Pain Control on your Terms; A Parent's Choice

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Background

1500 caesarean births are performed annually at the Royal United Hospital in Bath, approximately 700 elective Caesarean Births.
Recommended postoperative pain management consists of intrathecal diamorphine and regular paracetamol and diclofenac, unless contraindicated, aiming to minimise opiate requirement (Dihydrocodeine and Oramorph)as per national guidance (1)

Review of pain scores on day 1 after CB showed multiple issues:

- 31% of patients had pain score>5.
- Poor compliance with administration and prescription of regular paracetamol and diclofenac
- high use of dihydrocodeine and Oramorph,
- all mothers having a Caesarean Birth had Dihydrocodeine to take home
- Patient feedback also demonstrated lack of regular analgesia.

Review identified problems following introduction of the electronic prescribing system, resulting in reduced individualisation of analgesia.
Increasing number of Caesarean Births also led to midwifery capacity being stretched.
Education and introduction of a standard prescription for Caesarean Birth led to improvement to 18% with pan score > 5 but was not maintained.

Aim:

'A 50% reduction in pain scores on day 1 for mothers having an elective CB by August 2025.'

Method

Training and Education: A survey of midwifes highlighted minimal information on the management of pain with no formal training on pain.
Tea trolley training was implemented involving the midwifery education lead, emphasising the importance of regular paracetamol and diclofenac to help prevent severe pain and minimise opiate use and side effects with large doses.

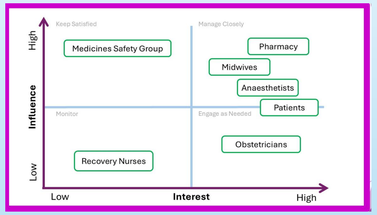
Introduction of Self administration of Medication (SAM)
Implementation of a SAM pathway for paracetamol and diclofenac for elective Caesarean Birth was proposed, individualising administration times to reduce pain scores, increase satisfaction and decrease opiate use.

The current process was mapped with the teams involved, from booking through to discharge. A process map was created, which allowed all involved to see the issues and resulted in engagement to implement the new process.

Patient and staff information leaflets were developed alongside a standard operating procedure agreed with the medicine safety committee and maternity governance teams.

Stakeholders

Key stakeholders were identified and were all carefully consulted , informed and helped support the development of a SAM system



Measures

Baseline outcomes and process measures were collected

Outcome Measure: % mothers with pain score >5 on day 1

Process: Measures :
% mothers received regular paracetamol
% mothers receiving regular diclofenac
% mothers with no opiates
% mothers with 2 or more doses opiates

PDSA testing

The process was tested using small scale tests of change until working well

Cycle 1: Tabletop exercise
Learning: Highlighted areas for training
Action: Resources for medicine storage locker developed

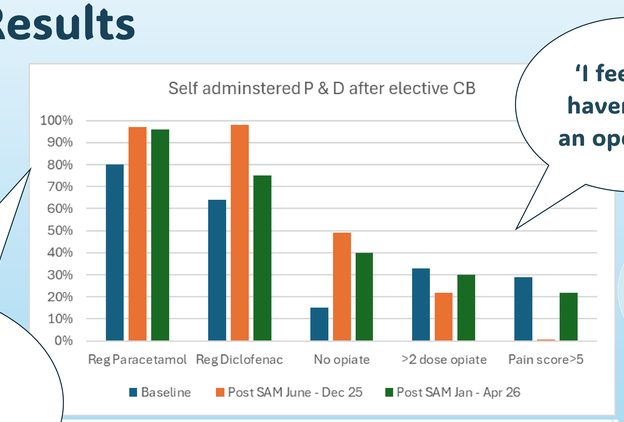
Cycle 2: April 2025; Tested process with 3 elective cases.
Learning: Dispensing processes needed revising. Further teaching recovery and ward staff. *Actions:* Video developed

Cycle 3 and 4 : Testing on 3 cases on 2 different lists, tweaking processes.
Learning : 100% received regular paracetamol and diclofenac.
No one had > 1 dose of dihydrocodeine.
100% Pain score < 3 on day 1 and 100% happy with self-administration

Cycle 5: Spread to all elective cases from June 2025,
Continued review and adaptation of the process and monitoring of measures.
Electronic consent developed

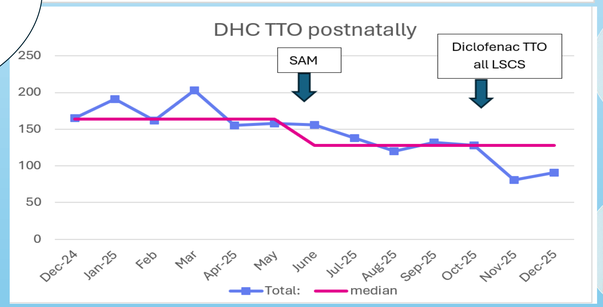
References: 1. Neall G, Bampoe S, Sultan P. Analgesia for Caesarean section. British Journal Anaesthesia. 2022. Volume 22, Issue 5. 197-203

Results



'I feel like I haven't had an operation'

- mothers are self-caring, mobilising earlier and discharged earlier. I can spend more time supporting breast feeding



Conclusion

SAM resulted in reliable administration Paracetamol and Diclofenac by December 2025 with significant reduction in opiate use, no mothers with a pain score of >5 and excellent mother and midwife satisfaction. Ongoing data collection identified that diclofenac reliability was not sustained resulting in increased opiate use and worsening of pain scores as staff rotate. This demonstrates the importance of ongoing monitoring to ensure improvements are sustained and ongoing education has been established with educational videos.

Challenges: TTO diclofenac initially only available for electives – difficult for midwives to treat patients differently. Approval for TTO diclofenac for all resulted in significant reduction in TTO Dihydrocodeine.

Plan to spread self-administration to emergency caesarean once lockable bedside cabinets are available for all from June 2026.