

## Management of Pain During and After Delivery

Pregnant women with opioid use disorder (OUD) must be reassured that their pain during and after delivery can and will be treated. For women on medication for addiction treatment (MAT), it is important to support continued treatment of pain, because adequate pain control is essential for their health and well-being.

| Addressing Pain in Patients with OUD  |  |  |
|---|--|--|
| <b>Special considerations for patients on medication treatment for OUD</b>  |  |  |
| <ul style="list-style-type: none"> <li>Medications used for treatment of OUD are not sufficient alone for pain control.</li> <li>Maintenance doses of MAT should be continued throughout labor and delivery.</li> <li>When using buprenorphine and methadone during pregnancy:               <ul style="list-style-type: none"> <li>Increase total daily dose</li> <li>Increase frequency of administration to 2-4x per day</li> </ul> </li> <li>Additional opioids may be needed if non-opioid treatments are insufficient.</li> </ul> |  |  |
| Buprenorphine   | Methadone  | Naltrexone   |
| <ul style="list-style-type: none"> <li>Avoid butorphanol, nalbuphine, and pentazocine in all patients with OUD or chronic opioid use as these are partial agonists and can precipitate opioid withdrawal.</li> <li>If using additional opioids for pain, the patient may require higher doses due to the buprenorphine-blocking effect (high-affinity).</li> </ul>  | <ul style="list-style-type: none"> <li>Avoid butorphanol, nalbuphine, and pentazocine in all patients with OUD or chronic opioid use as these are partial agonists and can precipitate opioid withdrawal.</li> <li>Confirm the dose with the provider, and notify the provider of all pain medications given.</li> <li>Baseline dose is not sufficient for analgesia.</li> <li>Pain relief can be achieved with additional doses of methadone; split dose three times per day.</li> <li>If the patient is NPO, methadone can be given by IV, IM, or SC (if IM or SC, give half the dose divided 2-4 times per day).</li> </ul> | <ul style="list-style-type: none"> <li>Blocks the analgesic effects of opioids:               <ul style="list-style-type: none"> <li>Oral naltrexone blocks analgesia for 72 hours after last dose.</li> <li>IM (depot) blocks analgesia for 14-25 days</li> </ul> </li> <li>For acute pain management favor regional and non-opioid options.</li> </ul> |
| Optimize non-opioid medication options  |  | Optimize non-medication treatment options  |
| <ul style="list-style-type: none"> <li>Acetaminophen</li> <li>NSAIDs (e.g., ibuprofen, ketorolac)</li> <li>Ketamine, if available</li> <li>Neuraxial or regional blocks</li> </ul>  |  | <ul style="list-style-type: none"> <li>Mindfulness</li> <li>Meditation</li> <li>Hypnosis</li> <li>Massage</li> <li>Heat/Ice</li> <li>Cognitive Behavioral Therapy (CBT)</li> <li>Physical therapy/light exercise</li> <li>Biofeedback</li> <li>Acupuncture</li> </ul>  |
| <b>Opioids can be used if the above strategies do not work (see SUD6 regarding safe opioid prescribing).</b>  |  |  |

| Managing Medication for Addiction Treatment (MAT) during the Perioperative/Postpartum Period   |
|--|
| <b>The dose of buprenorphine or methadone may need to be increased throughout the pregnancy.</b>   |
| <ul style="list-style-type: none"> <li>Due to metabolic changes during pregnancy it is common to have to increase the frequency of methadone and buprenorphine dosing; this can be continued post-delivery while pain management is challenging.</li> <li>Metabolism gradually returns to the pre-pregnancy state in the 2-4 weeks postpartum, so dosing needs to be decreased to pre-pregnancy dosing, and pain and sedation levels should be monitored.</li> </ul> |
| <b>Prior to delivery, collaborate with anesthesia colleagues to plan intrapartum pain management.</b>  |
| <ul style="list-style-type: none"> <li>Use a regional analgesia if possible (epidural or spinal, regional blocks if appropriate).</li> <li>Maximize non-opioid pain relief (avoid NSAIDs prior to delivery).</li> <li>Pain must be treated adequately to enable mobility for newborn care and breastfeeding.</li> </ul>  |
| <b>Continue methadone and buprenorphine during labor and cesarean or vaginal delivery.</b>   |
| <ul style="list-style-type: none"> <li>Do not stop MAT at the time of delivery because it puts women at increased risk for relapse, and restarting MAT in the postpartum period is challenging.</li> </ul>   |
| <b>Continuation of MAT in Postpartum period</b>  |
| <ul style="list-style-type: none"> <li>Avoid discontinuation of MAT in 6-12 months to minimize risk of relapse/overdose during this high-risk time.</li> </ul>   |

Call MCPAP for Moms at: 855-MOM-MCPAP (855-666-6272)

[www.mcpapformoms.org](http://www.mcpapformoms.org)