

Self-administration of medicines in maternity

Patient information leaflet and medicine record form

This leaflet explains how you can self-administer your own medication(s) while you are in hospital. It provides guidance on who can do this and information about the medication(s). If you have any questions, please speak to one of the midwives caring for you.

Name	
Hospital number	
Ward	
Date	
Allergies	

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

www.kch.nhs.uk

You will be given your discharge summary upon safe return of your medicine locker key.

Why is pain relief important?

The amount of pain experienced after childbirth varies from patient to patient, therefore the type and amount of pain relief required will vary.

Good pain relief will improve your **recovery** and enable you to look after your baby.

Medication myths

Good pain relief is often avoided due to incorrect beliefs about the risk of addiction to medication, concerns for baby, 'masking the pain' and needing to tolerate the pain. All of the medicines outlined here are **typically safe for breastfeeding**. You cannot get addicted to the small amounts of opiates we can offer you. You will find it easier to look after your baby if you are comfortable.

How do I achieve effective pain relief?

Ask yourself at least every four hours: How is my pain and what is my pain score? Act on this information and take your pain relief before the pain gets more difficult to control. You can use the following pain scale to describe and record pain.

	No pain	Mild pain	Moderate pain	Severe pain		
Pain description	Comfortable at rest. No limitation of activity.	Able to do most things, mild annoying pain.	Pain on moving. Unable to do certain things.	Pain at rest. Unable to do most things.		
Pain score	0	1 to 3	4 to 6	7 to 10		

What pain relief will I be given?

We will supply you with your own pain relief, and teach and support you on how to take it when you need it. You will receive up to three different types of pain relief, depending on your individual requirements. The three types of pain relief offered all work in different ways; they are most effective **when taken regularly and in combination with each other**.

Paracetamol

- Indicated for mild to moderate pain.
- A painkiller, rarely causes any side effects.
- Take two 500mg tablets four times a day do not take more than eight tablets (4g) in 24 hours.
- If you weigh less than 50kg, take one 500mg tablet four times a day do not take more than four tablets (2g) in 24 hours.

Ibuprofen

- Indicated for moderate and severe pain.
- An anti-inflammatory painkiller drug.
- Take one 400mg tablet four times a day with or after food.
- Do not take more than four tablets in 24 hours.
- May cause an upset stomach; this is minimised by taking it with or after food.
- If you have a history of asthma, confirmed gastric ulcer or kidney disease, speak to your midwife before starting this.

Dihydrocodeine

- Indicated for moderate to severe pain (when paracetamol and ibuprofen are insufficient).
- An opioid painkiller for strong pain relief.
- Take one or two 30mg tablets four times a day as required for breakthrough pain in addition to paracetamol and ibuprofen.

- Do not take more than six 30mg tablets in 24 hours (180mg).
- Side effects can include drowsiness, nausea, sickness and constipation.
- If you experience side effects, please let your midwife know as they can give you advice and treatment.

Should I wait for the pain to build up before I take the pain relief?

It is better to take pain relief before the pain builds up, but you must not take more than the prescribed amount. Your pain relief should allow you to move around and look after your baby comfortably, with minimal side effects.

What other medication may be prescribed for selfadministration?

Other regular medications prescribed for women in the postnatal period can be self-administered. If you need to take these, your doctor or midwife will explain why you need them and how to take them.

What is low molecular weight heparin (LMWH) for?

LMWH is used to prevent the formation of blood clots (deep vein thrombosis, pulmonary embolism). There are several types of LMWH available including enoxaparin and dalteparin.

The postnatal medical team will complete a risk assessment. If you have risk factors for forming a clot, such as having a caesarean section, you will need to have injections for a minimum of ten days after birth.

You will be shown how to self-administer your injection and you will be given a sharps bin to dispose of used syringes and needles. Your LMWH injection should be given at the same time each day. If you were on LMWH prior to delivery, this may be continued postnatally.

What is ferrous sulphate for?

- Ferrous sulphate is an iron supplement used to prevent and treat low haemoglobin levels or anaemia.
- The body needs iron to produce haemoglobin, a protein in red blood cells that transports oxygen.
- Low haemoglobin levels can affect how well the body functions and how you feel.
- The postnatal team will review your haemoglobin levels and advise a dose (up to one 200mg tablet three times a day).
- Side effects include an upset stomach, constipation and dark stools.
- If you experience side effects, please let your midwife know as they can give you advice and treatment.

How should I store my medicines?

Your medication will be stored in your bedside locker. You will be given the key, which **must be returned** to your midwife or left in the locker when you are discharged.

Do I need to make a note of when I take my pain relief?

Yes. Documentation of what medicines you have taken is very important. Please use the chart on pages 7 and 8 to document what you have taken. This also helps us to advise you on how to improve your pain control if needed. You can continue to document what you take on the sheet when you are at home too.

What do I do if I am still in pain?

It is important to talk to your midwife and ask for help and advice if your pain is not controlled. Additional pain relief can be prescribed for you. Make sure you take regular paracetamol and ibuprofen.

What do I do if I think I have taken the wrong tablets or had too many of them?

You must inform a midwife immediately.

I usually take regular medication prescribed by my GP. Can I continue to take this too?

If you are regularly prescribed medications by your GP, please inform your midwife or a doctor as soon as you can. Unless advised otherwise, you should continue your regular medication. Please let your midwife know if you have a supply with you on the ward or you need a supply from pharmacy.

Where do I record my regular medication doses?

Regular medications that are continued will be recorded on the electronic inpatient medication chart. Your midwife will check your chart regularly and ask if you have taken any medications – please inform the midwife when you have done so.

What if I have medications that require special storage, for example refrigeration?

Please inform your midwife immediately if you have brought in medications that require special storage. Your midwife will make sure these items are identifiable as your belongings and store them safely and appropriately.

If you have in-use insulin with you, this does not require refrigeration and can be securely stored in your bedside locker.

You will be given your discharge summary upon safe return of your medicine locker key.

Patient name:	Allergies
Hospital Number:	Confirmed by:
DOB:	Date:

Administration Record:

NB Day 0 = day of delivery

PARACETAMOL 500mg tablets						Indicat Dose Max. c	1		blets ev (4g) in	-	
Day 0	Day 0 / / Day 1 / /				Day 2	/	/	Day 3	/	/	
Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken

(*if >50kg)

IBUPROFEN 400mg tablets						Indicat Dose Max. c	1	tablet	e to seve every 6 (1.6g)	hours	
Day 0 / / Day 1 / /					Day 2	/	/	Day 3	/	/	
Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken

LACTU	LOSE so	olution			Indicati Dose	on Co 15r		n / 12 hou	ırs	
Time	Day 0	Day 1	Day 2	Day 3 /	Day 4	Day 5 /	Day 6 /	Day 7 /	Day 8 /	Day 9 /

Patient name:	Allergies
Hospital Number:	Confirmed by:
DOB:	Date:

Administration Record:

NB Day 0 = day of delivery

DIHYE	DIHYDROCODEINE 30mg tablets						1	to 2 tal	e-severe blets ev (180mg	very 6 h	
Day 0	/	/	Day 1	/	/	Day 2	/	/	Day 3	/	/
Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken

	l name							•	nt blood	clots	
subcu	taneou	s inject	tion				(delete	_ mg as appro	opriate)		
Day 0	Day 0 / / Day 1 / /					Day 2	/	/	Day 3	/	/
Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken	Time	Pain score	No. of tablets taken

Please record date and time given

FERRO	US SULI	PHATE 2	00mg ta	ablets	Indicati Dose		aemia ablet ev	ery	hou	rs
Time	Day 0	Day 1	Day 2	Day 3	Day 4 Day 5 Day 6 Day 7 Day 8					Day 9 /
0800										
1400										
0800										

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of the staff again.

Important information

- The medicines you have been given are considered safe to take if you are breastfeeding.
- These medicines are safe to take together in the doses recommended.
- You must keep your medicines in the locked cabinet provided.
- You must remember to take medicines regularly in order to keep pain under control.
- These medicines are for you and not to be taken by anyone else.
- It is important you remember to take your medication home with you and don't leave it behind in the bedside locker.
- When you have emptied your bedside locker **please give the key** to your midwife.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

Useful contact numbers King's College Hospital, Denmark Hill

William Gilliat Ward 020 3299 3402

Nightingale Birth Centre 020 3299 3222

Telephone assessment line 020 3299 8389

Princess Royal University Hospital

Maternity Ward 01689 864913

Maternity Assessment Unit (MAU) 01689 863572

Labour Ward 01689 864811

Oasis Birth Centre 01689 864750

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS Tel: **020 3299 3601** Email: **kch-tr.PALS@nhs.net**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND Tel: **01689 863252** Email: **kch-tr.palspruh@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

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