Background
A patient flow project in Maternity identified that waiting for discharge medication such as Panadeine Forte® increased length of stay in the Maternity Unit.

Women post caesarean are routinely discharged from RNSH Maternity with Panadeine Forte®. An alternative to discharge medication dispensed through pharmacy was examined and it was identified Codeine may pose a risk to breastfed neonates causing respiratory depression.

The AIM
To reduce the prescribing of Codeine-containing products for women admitted to the Maternity Unit at Royal North Shore Hospital whilst ensuring SAFE and EFFICACIOUS analgesia is provided (if required) and to cease dispensing of Codeine-containing products for women post caesarean section operation upon discharge by the end of January 2016.

Problem identified
6% of Caucasians and 1-2% of Asians derive no analgesic effect from codeine (1) Up to 10% of Caucasians and up to 20% of Arabic origin are ultrarapid metabolisers of codeine and at risk of morphine toxicity (1,7)

In general, the efficacy of codeine in clinical trials is disappointing (7)

Opioids can accumulate in babies

Babies less than 6 months old have up to four-fold reduced ability to clear opioids compared to babies older than 6 months (5)

A study found 20% of breastfeeding mothers taking oxycodone self-reported infant CNS depression compared with 0.5% of mothers taking paracetamol (6)

In a study measuring maternal satisfaction with analgesia after hospital discharge after LSCS, 89% of women found regular pain management sufficient analgesia (2)

Paracetamol is first line pain management post LSCS (3)

Diclofenac and Ibuprofen are:

- Excellent complementary drugs with a good safety record (3)
- Compatible with breastfeeding. Infant dose relative to maternal dose is 1% and 0.65% respectively (4)

Diagnosis of the problem
Some patients did not receive their discharge medications prepared by inpatient pharmacy at RNSH. They may have been given scripts instead.

- February 2015 - 22 boxes of Panadeine Forte® out of 67 returned
- March 2015 - 19 boxes of Panadeine Forte® out of 106 returned
- April 2015 - 7 boxes of Panadeine Forte® out of 63 returned (plus credit for 20 boxes)

Patient Story
“I went home after my caesarean and was given Endone to help with the pain. It made me feel very dizzy and sick so I only took it once that first night I got home. When the midwife called the next day I was in pain, more pain than I had the whole time. She asked if I got any drugs from the hospital and I told her the Endone but I told her I hated the way it made me feel.”

Changes made
Replace Panadeine Forte with Paracetamol and Diclofenac (when not contraindicated)

The project team identified a number of strategies that would be needed

Education for midwifery staff
Information to be developed for women
Engagement with RMO’s

Results
Endone Scripts
- 1/3/2015 - 16/06/2015 = 14
- 1/09/2015 - 16/12/2015 = 7

Paracetamol 500mg/Codeine 30 mg
- 1/3/2015 - 16/06/2015 = 168
- 1/09/2015 - 16/12/2015 = 48

The project continues
- Information developed for women including pre operative information
- Further survey to be conducted in the community to assess the efficacy of the Paracetamol and Diclofenac. Survey to include a review of the information given to women.

Time frame extended to 1/3/2016.

References
Van De Velde M. Modern forms of post-operative analgesia after C-Section. September-October 2011.

Plans to sustain change

Including analgesia in the written pre elective CS
Discuss partner/family member role in improving the conversation with women around their pain

Plans to spread/share change
Sharing across the LHD

Team members
Guidance team members: A/Prof Michael Nicholl & Deborah Leibrandt
Consumer involvement: Survey
Project team members: Sanaz Hashemi-Nezhad (Maternity Pharmacist), Mary Cameron (Midwifery Unit Manager Maternity), Kate Pigott (A/CMC Maternity Services), Victoria Wright (Midwife Maternity), Lynne Roberts (Clinical Midwifery Specialist Maternity), Daniel Broderick (Resident Medical Officer O&G), Elizabeth Ward (Anaesthetist), Tanya Nippita (VMO Obstetrician & Gynaecologist)

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