

PAIN IN LABOUR

CARE CONSIDERATIONS FOR PREGNANT PERSONS DIAGNOSED WITH OPIOID USE DISORDER/ PRESCRIBED OPIOID AGONIST THERAPY



Key Points

Opioids for Acute pain are **SAFE**

- Opioid use for acute pain **is safe** when a patient is prescribed OAT
 - Increased frequency and dosages of opioids are often needed to manage acute pain in this population
 - If possible, avoid the opioid of choice to decrease the risk for relapse



Anxiety & History of Trauma

- Pain management in labour is a source of stress
- Open communication is key to ensure pregnant persons feel supported and heard during this time

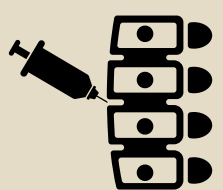


Daily Opioid dose

- Daily dose of OAT is not adequate for acute pain management
- Priority should be placed on continuing daily dose of OAT even in the intrapartum period (including split doses)



Anesthesia Considerations



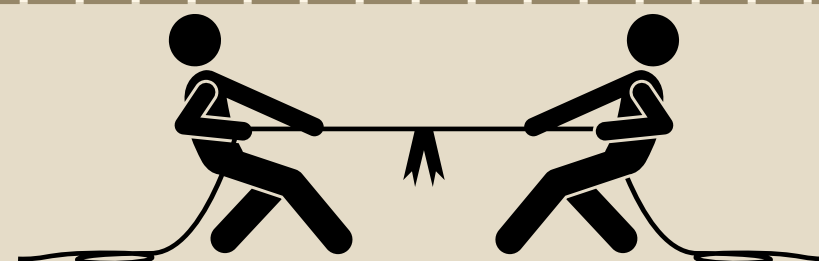
Epidural:

- Preferred analgesic modality (when no contraindications are present)
- Early placement is recommended



Pruritus Treatment:

- Ondansetron 4-8mg PO/IV as first line for treatment instead of Nalbuphine



Opioid Antagonists:

- Opioid antagonist should not be administered alongside OAT medication unless otherwise indicated
 - Due to risk for acute withdrawal
- Opioid antagonists may be used in pregnant persons prescribed OAT in appropriate clinical contexts, such as overdose.
 - In those situations, pregnant persons need to be closely monitored for withdrawal.

BOTTOM LINE

Opioids for acute pain are safe. Increased doses may be needed due to tolerance and pain sensitivity



Multimodal approach is needed to pain management. In addition to using a non-judgmental approach.

