

Pain in Pregnancy

MotherSafe - Royal Hospital for Women

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Information in this leaflet is general in nature and should not take the place of advice from your healthcare provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

What is Pain?

Pain may be described as acute (sudden and severe) such as pain caused by an injury or infection, or chronic (lasting for more than 3 months) such as pain from a medical illness like rheumatoid arthritis.¹ Pain related to pregnancy can also occur.¹ Women should be reassured that pain can be treated during pregnancy and they do not need to suffer needlessly.¹

Whenever possible or suitable, treatment of pain without the use of medications should be tried first.²

Why treat?

Untreated pain can result in depression and anxiety which may affect the physical and mental health of the mother and possibly have unwanted effects on her pregnancy.^{1,2} Women with continuing pain should seek medical advice about the best way to manage their pain during pregnancy.¹

Paracetamol

When needed, paracetamol is generally considered the safest medication for the short-term treatment of pain or to reduce fever during pregnancy.^{3,4} **For further information see “Fever in Pregnancy” MotherSafe factsheet.**

Paracetamol use during pregnancy should be discussed with a healthcare professional and used at the lowest effective dose and for the shortest possible duration.^{3,4} Based on several studies, short-term treatment with paracetamol in recommended doses does not appear to increase the chance for pregnancy loss, birth defects or long-term problems in learning or behaviour for the baby.^{2,3,4}

The recommended dose is 2 x 500 mg tablets or capsules every 4-6 hours (but no more than 8 x 500 mg tablets or capsules in 24 hours).² Whilst taking regular paracetamol, you should not take any other medications containing paracetamol such as cold and flu tablets to ensure you do not exceed the recommended daily dose.⁵

Non-steroidal Anti-inflammatory Drugs (NSAIDs)

Non-steroidal anti-inflammatory medicines such as aspirin, ibuprofen, naproxen, indomethacin and diclofenac help to decrease pain and swelling.^{1,2,3}

NSAIDs while planning pregnancy

Taking NSAIDs regularly or over a long period of time may increase the chance of temporary female infertility in some women.² This syndrome occurs when an egg fails to be released at the time of ovulation, even with an otherwise normal cycle.² However, if regular NSAID use is stopped this syndrome is reversed and normal ovulation will return.²

NSAIDs while pregnant

Non-steroidal anti-inflammatory medicines such as aspirin, ibuprofen, naproxen, indomethacin and diclofenac are no longer recommended in pregnancy and should only be used under medical supervision.⁶

Women who have accidentally used anti-inflammatory medicines can be generally reassured but there are various reasons to avoid NSAIDs at different stages of pregnancy.⁶

Topical anti-inflammatories are medications such as cream and ointments that you put directly on your skin, and can be over-the-counter or prescription products. When topical anti-inflammatories are used it is expected that only a small amount is absorbed through the skin and they are generally considered relatively safe.¹ However, the amount absorbed through the skin is increased if it is used over a large surface area, if the skin is broken or if heat or a covering is applied over the treated area.¹ Topical anti-inflammatories should not be used during the last 3 months of pregnancy unless you are specifically directed to do so by your doctor.⁷

Opioids

Opioids such as codeine, oxycodone and morphine are stronger pain relieving medicines used to treat moderate to severe pain.¹ If needed for short-term or infrequent use, opioids may be considered if non-opioid medications did not bring relief or are not suitable.⁸ Overall, if used as recommended by your healthcare provider, opioids have not been associated with an increased risk of birth defects or pregnancy loss.¹ Regular use of any opioid during the last trimester of pregnancy may increase the risk of withdrawal symptoms in the newborn.² If a pregnant woman is regularly taking opioids it is important to tell the baby's healthcare providers to check for withdrawal symptoms so that the newborn baby gets the best possible care.² For any opioid, withdrawal symptoms can include difficulty breathing, extreme sleepiness, poor feeding, irritability, sweating, tremor, vomiting and diarrhoea.² If needed, newborn babies can be treated for withdrawal symptoms while in hospital.²

Common side effects of opioids include dizziness, nausea and vomiting, confusion, constipation and drowsiness.^{3,8} The main concern is if the mother uses opioids consistently they may become less effective and she may become dependent on these medications and that babies may experience withdrawal symptoms after birth.¹

If women have continuing pain, they may also be prescribed different medications.¹ However, there is inadequate information about some pain medications to be able to be reassuring about use during pregnancy. Contact MotherSafe for specific medications.

It is very important that you take the recommended dose and see your doctor if symptoms persist.

References

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2. Black E, Khor KE, Kennedy D, et al.. Medication Use and Pain Management in Pregnancy. Pain Practice. 2019;19(8):875–899. doi:10.1111/papr.12814
3. The European Network of Teratology Information Services. ENTIS: Position statement on acetaminophen (paracetamol) in pregnancy. October 03,2021. Available at: <https://www.entis-org.eu/wp-content/uploads/2021/10/ENTIS-position-statement-on-acetaminophen-3.10.2021.pdf> [Accessed: 14 October 2021].
4. Kennedy, D, Grzeskowiak, L. Take care with paracetamol when pregnant — but don't let pain or fever go unchecked. 29 September 2021. Available at: <https://newsroom.unsw.edu.au/news/health/take-care-paracetamol-when-pregnant-%E2%80%94-don%E2%80%99t-let-pain-or-fever-go-unchecked> [Accessed: 14 October 2021].
5. South Eastern Sydney Local Health District. Pain Management after Childbirth. Consumer Information Leaflets, Royal Hospital for Women: March 2015. Available from: https://seslhd.health.nsw.gov.au/sites/default/files/groups/Royal_Hospital_for_Women/docs/painafterchild.pdf [Accessed: 7 October 2021].
6. U.S. Food & Drug Administration. FDA recommends avoiding use of NSAIDs in pregnancy at 20 weeks or later because they can result in low amniotic fluid. Available from: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-recommends-avoiding-use-nsaids-pregnancy-20-weeks-or-later-because-they-can-result-low-amniotic> [Accessed 7th October 2021].
7. U.S. Food & Drug Administration. FDA Approves Three Drugs for Nonprescription Use Through Rx-to-OTC Switch Process [Press Release]. Available from: www.fda.gov/news-events/press-announcements/fda-approves-three-drugs-nonprescription-use-through-rx-otc-switch-process
8. Bisson DL, Newell SD, Laxton C, on behalf of the Royal College of Obstetricians and Gynaecologists. Antenatal and Postnatal Analgesia. Scientific Impact Paper No. 59. BJOG 2019;126:e115–24.

Other resources

Australian Government Department of Health. Health Direct: Pregnancy, Birth and Baby. Backache in Pregnancy. Available at <https://www.pregnancybirthbaby.org.au/backache-in-pregnancy>

Australian Government Department of Health. Health Direct: Pregnancy, Birth and Baby. Headaches in Pregnancy. Available at <https://www.pregnancybirthbaby.org.au/headaches-during-pregnancy>

Australian Government Department of Health. Health Direct: Pregnancy, Birth and Baby. Pelvic girdle pain in Pregnancy. Available at <https://www.pregnancybirthbaby.org.au/pelvic-pain-during-pregnancy>

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Breastfeeding Service*



For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday –Friday 9am-5pm (excluding public holidays)