

## ECHO Idaho: Opioid Addiction and Treatment

Pain Management for the Pregnant Woman on  
Buprenorphine

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The speaker has no significant financial conflicts of interest to disclose.

# Learning Objectives

- Treatment of pain during the antepartum period

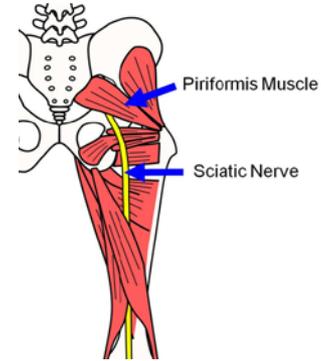


- Pain management during labor

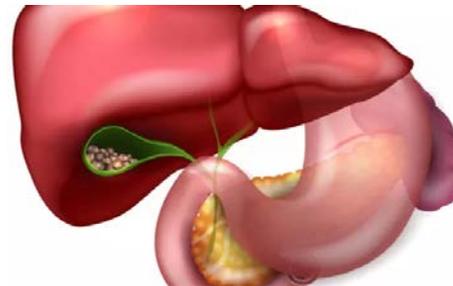
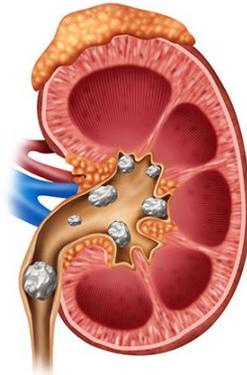
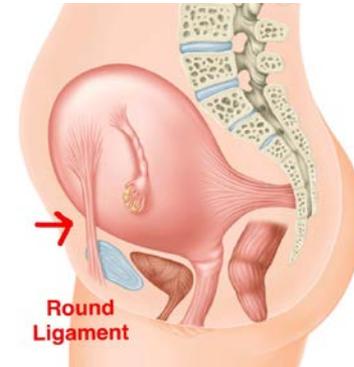
- Management of post-operative pain



# Prenatal Aches & Pains



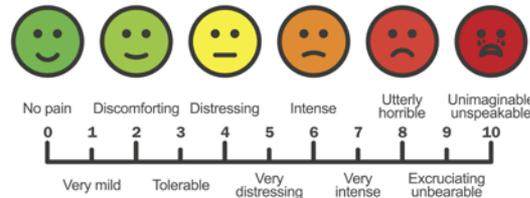
Anything that can happen when not pregnant, can happen when pregnant!



# Antenatal Surgical Patients

- Essentially need to be treated just like patients not on buprenorphine (and not pregnant\*)

Pre-Operative counseling of pain expectations is key!



<https://www.nytimes.com/2018/01/27/opinion/sunday/surgery-germany-vicodin.html>

# Antenatal Surgical Patients

- Patient-controlled Analgesia (PCA) for Major surgery (think major orthopedic or laparotomy)
  - For these cases, **involve anesthesia** early
  - Continuous post-operative epidural anesthesia may be an option for several days
- For minor procedures (laparoscopies)
  - Pre-operative gabapentin (300-600mg) – maybe <sup>1,7</sup>
  - Local anesthetic at port-sites
  - Magnesium sulfate<sup>2</sup>
  - Scheduled Tylenol (up to 1gram q6hrs)
  - Discuss option for non-steroidal meds with MFM if <32 weeks
  - Discuss need for **antenatal corticosteroids** before surgery – Dexamethasone may also reduce post-operative pain (betamethasone not studied) FLM dose for Dexa = 6g q12hr for 48hrs<sup>3</sup>
  - Early ambulation
  - Short acting narcotic

CONTINUE THEIR BUPRENORPHINE!!!

# Labor Pain

Encourage prenatal classes – Expectations!!

Pain medications should NOT be withheld if desired

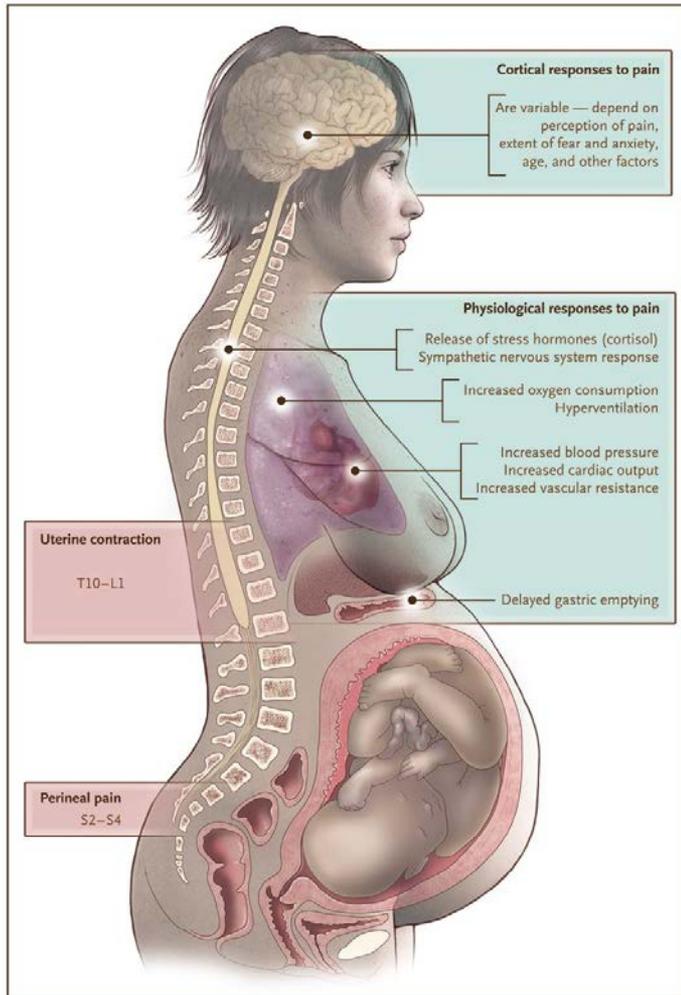
Buprenorphine should be continued

Maximize multi-modal approach:

- Doula support
- Spa Tub
- IV morphine/Fentanyl
- Nitrous oxide
- Pudendal Block

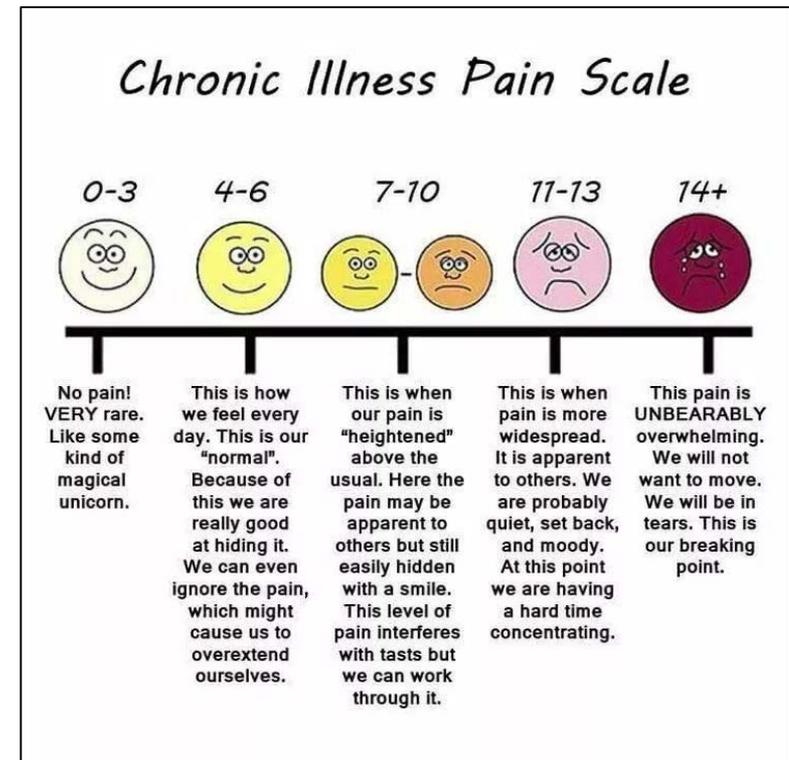
Epidural!!!

**DO NOT USE**  
Nalbuphine,  
butorphanol or  
pentazocaine



# Cesarean & Post-Op Pain

- Likely to have higher narcotic pain medications requirements<sup>8</sup>
  - Especially if chronic pain patient (hyperalgesia) →
- Utilize IV Toradol in first 24 hours<sup>9</sup>
- Scheduled Tylenol (IV if nauseated)<sup>9</sup>
- Schedule Ibuprofen 600mg q6 hours<sup>9</sup>
- Gabapentin – maybe?<sup>7</sup>
- Abdominal Binder<sup>4-6</sup>



# Cesarean & Post-Op Pain

On-going RCT in Minnesota:

**PROTOCOL TITLE:**

Post-cesarean section analgesic safety and efficacy of EXPAREL (Liposomal Bupivacaine) infiltration locally versus Transversus Abdominis plane Infiltration

On-going RCT in Cleveland:

**Prospective Effect of Intravenous Ketorolac on Opioid Use and Complications Following Cesarean Delivery**

# Key Points

- Set patient goals and expectations prior to presenting in labor or for C/S
- Continue the patients buprenorphine throughout her delivery and post-partum
- Utilize Toradol and schedule NSAIDS post-part.
- Its ok to prescribe narcotics (and they're likely to need more than your other patients!)
- See them within a week in the office

# References

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