Pain Management for the Pregnant Woman on Buprenorphine

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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!

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
  – Local anesthetic at port-sites
  – Magnesium sulfate
  – 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 48hrs³
  – Early ambulation
  – Short acting narcotic

**CONTINUE THEIR BUPRENORPHINE!!!**
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
  – Especially if chronic pain patient (hyperalgesia)

• Utilize IV Toradol in first 24 hours

• Scheduled Tylenol (IV if nauseated)

• Schedule Ibuprofen 600mg q6 hours

• Gabapentin – maybe?

• Abdominal Binder

![Chronic Illness Pain Scale](image)
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


