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Management of pain after caesarean section and the maternal implications

Salam Hadid, Ety Peretz, Farida Morani, Katrin Bibar and Maya Wolf
Galilee Medical Center, Israel

Objective: Post-caesarean pain management affects both the mother and the newborn. Administration of intravenous acetaminophen is an accepted pain control treatment option. The aim of the study is to examine the efficacy of intravenous Acetaminophen every 8 hours for the first 24 hours post-caesarean section. A prospective quantitative research study was done.

Intervention: 102 post caesarean section women treated according to a pain protocol of intravenous acetaminophen. The degree of pain was recorded repeatedly and then patients were questioned 48 hours post-operative about their pain experience and its influence on functioning ability. Pain was measured according to the Visual Analog Scale (VAS).

Findings: Acetaminophen therapy reduced pain level by 2-4 points on the VAS and the additional analgesic that was given when needed significantly reduced pain by 3-4 points on the VAS scale. Mean maximum pain reported in the first 24 hours was VAS=5.61, in the next 24 hours 4.54. However, mean maximum pain recalled by the women was VAS=7.99 in the first 24 hours and 7.07 in the next 24 hours. Most women claimed that analgesics relieved their pain but that the pain restricted their ability to perform tasks such as moving and leaving the bed, caring for the newborn and breastfeeding.

Conclusion: There is disparity between the level of pain reported by women in 'real time' and that recalled in self-report 48 hours post-operative. Despite pain alleviation by medication, functioning was still problematic.

Implications for Practice: Pain evaluation is insufficient; evaluation and intervention of maternal function is also necessary.

Biography

Salam Hadid has completed her PhD at Haifa University. She is a Pain Coordinator Nurse at Galilee Medical Center and Lecturer at Zefat Academic College.

SalamH@gmc.gov.il

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