

PATIENT PAIN MANAGEMENT EDUCATION ACKNOWLEDGMENT

As your healthcare providers, our primary goal is to assist you in achieving an optimal outcome during your childbirth in every aspect, including pain management.

Pain and pain treatment related to childbirth are different for each mom.

CHILDBIRTH PAIN EXPECTATIONS

Vaginal Delivery

- Stiffness or soreness in your arms or legs (1-2 days).
- “Afterpains” - contractions of the uterus as uterus shrinks back to normal size (1-4 days).
- Vaginal pain from expected soreness and swelling or repairs (7-10 days).

Cesarean Section

- Incisional or abdominal pain as muscle and tissue were moved or cut to deliver the baby (10-14 days).
- Shoulder or abdominal pain from gas or constipation. Constipation may be a side effect of many pain medications (2-7 days).

Breastfeeding

- Sore nipples and breasts are common during the first few days of breastfeeding. If pain continues after a few days, it could be that the baby isn't latching correctly. If your breast develops a hard area that becomes red, hot or tender, or if you have flu-like symptoms such as a fever, call your physician immediately.

Postpartum Depression

“Baby blues” are caused by hormone changes. If you have severe feeling of sadness or hopelessness, please call your doctor.

Post-Partum Depression and Anxiety Screening

If you have experienced any of the following, please talk to your obstetric provider for further screening.

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| ☐ Feeling nervous, anxious, or on edge | ☐ Being so restless that it is hard to sit still |
| ☐ Not being able to stop or control worrying | ☐ Becoming easily annoyed or irritable |
| ☐ Worrying too much about different things | ☐ Feeling afraid as if something awful might happen |
| ☐ Trouble relaxing | |

Pain Management Goal

Our goal in the treatment of pain is to minimize the related discomfort during childbirth and balance pain relief with keeping you and your baby safe. We will use a variety of regimens that include non-medication modalities (ice, physical exercises and stretching), non-narcotic medications (Tylenol and ibuprofen), nerve blocks (spinal and epidural pain medications, and local anesthetic regional blocks) and additional medications that work in other pain receptors, and narcotic medications, if necessary.

If you Are Prescribed Opioids for Pain

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| <ul style="list-style-type: none">• Avoid alcohol or street drugs as they increase risk injury to yourself or your baby.• Never take opioids in greater amounts or more often than prescribed.• Follow up with OB provider within seven days to:<ul style="list-style-type: none">◦ Create Pain Management plan◦ Discuss concerns and side effects | <ul style="list-style-type: none">• Help prevent misuse and abuse<ul style="list-style-type: none">◦ Never sell or share your prescription (it is against the law to share an opioid medicine with other people). It can cause serious harm including death.◦ For overdose, contact your provider or call the Poison Control Center at (800) 222-1222.◦ Store prescription in a secure place.◦ Safely dispose of unused opioids at an approved location on the list provided. |
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OPIOID SIDE EFFECTS

- Death (overdose)
- Physical dependence
- Breathing problems during and disruption of sleep
- Confusion
- Unexpected increased pain
- Addiction
- Depression
- Constipation/Intestinal obstruction
- Drowsiness
- Itching, nausea, vomiting
- Dry mouth

2%

of women become a persistent opioid user after childbirth (1.7% after vaginal delivery; 2.2% after cesarean section)

RISK ASSESSMENT FOR PERSISTENT OPIOID USE

The Opioid Risk Tool (ORT) is a self-assessment tool designed for patients to assess risk for opioid abuse or addiction from prescribed opioids. Circle the numbers that apply to you.

Family History

Alcohol Abuse	1
Illegal Drugs Abuse	2
Prescription Drugs Abuse	4

Personal History

Alcohol Abuse	3
Illegal Drugs Abuse	4
Prescription Drugs Abuse	5
Age: 16-45 years old	1
History of childhood sexual abuse	3
Psychological Disease	
ADD, OCD, Bipolar, or Schizophrenia	2
Depression	1

Total of all circled numbers

A score of 3 = low risk for future opioid abuse, a score of 4-7 = moderate risk, and a score of 8 or higher = a high risk.

TEEN PREGNANCY

According to the Mayo Clinic, during pregnancy teens appear to be at an increased risk of developing high blood pressure, anemia, premature birth, delivering low birth weight babies and experiencing postpartum depression. Be aware of your health and follow up with your doctor. There are many **FREE** assistance programs for teen and first-time parents.

	WIC Women, Infants and Children	Provides food and breastfeeding assistance.	Register before you leave the hospital or through your local health department.
	Every Child Succeeds	Promotes positive parenting and healthy child development.	Talk to your nurse about a referral before you leave the hospital.
	First Steps Early Intervention	Supports families in promoting their child's optimal development.	Talk to your nurse about a referral before you leave the hospital.

SMOKING AND YOUR BABY'S HEALTH

Smoking isn't only cigarette use -- it also includes cigars, pipes, and vaping. Secondhand smoke is dangerous for you and your baby. Babies exposed to it are more likely to die of Sudden Infant Death Syndrome (SIDS). Your baby is also at risk for other health conditions including:

- Asthma
- Ear infections
- Bronchitis
- Pneumonia

You have been provided information on ways to quit smoking in your discharge packet. You may also call 800-QUIT-NOW for advice from a quit smoking counselor.