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# **Complex Pain Requirements in Maternity (Management of)**

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### Introduction

Guidance for the management of women with complex pain requirements in pregnancy.

## This guideline is for use by the following staff groups:

Community and ANC Midwives, Anaesthetists, Obstetricians and GP.

## Lead Clinician(s)

Dr Jaime Greenwood Consultant Anaesthetist

Approved by *Maternity Governance Meeting* on: 18<sup>th</sup> December 2020

Review Date: 18<sup>th</sup> December 2023

This is the most current document and should be

used until a revised version is in place

## Key amendments to this guideline

Date	Amendment	Approved by:
December	New Guideline approved	Maternity
2020		Governance
		Meeting

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#### WAHT-TP-094

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#### Introduction

Patients with complex pain management requirements represent a therapeutic challenge for effective care during pregnancy. This population may include those with an established chronic pain diagnosis and ongoing analgesic requirements but also those whom may have pregnancy-associated recurrence of pain e.g. those with previous complex surgical histories.

With chronic pain being the most prevalent chronic illness in patients under 60years and increasing maternal age, it is likely that patients with complex pain requirements are likely to more frequently present for obstetric care.

There is an overall paucity of evidence-based recommendations and guidelines regarding the management of chronic and complex pain during pregnancy. The most comprehensive literature review on the topic (2018, 144 articles included) covered chronic or complex pain of different modalities and made several key recommendations.

#### Recommendations from the literature

- 1. Appropriate history and physical examination should be carried out at booking to identify any comorbid conditions or issues that may impact upon pregnancy care,
- 2. Collaboration with the patient to establish realistic objective treatment goals and with understanding of risks.
- 3. A Management plan should be formulated that minimises in-utero exposures while maximising obstetric/foetal health. This may include simplification and rationalisation of regimens.
- 4. A pain management plan for labour and delivery should be formulated in collaboration with the patient.
- 5. Opioids should be used at lowest effective dose and quantity.

## **Management at Worcestershire Royal Hospital**

Given the complex nature of each patients symptoms and management, and limited evidence supporting any single approach, an individualised plan tailored to identified at-risk patients is therefore required.

These plans necessitate early identification of at-risk patients and early multi-disciplinary involvement to deliver effective care.

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#### **Process for Management at Worcestershire Royal Hospital**

Booking

- Patient identified as having potential for complex pain needs.
- •Establish need for referral to obsetric anaesthetic clinic (based upon specific criteria)
- •Referral by Booking Midwife/Nurse

Anaesthetic Clinic

- Assessment and discussion arund risk vs benefit of continuing pre-pregnancy analgesia (including strong/opiate analgesics) in pregnancy.
- •Analgesic management plan developed for Obstetrics and GP documenting:
- •Which Drugs and at what doses?
- •When for review and by whom?
- Dose changes if required.

Obstetric AN Clinic

- •Reviwed by Obstetrician in ANC
- •Suggested plan discussed and agreed if appropriate.
- •Drugs prescribed by Obstetric team on in-hospital prescription form
- •Paediatric referral sent if appropriate
- Review date confirmed

Antenatal Review

- Review in Community by GP or in ANC by obstetrician
- •Dose adjustment up/down based on efficacy of current dose
- •Referral back to Anaesthetic clinic if poor control for reassessment
- •Repeat prescriptions issued

Post-Delivery Analgesic Review

- Post-Delivery Review by obstetric anaesthetic consultant prior to delivery.
- •Analgesic plan including breastfeeding and mode of delivery.
- Referral back to pain team or GP for assessment and ongoing care at 6-8 weeks postpartum.

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# Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:			Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Audit the correct referrals are taking place according to the guideline.	Audit	Yearly	Anaesthetic Team	Maternity Governance Team	Yearly

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## **WAHT-TP-094**

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N/A

## **Contribution List**

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This key document has been circulated to the following individuals for consultation;

Designation Dr Jaime Greenwood	
Dr Jaime Greenwood	

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee	
Maternity Governance Meeting	

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### WAHT-TP-094

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# **Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	No

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.

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