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Treatment of Pain with Pregnancy and Post-Partum



Being pregnant and having a new baby can be a wonderful experience, but it is not always free of pain. Women may experience pain in different ways. This can be mild discomfort to severe pain. There are many medications to treat pain. The goal, especially when you are pregnant, is to keep you and your baby's exposure to medications and drugs as low as possible.

This booklet will provide you with tools to improve your comfort during and after pregnancy. Our goal is to decrease your need for medications and drugs that could affect the health of you and your baby.

Sciatica

Sciatica happens when a large nerve, which runs through the joint between the tail bone and the hip bone, is compressed. This can cause shooting pain down the leg and can happen on either side of your body. Sometimes, it may cause weakness and can get worse as pregnancy progresses. The following comfort measures may help you manage the pain:

- Apply ice to the joint in the low back, located at the dimples on either side of the spine.
- Try over-the-counter medications such as Acetaminophen (Tylenol) or Ibuprofen (Advil/Motrin) - **use only before 32 weeks and under your provider's orders.**
- Ask your provider for instructions for stretches called pelvic tilt exercises.

To help prevent sciatica:

- Use good posture and lower back support while sitting
- Wear shoes with good arch support
- Try not to carry heavy bags on the same shoulder all of the time
- Practice exercises that strengthen your core or stomach muscles, including yoga, swimming and pelvic tilt exercises.



If you are experiencing consistent pain, ask your provider to prescribe an around-the-clock scheduled dose of an NSAID unless you are allergic or have other medical issues.

- If you take this medication around the clock, a lot of your pain can be controlled, requiring less narcotic pain medicine.
- Keep taking the NSAID on a schedule, for at least a week.
- Use narcotic medications such as Norco, Percocet, etc., only as you need them to be able to move around and care for yourself and your baby.
 - Some pain is part of the normal healing process. If you are able to avoid or take minimal narcotic medications for pain, your recovery, as well as breastfeeding, will be easier.
 - When needed, try taking only one tablet of the narcotic to see what the effect is before taking two pills.
 - Each person responds differently to narcotics.
 - If you are taking the scheduled NSAID, you may not need much of the narcotic.
 - NSAIDs are better at controlling the cause of pain for an episiotomy and cramping.

The side effects of narcotics may include an upset stomach, not wanting to eat, dizziness, difficulty having a bowel movement, slow reflexes and feeling sleepy. These side effects can affect your ability to care for your baby. In addition, your baby can get some of your medication through your breastmilk, which can make the baby sleepier and cause poor feeding. **It is important not to drive until you are no longer taking ANY narcotics.**

We hope you have found some comfort measures to use during your pregnancy and recovery. However, many of these suggestions can be used in all parts of your life. Please make sure to discuss any pain or discomfort you are having with your care provider.

If the pain does not resolve, seek help from your provider. Physical therapy, a Lidocaine patch or a TENS unit, a nerve stimulator, can be prescribed. You may also ask your provider if chiropractic care is right for you.

Pubic Bone Pain

This discomfort may range from a nagging ache to a sharp pain. It is located in the center of the pubic bone and may be worse when walking or lifting.

- Sleeping with a pillow between the legs can provide comfort.
- Ice can help for a short time along with rest.
- Acetaminophen (Tylenol)
- Ibuprofen (Advil/ Motrin) - **use only before 32 weeks and under your provider's orders**

If the pain lasts more than 48 hours, talk to your provider about seeing a physical therapist.

Edema

Edema is the swelling of the skin of the legs and feet, which is common in late pregnancy. It can be worse if standing or sitting for long periods, eating salty foods or in the heat of summer.

- Rest on your side, on a bed or couch for 40 minutes, after work and before dinner.
- Avoid salty foods and drinks, such as Gatorade, unless your provider recommends them.
- Swimming, water aerobics or relaxing in a swimming pool may also help.
 - Get in the water up to your neck for 30 minutes. This can help re-direct blood flow to your kidneys, increasing urine production and reducing swelling.

Note: Swelling of your face around your eyes and nose is **not** a normal pregnancy symptom. This may be a sign of preeclampsia or high blood pressure. Please call your provider's office if you notice swelling of your face.

Headache

- **Migraine:** If you have migraine headaches with your periods, they may become worse at the beginning of the pregnancy. This is when nausea and fatigue are common. They usually improve in the second trimester. If migraines continue or get worse in middle or late in the pregnancy, you may try:
 - Magnesium Oxide Supplement, taken daily. Many women find this supplement, available over-the-counter, can reduce the frequency of migraine headaches
 - Acetaminophen (Tylenol) along with a caffeine drink such as soda, tea or coffee
 - Ibuprofen (Advil/Motrin) - **use only before 32 weeks and under your provider's orders**
 - Resting in a dark room.

If these tips do not help, ask your provider about a non-narcotic medicine called Esgic. This medication, if taken early in a migraine, can help.

- **Tension:** If your headache is not like a typical migraine with light sensitivity, nausea and sometimes a warning “aura,” you may have a tension headache. This type of headache feels like the top of your head is being compressed, from your forehead to the back of your head. It may also include tight neck and shoulder muscles. If you have a tension headache, you may try:
 - Acetaminophen (Tylenol) and rest
 - Ibuprofen (Advil/Motrin) – **only before 32 weeks and under your provider’s orders**
 - Using an ice pack and then a hot pack, each for 15 minutes, on the back of your head/neck until you feel the muscle tension relax
 - Massage and stretching the neck and shoulder muscles can help keep the headache from returning.

If your tension headache returns often, it may be due to poor body mechanics at your workspace. Ask your employer to help evaluate your workspace.

PAIN RELIEF AFTER DELIVERY

Three types of pain are common after delivering a baby:

- Incision pain from a Cesarean section
- Pain from a tear or an episiotomy
- Uterine cramping

NSAID (nonsteroidal anti-inflammatory) medications help relieve pain. They do this by decreasing swelling and blocking chemicals that make muscles sore. For many kinds of pain, NSAIDs provide better pain relief with fewer side effects than narcotics. NSAIDs are available over the counter and by prescription.



Cesarean Section Incisional Pain

- C-section pain is usually most intense in the first few days after surgery, but it becomes less over time.
- An abdominal support binder can help support your stomach. This may help your incision not tug or pull so much when you move, breathe deeply or cough. This can reduce your pain.
- Often, around-the-clock scheduled doses of NSAIDs can decrease the need for narcotic pain medications.

Episiotomy/Laceration

- This pain can be improved with an ice pack placed to the sore area. Try this for at least 24 hours.
- NSAIDs can help decrease pain and swelling.
- Using warm water in a squirt bottle called a peri bottle can help as well.
 - Fill the bottle with warm water each time you go to the bathroom.
 - Run the warm water over the sore area as you urinate.
- In rare cases, a narcotic may be necessary to treat pain from an episiotomy or laceration.
- You may want to use a stool softener or laxative to keep from having to strain and push against the stitches.

Uterine Contraction/Cramping

- This pain can be controlled with NSAIDs.
- NSAIDs are more effective and have fewer side effects for this kind of pain than narcotics.
- Move around and use heat to your abdomen, such as a heating pad or rice bag.
- Your uterus may cramp more intensely when breastfeeding your baby. Staying on a steady dose of NSAIDs may help to avoid an increase in pain while breastfeeding.