PAIN MANAGEMENT IN LABOUR

INTRAMUSCULAR / INTRAVENOUS OPIOID ANALGESIA: ADMINISTRATION OF

PETHIDINE INTRAMUSCULAR ADMINISTRATION IN LABOUR

Key words: pethidine, pethidine in labour, pharmacological pain relief, labour pain, intramuscular analgesia, schedule 8, labour pain management

AIM

- To inform about the administration and contraindications of pethidine for managing labour pain.

KEY POINTS

1. Information about pain management options for labour and birth should be shared with every woman during her antenatal care.
2. This information should include indications for, as well as risks and benefits of pain management options available to her.
3. The value of women’s own coping resources should be recognised and maximised, rather than placing an over emphasis on pharmacology.
4. Women should be informed that pethidine will provide limited pain relief during labour and may have significant side effects for herself (drowsiness, nausea and vomiting) and her baby (short term respiratory depression and drowsiness).
5. The administration of analgesia during labour should not be undertaken without due consideration for the potential risks.
6. Women should not enter water (birthing pool or bath) within 2 hours of opioid administration.
7. Extra caution should be exercised for all types of pharmacological intrapartum analgesia in preterm labour as there are potential adverse effects on the preterm infant due to decreased capacity to metabolise medications.
8. Administration will comply with Clinical Guideline Pharmacy: Administration of Medications: Schedule 8 Controlled Medications Administration.

CONTRAINDICATIONS TO THE USE OF PETHIDINE

1. Hypersensitivity to pethidine
2. Patients who are taking or have taken a mono-amine oxidase inhibitor within the previous 14 days
3. Pre eclampsia or eclampsia.
4. Patients with a low platelet count, coagulation disorders or receiving anticoagulant treatment.
5. Respiratory depression or women in whom respiratory reserve is significantly depleted.
6. Convulsive states e.g. status epilepticus.
7. Cardiac arrhythmias.
8. Diabetic acidosis where there is danger of coma. Hyperglycaemia has been reported with opioid agonists. This should be considered when diabetics require treatment with these agents.
9. Acute alcoholism or delirium tremens.
10. Head injury, raised intracranial pressure, brain tumour.
11. Severe liver disease, incipient hepatic encephalopathy.

PROCEDURE

1. Inform the woman of the potential maternal and neonatal consequences of pethidine administration.
2. Ensure the woman has no allergies or contraindications to pethidine.
3. Ensure the availability of an opioid antagonist e.g. naloxone hydrochloride.
4. Consider giving an anti-emetic with the pethidine.
5. Administer as per clinical guideline *Pharmacy: Administration of Medications: Schedule 8 Controlled Medications Administration.*

6. Following administration measure and document maternal observations as follows:
   - Respirations hourly for the duration of labour.
   - Blood pressure hourly
   - Monitor urine output and observe for a palpable bladder

7. Document the administration on the Medication Chart (MR810) and Neonatal History Chart (MR 410)

**REFERENCES (STANDARDS)**


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Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.