nalbuphine(Nubain), butorphanol and pentazocine.
- Doulas may help with psychosocial support and pain relief.
- Continue usual dose of medication-assisted therapy during labor and hospitalization.
- Use neuraxial anesthesia and consider early epidural.
- Use alternative pain management: nitrous oxide, mindfulness and relaxation training, gabapentin, ketamine can be used.

Labor analgesia

- Opioid dependence will not affect the efficacy of local anesthetics.
- Using epidural or combined spinal-epidural analgesia is effective.
- Solutions of higher concentration of opioids may be necessary.
- Avoid treating opioid-dependent patients with mixed antagonists and agonists (Nubain) to avoid precipitating withdrawal.

Post vaginal delivery analgesia

- Can usually be achieved with NSAIDS and acetaminophen (unless they have Hepatitis-C)
- Continue MAT at pre-delivery dose.
- Watch for over-sedation.
- Use ice packs, Sitz baths and analgesia creams.

For scheduled Cesarean Section

- Regional anesthesia is preferred using spinal, epidural or combined spinal-epidural.
- Use intrathecal or epidural opioids to help but they may not be as effective in controlling pain as in non-OUD patients.
- Patient–controlled administration pumps (PCA) can be used but may require higher doses. Use as on-demand (not as a basal rate).
- Continue MAT as pre-delivery.
- Monitor for over sedation.
- Avoid using benzodiazepines and zolpidem to decrease respiratory depression.

Postoperative pain management

- C/S: use PCA (on-demand), scheduled regimen of nonsteroidal and acetaminophen mixed with narcotics.
- Use short-acting opioids post C/S for pain relief.
- Send home with no more than #20 (acetaminophen and oxycodone) and set expectations for refill.
- Avoid trigger medications (oxycodone alone).
- Vaginal delivery: nonsteroidal anti-inflammatory and acetaminophen preferred. Use topical analgesics for perineal pain relief.

Postpartum support

- Set expectations prior to delivery.
- Use allied health professionals to provide in-depth and consistent follow up.
- Discuss storage and disposal of leftover medications.
- Mother-baby dyad is beneficial for both mother and baby. Use Eat Sleep Console Model (Yale) to help guide NAS therapy.
- Contraceptive counseling is important immediately postpartum.
- Encourage lactation counseling to promote and support breastfeeding.