

# Recommendations developed for managing postpartum pain

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effect. A multimodal regimen used in a stepwise approach allows for lower doses of opioids in regimens including opioids. For women who are prescribed opioids, monitoring for excessive sedation and other adverse effects is recommended in infants, given the interindividual variation of [opioid](#) metabolism and the risk of maternal and neonatal adverse effects in ultra-rapid codeine metabolizers.

"Knowing that pain can interfere with a woman's ability to care for herself and her infant, it's important that ob-gyns talk with their patients about the level of pain they're experiencing and create a tailored plan that works for them," Yasser El-Sayed, M.D., vice chair of the Committee on Obstetric Practice, said in a statement.

**More information:** [Abstract/Full Text](#)  
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(HealthDay)—Recommendations for managing postpartum pain have been developed and published in a Committee Opinion online May 17 in *Obstetrics & Gynecology*.

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Tekoa L. King, M.P.H., from the American College of Nurse-Midwives in Silver Spring, Md., and colleagues, together with the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice, addressed [pain](#) in the postpartum period.

Noting that untreated pain is associated with increased risks of greater opioid use, [postpartum depression](#), and development of [persistent pain](#), the authors recommend non-pharmacologic and pharmacologic therapies as components of postpartum pain management. It is important to consider the impact of medications on the mother-infant dyad, as 81 percent of U.S. women initiate breastfeeding during the [postpartum period](#). Multimodal analgesia uses drugs with distinct mechanisms of action, potentiating the analgesic

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