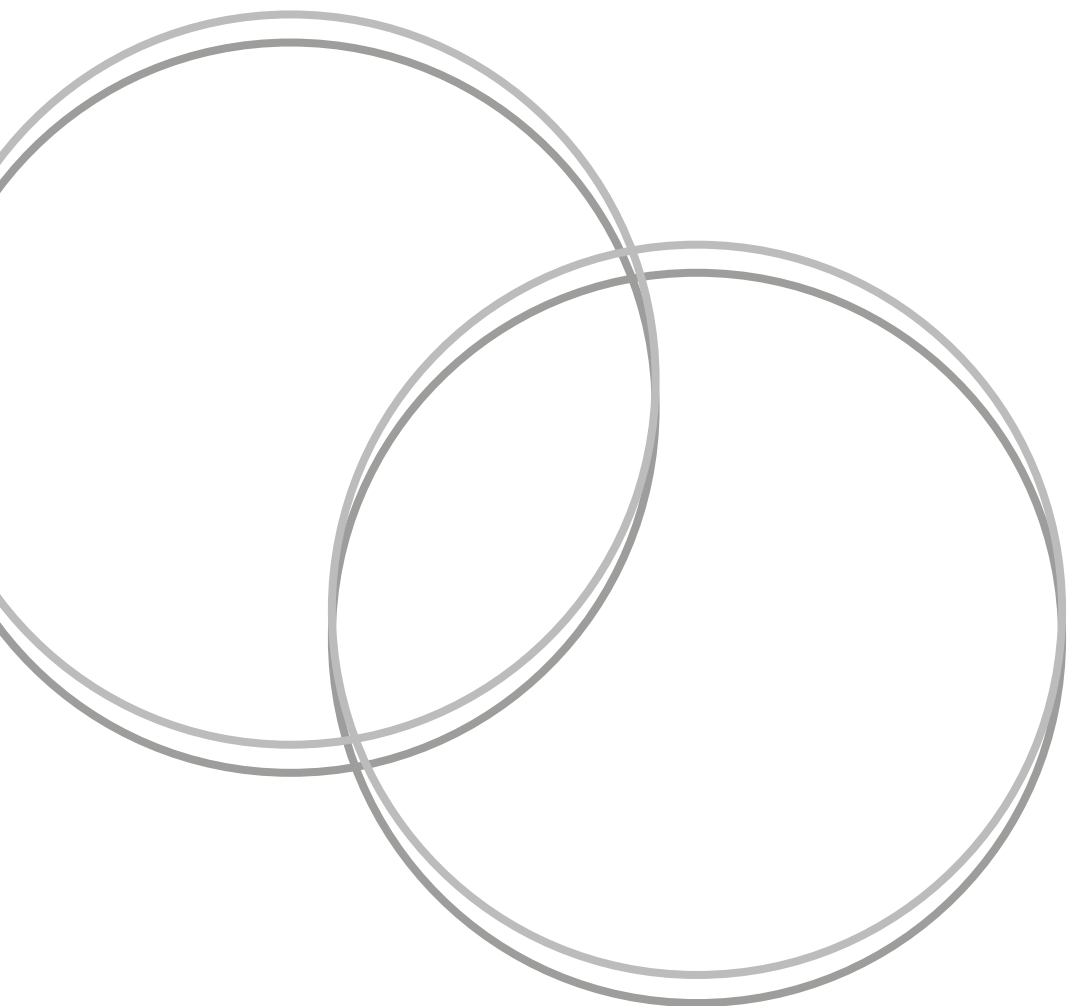




Oxford University Hospitals
NHS Foundation Trust

Postnatal pain management

Information leaflet



Pain and discomfort after birth

It's normal to feel some discomfort after birth. Here are a few reasons that you might feel pain:

- Recovery from procedures including caesarean section and perineal suturing.
- 'Afterpains' caused by your uterus (womb) shrinking back to its normal size.
- Haemorrhoids (piles) – creams and suppository medications from the pharmacy or your GP can help relieve this discomfort
- Constipation (when your stools/poo is hard/difficult to pass) – this is common after birth and can be more likely if you have taken certain medications in labour or postnatally, including morphine and dihydrocodeine.

Eating more fibre (like peas, beans, lentils, fruit, vegetables, grains, chia seeds) and taking a laxative can help soften your stools and relieve constipation. Laxatives are safe to use if you are breastfeeding. You may be given laxatives when you are discharged from hospital as part of your 'take home' medications. They can also be bought from supermarkets and pharmacies without the need for a prescription.

How to manage pain after birth

Here are some ways to help manage pain after birth:

- Rest as much as you can. Ask for help from friends and family.
- Gentle stretches and deep breathing exercises can help.
- Have a short bath (10 to 15 minutes) or shower in warm water every day. Carefully pat dry any stitches with a clean towel. If you have had a caesarean, it's best to have showers until your skin has fully healed. Soaking in a bath can soften the wound which may increase the chance of infection or delay healing.
- Eating well and avoiding dehydration (drinking enough water to quench your thirst) after birth helps the body to repair, restore energy, balance hormones, and fight infections. Healthy meals should include plenty of fruits and vegetables, starchy foods (like brown rice, wholemeal pasta, potatoes with the skins on), and protein from foods like lean meat, fish, eggs, beans, peas, and lentils.
- Use hot and cold packs to soothe any areas that are sore, including near to your caesarean wound or vaginal stitches. Wrap packs in a clean towel or cloth before placing against your skin and remove straight away if it feels uncomfortable. Do not apply for more than 10 minutes at a time.

As well as following the suggestions above, we recommend that you take pain relief medication (analgesia) to help soothe your pain.

Why good pain management matters

Taking pain relief medication for 1 to 2 weeks after an operation or clinical procedure (such as caesarean or perineal stitches) can help you recover. It's important to take your pain relief medication on a schedule, not just when you feel pain.

Why managing pain relief effectively is important:

- It means you can move around more easily. This prevents stiffness and makes it easier to care for yourself as you recover.
- It makes feeding and caring for your baby easier. Feeling comfortable enough to hold and position your baby well supports breastfeeding, and lowering pain and stress hormones in the body can help to increase milk supply.
- It supports a positive mood. Good pain management can reduce the risk of postnatal depression.
- It can speed up healing by lowering stress hormones, which can slow down recovery. When pain is controlled, muscles stay relaxed, allowing better blood flow to deliver oxygen and nutrients to tissues that need repair.
- It prevents pain from becoming long-lasting. Managing pain early stops nerves from 'remembering' it, so pain doesn't persist after healing.

In Summary: Managing your pain effectively helps your general mood and your ability to care for yourself and your baby. It also helps your body to heal faster and reduces the chance of longer lasting pain.

Severe pain

If you have severe pain or other symptoms like feeling very tired or confused, fevers (feeling hot and sweaty or shivery), or trouble breathing, **call the Maternity Assessment Unit on 01865 220 221** straight away. New or sudden onset/severe pain could be a sign of a problem (such as an infection).

Pain Relief Medications and how to take them

Please read the patient information leaflet that comes in the box with any medicine you get from the hospital or buy from a shop or pharmacy. This leaflet will tell you how to take the medicine and what side effects to watch out for.

When you're in hospital, ask your doctors, midwives, or nurses if you have any questions about your medicine. When you're at home, you can ask your community midwife, GP, or local pharmacist if you have questions about your pain relief medicine (or any other medicine you have been advised to take).

IMPORTANT: If you are unable to take any pain medications due to allergies or health conditions, or if you have seen a consultant during your pregnancy due to having a low body mass index (BMI) or a chronic pain condition, please ask your midwife, doctor, or pharmacist for specific advice.

Paracetamol

Paracetamol is a common medicine used to relieve aches and pain. You can buy it at pharmacies and supermarkets. Paracetamol is safe to take while breastfeeding.

The usual dose is two 500mg tablets every 4 to 6 hours, with no more than 8 tablets in 24 hours.

If you weigh less than 50kg, take one 500mg tablet every 4 to 6 hours, with a maximum of 4 tablets in 24 hours.

Don't take paracetamol with any other medicines that contain paracetamol (like co-codamol), as this increases the risk of overdose.

Ibuprofen

Ibuprofen is another common medicine used to relieve aches and pain. You can buy it at pharmacies and supermarkets. It is safe to take while breastfeeding.

The usual dose is one or two 200mg tablets every 4 to 8 hours. In hospital, you may take up to 8 tablets in 24 hours, but at home, it's best to reduce this to 6 tablets in 24 hours. This is because higher doses of ibuprofen are usually only needed for short periods after birth, and reducing the dose at home can help prevent side effects, such as stomach irritation. Always take ibuprofen with food to protect your stomach lining.

Do not take ibuprofen if you have any allergies or medical conditions (like asthma, Crohn's disease, or kidney or liver issues) as these can be made worse by ibuprofen or other anti-inflammatory medicines. Please ask your midwife for advice.

Dihydrocodeine

Dihydrocodeine is used to relieve moderate to severe pain. A doctor must prescribe it, and you may be given some to take home from the hospital. If you think you need it but haven't been given any, please speak to your midwife.

The usual dose is one 30mg tablet every 4 to 6 hours, with a maximum of 6 tablets in 24 hours. Dihydrocodeine can cause constipation, so you may need to take a laxative as well.

It's unclear how much dihydrocodeine passes into breast milk, but it's likely to be only a small amount. Take dihydrocodeine in low doses and only for a short time. If you're worried about your baby's behaviour for example, if they are not feeding well or have constipation (have hard stools/not pooing regularly), talk to your doctor, pharmacist, health visitor, or midwife. Please go to the Accident and Emergency Department (A&E) or call 111 immediately if your baby is very sleepy or has trouble breathing.

How to take your pain medication

You can take paracetamol, ibuprofen, and dihydrocodeine (in the doses advised) together at the same time, or at different times. Do what is easiest for you to remember and gives you the best pain relief. **It may help to keep a written record of your medication (see page 10).**

On the next page, there are suggested timetables for taking pain relief medication. You should slowly start taking less pain relief medicine as you feel better and gradually return to your usual daily activities. The times at which you feel ready to reduce your pain relief medication will vary depending on your birth experience and if you have other health conditions, so this should be used as a guide only.

If you are in more pain than you expected or you are concerned about any side effects of any pain relief medication you are taking, talk to your midwife or doctor. If you feel you need to talk to a midwife urgently call the Maternity Assessment Unit.

Important: If your weight is under 50kg, take 1 x 500mg paracetamol, instead of 2 x 500mg each time.

After the birth - while you are in hospital and the during first few days at home			
Morning	Lunch	Evening	Bedtime
2 x 500mg paracetamol	2 x 500mg paracetamol	2 x 500mg paracetamol	2 x 500mg paracetamol
2 x 200mg ibuprofen	2 x 200mg ibuprofen		2 x 200mg ibuprofen
1 x 30mg dihydrocodeine	1 x 30mg dihydrocodeine	1 x 30mg dihydrocodeine	1 x 30mg dihydrocodeine

Around Days 4 to 7 after the birth			
Morning	Lunch	Evening	Bedtime
2 x 500mg paracetamol	2 x 500mg paracetamol	2 x 500mg paracetamol	2 x 500mg paracetamol
2 x 200mg ibuprofen	2 x 200mg ibuprofen		2 x 200mg ibuprofen

Around Days 7 to 14 after the birth			
Morning	Lunch	Evening	Bedtime
2 x 500mg paracetamol	2 x 500mg paracetamol	2 x 500mg paracetamol	2 x 500mg paracetamol

Your pain relief medication record

Keeping a written record of your medication can be very helpful.

- It is easy to forget if you have taken your pain relief medication. Writing it down helps you remember.
- A record helps you take the right amount at the right time, so you don't take too much or miss a dose.
- Your midwife or doctor can see what you have taken and how well it is working for you.
- Taking your pain relief medication as planned helps you feel better sooner.

You can create a basic paper record like the one below, or perhaps set up reminders on your phone.

Day	Morning	Lunch	Evening	Bedtime
Example: Day X	Example: Paracetamol (2 x 500mg) Ibuprofen (2 x 200mg)	Example: Paracetamol (2 x 500mg) Ibuprofen (2 x 200mg)	Example: Paracetamol (2 x 500mg)	Example: Paracetamol (2 x 500mg) Ibuprofen (2 x 200mg)
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				
Day 11				
Day 12				
Day 13				
Day 14				

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Maternity and Neonatal Voices Partnership for their contribution in the development of this leaflet.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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