

OPIOID MEDICATIONS

Opioids are prescription pain medications that may be offered by your prescriber after birth.

- Use opioids only for severe pain that is not controlled with acetaminophen and ibuprofen.
- Stop using or use fewer opioids as your pain gets better.
- Do not use opioids at the same time as other medications or substances that can cause sleepiness like alcohol, anti-anxiety medications like Xanax or Valium, muscle relaxers like Flexeril, or sleep aids like Ambien.

Opioids may be needed for a short period of time after birth to control your pain. You should know the potential side effects and risks.

Ask your clinician about Naloxone

Naloxone is a medication that temporarily reverses the dangerous effects of an opioid overdose. Talk to your clinician about a prescription for naloxone.

Scan to learn more about naloxone



KNOW THE RISKS



Anyone who uses an opioid, even for just a short time, is at risk for dependence, tolerance, misuse, addiction, and overdose.

Opioids can cause slowed breathing and lead to overdose death. Discuss the following signs and symptoms of an overdose with your family and friends:

- Cannot be awakened or speak
- Vomiting or making gurgling noises
- Limp body that may seem lifeless
- Fingernails/lips turned blue/purple
- Very pale or clammy to the touch

PAIN & BREASTFEEDING

Small amounts of opioids over short periods of time are safe and do not pose risks to babies, but some opioids (codeine, tramadol) are not recommended when breastfeeding.



Acetaminophen and ibuprofen are both safe during breastfeeding. They are found in low amounts in breast milk, and are the first choice for pain management.

Talk to your prescriber if you are breastfeeding about the best option for you. Call your pediatrician if your baby seems sleepier than normal, cannot suck as well or is constipated.

SAFE STORAGE AND DISPOSAL

Protect your family and friends by safely storing medications and disposing when done.

Opioid Storage

- Lock up medications if possible
 - Try a medication lock box, safe, or drawer with a lock!
- Store medications in private areas, do not store in common rooms like the bathroom or kitchen
 - Do not store in a purse
- Keep count of how much medication is left
- Talk about the risks of opioids with family and friends

Opioid Disposal

- Use a permanent medication disposal box in your community
- Ask your clinician or pharmacist about home disposal options such as a deactivation bag or medication mail-back envelope
- Use your trash as a last resort:
 - Mix opioids (do not crush) with used coffee grounds or kitty litter in a bag and throw away
 - Take personal information off of the prescription label before disposal



Scan to find a medication disposal box nearest you

MANAGING PAIN AFTER CHILDBIRTH



RECOMMENDATIONS FROM THE COMFORT PANEL: CREATING OPTIMAL PAIN MANAGEMENT FOR TAILORING AFTER SURGERY IN PREGNANCY AND CHILDBIRTH

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Opioid Side Effects

Contact your clinician if you notice any side effects



Constipation



Itching



Sleepiness



Nausea or vomiting



Impaired motor skills or judgement



WHAT TO EXPECT

The goal of pain management is for you to do daily activities like: eating, sleeping, breathing deeply, and walking for yourself and to take care of your infant.

The goal is not “No Pain.”

There are many ways to manage pain after having a baby. Your clinician will discuss with you the different recommended options based on the kind of birth and pain you are experiencing and answer any questions you have. Together, you and your clinician can choose what options are best for you. Your clinician will talk to you about your beliefs, wishes, and values related to pain management and how the following may influence your pain plan:

- What kind of birth you had:
 - Cesarean births may have more pain
- Medications and substances you take:
 - Such as tobacco, alcohol, other drugs
- Opioid use:
 - Including history of opioid use disorder and chronic pain
- Many patients have mental health conditions or negative experiences like trauma and stress that can make pain more difficult to manage.



Information in this brochure is based on the standard patient. It does not replace medical advice from your clinician. Questions should be discussed with your clinician



Scan to learn more about pain management

<https://michigan-open.org/>

Some types of pain after birth are NOT normal. If you see these signs, call your clinician:

- Pain that is severe, rating 10/10
- Pain prevents you from sleeping
- Pain does not get better with medication
- Fever
- Foul-smelling vaginal discharge
- Redness or drainage at your incision
- Heavy vaginal bleeding (soaking through >1 pad/hour)
- Headaches



YOUR PAIN MANAGEMENT PLAN AFTER BIRTH

Document your preferences and share with your clinician.

1. Non-Opioid Medications

Use non-opioid medications, like acetaminophen and ibuprofen, for as long as you are having pain. These medications can help lessen your pain and are usually well-tolerated with few side effects.

You can take these medications together at the same time OR staggered at different times. Choose one!

TOGETHER

Patients may choose to take medications together at the same time because of busy schedules. Example:

7 AM	Acetaminophen (1000mg) Ibuprofen (800mg)
3 PM	Acetaminophen (1000mg) Ibuprofen (800mg)
11 PM	Acetaminophen (1000mg) Ibuprofen (800mg)

STAGGERED

Patients may choose a staggered schedule if pain is more severe. Example:

7 AM	Acetaminophen (1000mg)
11 AM	Ibuprofen (800mg)
3 PM	Acetaminophen (1000mg)
7 PM	Ibuprofen (800mg)



2. Non-Medication Options

There are many techniques to reduce pain that do not require medications. Choose options you would like to try:

- Abdominal binder
- Heat/Ice
- Mindful breathing
- Mindfulness
- Acupuncture/Acupressure (where available)
- Topical spray or cream directly on the area like benzocaine, for vaginal pain
- Aromatherapy
- Deep breathing
- Music
- Visualization



3. Opioid Medication

Sometimes an opioid medication may be needed for a short time to manage pain. Most patients who have a vaginal birth do NOT need an opioid medication. Even 60% of patients after cesarean birth reported not needing an opioid when using other options to manage pain. If an opioid medication is needed, your clinician will work with you to find the right opioid prescription size.

