



Is There A Need For Change in Postpartum Analgesic Prescriptions : Audit Of Trends Of Postnatal Analgesia Requirements And Identifying Areas Of Improvement

Abraham, Litty; Martin, Roger; Wilson, Erin
Mater Mothers'; Hospital, South Brisbane, Australia

METHODS

Retrospective data extracted from Matrix for all public pregnancies with due date Jan 2023, excluding caesarean section and assisted vaginal birth (n = 496)

Spontaneous vaginal birth of a live baby over 20 weeks included, duplicate data for twins removed (241 pregnancies)

Maternal age, gestation and onset of labour (spontaneous/induced) obtained from matrix data

Verdi reviewed for each case for delivery summary, theatre record, medication chart and pharmacy dispensing history

Gravidity/Parity, Epidural and analgesia used in labour, EBL, Episiotomy and birth trauma, PR analgesia, OT, Analgesia used postpartum (regular, PRN, STAT, discharged home)

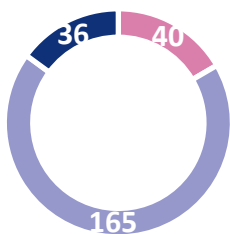
Pain score = 1 point for each for PRN simple given, regular simple given, PRN opioids given, regular opioids given, any stat dose (scale 0-5)

Background: Resident Medical Officers and registrars reported receiving phone calls for providing stat analgesia orders in low risk postpartum women. This study was designed to determine contributing factors and a need for change in prescribing practices.

RESULTS

No Analgesia:

36 (15%) No analgesia prescribed or dispensed



Regular Analgesia:

40 (17%) Regular Simple Analgesia
13 (33%) Paracetamol only
27 (68%) Paracetamol + Ibuprofen
1 woman also prescribed regular opioid analgesia

+PRN Opioid Analgesia:
17 (43%) prescribed
Only 7 (3%) received

PRN Analgesia:

165 (68%) Prescribed PRN Simple Analgesia

17 (10%) Paracetamol only

148 (90%) Paracetamol + Ibuprofen

90 Received PRN Simple Analgesia

21 (23%) Paracetamol

69 (77%) Paracetamol + Ibuprofen

+PRN Opioid Analgesia:

25 (15%) prescribed

3 (2%) received



Total:
241 women



Age:
Mean 30 years
Range 18 – 47 years



Parity:
Range P0 to P7
87 (36%) primi
154 (64%) multi



Gestation:
Range 23+4 to 42+0
13 (5%) preterm
228 (95%) term

Onset of labour:
109 (45%) IOL
132 (55%) Spont

Epidural:
91 (38%)



EBL:
Mean 348ml
Range 100-3000ml
40 PPHs (16.6%)



OASIS:
11 (4.6%)
All 3rd degree



Episiotomy:
19 (7.9%)



Management in OT:
17 (7.1%)



Reason for OT:
10 OASIS
4 MROP
3 PPH



OT Analgesia:
10 Spinal
5 Epidural top-up
2 GA

RECOMMENDATIONS: *All women have PRN simple analgesia prescribed – consistent with current guideline

*Audit doesn't support regular simple analgesia or PRN opioids for all women

*Analgesia postpartum should be individualized.