

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: 24th October 2025

Review Date: 24th October 2028

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 2020	New Guideline approved	Maternity Governance Meeting
4 th June 2024	Document extended for another 12 months whilst under review	Maternity Governance
24 th October 2025	Document reviewed and approved with no changes	Maternity Governance Meeting

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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

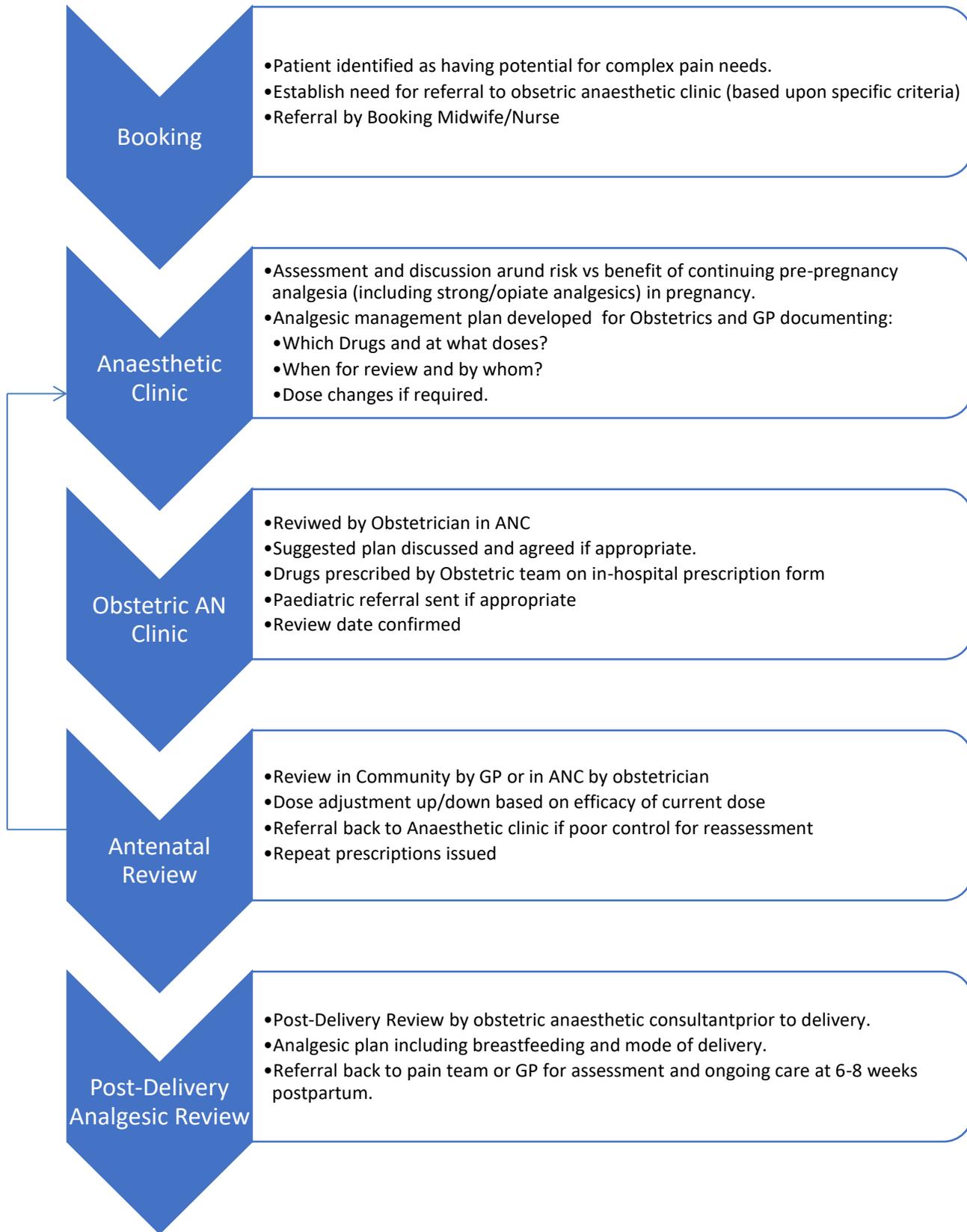
1. Appropriate history and physical examination should be carried out at booking to identify any comorbid conditions or issues that may impact upon pregnancy care,
2. Collaboration with the patient to establish realistic objective treatment goals and with understanding of risks.
3. A Management plan 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.

Process for Management at Worcestershire Royal Hospital



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Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	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

References

N/A

Contribution List

Contribution List

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

Designation
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

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.