

Patient information factsheet

Your medication after the birth of your baby

This factsheet is a guide to some of the medications you may be given after the birth of your baby.

We hope it will help to answer some of the questions you may have about your medication and how to take it. We may also prescribe other medication that is not mentioned in this factsheet.

This factsheet is a general guide. Always follow your obstetrician (doctor who specialises in the care of pregnant women) or midwife's advice.

General advice about medication

- Always keep medication out of the reach of children.
- Do not let anyone else take your medication.
- Do not take medication that has been prescribed for someone else.
- Keep all your medication in the original containers.
- If you have any unpleasant side effects from your medication, speak to your obstetrician, GP, midwife or pharmacist.
- Ask your midwife, obstetrician, GP or pharmacist for advice before you start any new medication while you are pregnant or breastfeeding.
- Always read the information leaflet provided with each prescribed medication.
- You can take any medications you no longer need to a pharmacist and they will dispose of them for you. Do not throw your medications away in a general waste bin.

Pain relief medications (analgesics)

Everyone experiences pain differently and some people need more pain relief than others. If you experience pain, take your pain relief medications (also known as analgesics) as soon as you have any pain and before it gets too bad. It is easier to relieve pain if you deal with it sooner rather than later.

It's important to manage your pain effectively after giving birth, particularly if you have had an assisted vaginal birth (forceps or ventouse) or caesarean birth, as this will help with your recovery. If you have moderate to severe pain, we may recommend that you take your pain relief medication regularly for the first 24 to 48 hours.

There are three main groups of pain relief medication:

1. Paracetamol

What is paracetamol used for?

Paracetamol is a pain relief medication that is commonly used after birth. Paracetamol works by relieving pain, and reducing high temperature and fever. It can provide effective relief from mild to moderate pain including:

- headache
- toothache
- sore throat
- aches and pains
- symptomatic relief of rheumatic aches and pains
- influenza symptoms
- fever

How to take paracetamol

You can take paracetamol regularly or when you need to for pain.

Dosage for adults and children over 12 years

Take two tablets up to four times a day, as required. Take the tablets with water. Take only as much as you need to relieve your symptoms and leave at least four hours between each dose. Do not take more than eight tablets in 24 hours.

Side effects

Most people don't have side effects from taking paracetamol. You can read more about side effects in the patient information leaflet that came with your medication.

Can I take paracetamol while I am breastfeeding?

There are no known safety concerns with using paracetamol while you are breastfeeding. Take the smallest dose you need for effective pain relief.

2. Ibuprofen (such as Nurofen) and diclofenac (such as Voltarol)

What are ibuprofen and diclofenac used for?

Ibuprofen and diclofenac are non-steroidal anti-inflammatory drugs (NSAIDs) used to treat inflammation and pain in a variety of conditions. They are commonly used after a caesarean birth to help ease the pain after the procedure. They may also be used if you have had an assisted vaginal birth or a perineal tear.

To begin with, we may give you diclofenac in the form of suppositories (medication that dissolves in your back passage). The suppositories contain 100mg diclofenac and are given 12 hours apart for 24 hours. If your pain is well-controlled after this, we will give you ibuprofen tablets. If your pain is not well-controlled, we may give you further doses of diclofenac suppository and possibly some to take home. You must not take any ibuprofen for at least 12 hours after your last diclofenac dose.

How to take ibuprofen and diclofenac

Swallow ibuprofen tablets whole with a glass of water. If possible, take the tablets with or after food to avoid stomach upset.

Diclofenac suppositories should be inserted into the back passage. Please follow the

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instructions in the patient information leaflet that comes with the suppositories.

Dosage for adults

- Ibuprofen: 400mg tablet three times a day, six to eight hours apart. If you are using your own supply of ibuprofen tablets purchased from a chemist, you may have 200mg tablets. In this case, take two 200mg tablets three times a day.
- Diclofenac: 100mg suppository inserted into the back passage, 12 hours apart initially for 24 hours. After this, doses should not exceed 100mg once daily or 50mg two to three times daily if continued and will be given to you either as suppositories to insert into the back passage or oral tablets.

Safety information

Do not take diclofenac and ibuprofen at the same time. Wait 12 hours after a diclofenac dose before taking ibuprofen or six hours after an ibuprofen dose before taking diclofenac.

If you have other medical conditions

Check with your obstetrician, GP, midwife or pharmacist before taking ibuprofen or diclofenac if you have:

- asthma or breathing problems
- a previous stomach ulcer
- a previous reaction to aspirin, ibuprofen, diclofenac or another non-steroidal anti-inflammatory drug
- other medical conditions, such as kidney disease, heart disease, blood clotting disorders, or liver disease

Side effects

Common side effects include:

- headache
- dizziness
- feeling sick
- diarrhoea

You can read more about side effects in the patient information leaflet that came with your medication.

Safety information

Stop taking the medication and seek immediate medical help if you:

- pass blood in your faeces (stools or poo)
- pass black tarry stools
- vomit any blood or dark particles that look like coffee grounds
- have an allergic reaction such as itching, dizziness, swelling of the face, lips, tongue, mouth and throat, which may cause shortness of breath or difficulty swallowing

Can I take ibuprofen and diclofenac medication while I am breastfeeding?

Both ibuprofen and diclofenac are suitable while you are breastfeeding.

3. Dihydrocodeine or codeine

What are dihydrocodeine and codeine used for?

Dihydrocodeine is an opioid-based medication used to relieve mild to moderate pain. It is often taken in combination with paracetamol. Occasionally, a similar type of drug called codeine may be used instead. We will prescribe either one or the other, not both.

How to take dihydrocodeine and codeine

You can take dihydrocodeine or codeine regularly, or when required, depending on the level of pain you are experiencing. If paracetamol and ibuprofen have failed to control your pain, we may recommend adding in dihydrocodeine or codeine either regularly or as required. Do not drink alcohol while taking either of these medications.

Dosage for adults and children over 12 years

Dihydrocodeine: 30mg every four hours up to a maximum of 180mg a day

Codeine: 30 to 60mg every four hours up to a maximum of 240mg a day

Side effects

The most common side effects with dihydrocodeine or codeine are:

- dizziness
- constipation
- feeling sick
- dry mouth

You can read more about side effects in the patient information leaflet that came with your medication.

Can I take dihydrocodeine and codeine while I am breastfeeding?

Codeine is not suitable while you are breastfeeding. You can use dihydrocodeine with caution while you are breastfeeding, if it is recommended by your obstetrician. Use the smallest effective dose for the least amount of time possible.

Safety information

If you are taking dihydrocodeine while you are breastfeeding, tell your midwife **immediately** if your baby is showing signs of:

- increased drowsiness
- difficulty waking up for feeds
- breathing problems
- anything else unusual

Research has shown that some babies may be more susceptible than others to these side effects.

If you would like any further information about taking dihydrocodeine while you are breastfeeding, please discuss it with your midwife, obstetrician or pharmacist.

Taking pain relief medication

The medication you take will depend on your level of pain.

Start by taking paracetamol. This is a very effective pain reliever with few side effects. It may take up to half an hour to work. To get the best effect, paracetamol should be taken regularly (four times a day) if your pain is moderate to severe. Mild pain may be managed with paracetamol taken when required.

If paracetamol is not managing your pain, you should add an anti-inflammatory pain relief medication such as ibuprofen together with your paracetamol. As your pain improves, you may start to reduce the dose of ibuprofen until you are left just with the paracetamol.

If both paracetamol and ibuprofen fail to manage your pain, your obstetrician or GP may recommend that you add in an opioid medication such as codeine (unless you are breastfeeding) or dihydrocodeine. Take these as instructed on the label. No matter how much you take, continue to take your other pain relief medications such as paracetamol and ibuprofen regularly, as these will enhance the pain-relieving effects of the opioid medication.

Can I take more than one pain relief medication at the same time?

It is safe to take one medication from each of the three groups at the same time. For example, paracetamol, ibuprofen and dihydrocodeine can safely be used together at the recommended doses.

Do not take more than one medication from each group. For example, do not take ibuprofen and diclofenac, or dihydrocodeine and codeine together.

If you still have pain

If you have reached the maximum dose of your medications but are still in pain, seek medical advice using the phone numbers at the end of this factsheet or contact your GP, local walk-in centre or emergency department, depending on how bad your pain feels.

Stopping pain relief medications

If you have been taking a combination of paracetamol, anti-inflammatory medications and codeine-based medications, you will need to stop taking them gradually. Do not stop taking all of them suddenly, as your pain may come back and it will then be harder to get back under control.

Gradually stop the codeine-based medication first. Next, stop taking the anti-inflammatory medication. Keep taking paracetamol regularly until your pain and discomfort settles.

Sometimes pain is felt more at certain times of day, often at night time when there is less to distract you from the feeling. If this is the case, stop the daytime doses first and continue to take pain relief medications at night until you feel ready to stop these doses too.

Iron supplements (ferrous sulfate or ferrous fumarate)

What are iron supplements used for?

Iron supplements are used to treat iron deficiency anaemia.

Iron is a mineral the body needs to produce red blood cells. When your body is not getting enough iron, it cannot produce enough red blood cells. This is known as iron deficiency anaemia. It is common for women who are pregnant or who have just given birth to have iron deficiency anaemia.

Iron supplements work by replacing the iron the body needs to produce red blood cells. We will usually offer you iron supplements in the form of ferrous sulfate tablets. If you experience unwanted side effects, please tell your midwife or GP. They may advise you to take your tablets less often (such as every other day) or give you iron supplements in another form, such as ferrous fumarate tablets or liquid.

How to take iron supplements

Some foods and drinks can stop the body absorbing iron supplements. Do not eat or drink any of the following items for two hours before and one hour after taking your iron supplements:

- tea
- coffee
- milk
- eggs
- whole grains

Your body will be able to absorb iron supplements best if you take them on an empty stomach, but you can also take them after food to reduce effects on the stomach. Iron supplements are best taken with a glass of orange juice (or another source of vitamin C) as this helps with absorption.

Dosage for iron supplement tablets (ferrous sulfate or ferrous fumarate)

One tablet every day. Swallow your tablet whole with orange juice or water.

Dosage for iron supplement liquid (ferrous fumarate)

5 to 10ml once daily.

Side effects

Like all medications, ferrous sulfate iron supplement tablets can cause side effects, although not everybody gets them. The most common side effects are:

- constipation
- diarrhoea
- stomach pain
- feeling sick
- blackened stools (poo)

You can read more about side effects in the patient information leaflet that came with your medication. If you experience unwanted side effects, please discuss them with your midwife or GP. They may advise you to reduce your dose and take one tablet every other day.

Can I take iron supplements while I am breastfeeding?

You can take iron supplements while you are breastfeeding if they are recommended by your obstetrician or GP. Make sure you do not take more than the recommended dose.

Laxatives (Lactulose, macrogol or ispaghula husk)

What are laxatives used for?

Laxatives are used to treat constipation. We may prescribe laxatives after birth to prevent straining on the toilet, particularly if you have had surgery to repair a tear to your vagina or perineum.

If you feel that you need a laxative, please discuss this with your midwife, obstetrician or GP.

Avoiding constipation

You can avoid constipation by looking after your diet and maintaining regular bowel habits.

- Eat plenty of foods that contain fibre, such as wholegrain bread, fruit and vegetables.
- Drink plenty of liquid.
- Exercise regularly.

Side effects

The common side effects of laxatives include:

- feeling bloated
- increased wind
- mild abdominal pain

You can read more about side effects in the patient information leaflet that came with your medication.

Gentle laxatives used after birth:

- **Lactulose**

Lactulose is a liquid laxative used to treat and prevent constipation. Lactulose can take two to three days to have an effect.

Dosage: Usually 10 to 15ml twice daily. It must be taken regularly to have an effect.

- **Macrogol (such as Movicol or Laxido)**

Macrogol is a laxative which draws water from the rest of the body into your bowel to make your poo larger and softer. This helps to get your bowel moving and relieve constipation.

Dosage: The usual dose is one sachet mixed with 125ml water and taken 1-3 times a day

- **Ispaghula husk (such as Fybogel)**

Ispaghula husk is a high fibre drink that increases the fibre in your diet. This helps to gently relieve constipation. Make sure you drink plenty of liquids while you are taking ispaghula husk.

Dosage: The usual dose is one sachet mixed with a glass of water up to twice daily.

Can I take Lactulose, macrogols and ispaghula husk while I am breastfeeding?

Lactulose, macrogols and ispaghula husk are not absorbed into the blood, so they only affect the gut. They are not known to be harmful if it is taken while you are breastfeeding.

Enoxaparin (Inhixa or Clexane)

What is enoxaparin used for?

Enoxaparin is used to prevent and treat blood clots. Blood clots usually take the form of either:

- deep vein thrombosis (DVT) usually in a leg vein, or
- pulmonary embolism (PE), a blood clot in the lung

For more information about blood clots and the steps you can take to reduce your risk, please read the booklet 'Understanding blood clots or venous thromboembolism (VTE) in pregnancy and after birth'. You can ask your midwife for a copy or download one from

www.uhs.nhs.uk/maternity

Taking enoxaparin after your baby's birth

Some women are more at risk of developing blood clots after birth than others. Your midwife will assess your individual risk when you go into labour and immediately after your baby's birth. They will discuss your medical history, weight and lifestyle with you, and may advise you to take additional preventative measures, depending on your risk.

Your midwife or obstetrician may recommend that you start taking enoxaparin or another similar medication if:

- you have had a caesarean birth
- you have had a large blood loss or blood transfusion
- your body mass index (BMI) is raised

If you were taking enoxaparin during your pregnancy, your obstetrician may want you to continue taking it after the birth of your baby, however, as enoxaparin doses are calculated according to your weight, you may need to be weighed again to ensure we prescribe the correct dose. Your obstetrician or midwife will tell you how long you need to continue taking enoxaparin.

Side effects

Enoxaparin is a blood-thinning medication (also known as an anti-coagulant) and may increase your risk of bleeding. This may mean that you bruise easily or if you cut yourself, your bleeding may take longer to stop.

Safety information

Stop taking the medication and seek immediate medical help if you:

- pass blood in your faeces (poo)
- pass black tarry stools (poo)
- vomit any blood or dark particles that look like coffee grounds
- have any bleeding that does not stop by itself
- have signs of too much bleeding (possibly internal) such as being very weak, tired, pale or dizzy with a headache or unexplained swelling
- have an allergic reaction such as itching, dizziness, swelling of the face, lips, tongue, mouth and throat, which may cause shortness of breath or difficulty swallowing

Other possible side effects include:

- increased liver enzymes
- low platelet count
- pain or bruising at the injection site
- skin rashes

You can read more about side effects in the patient information leaflet that came with your medication.

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Can I use enoxaparin while I am breastfeeding?

Enoxaparin is unlikely to cross into breast milk and is not known to be harmful while you are breastfeeding.

How to use enoxaparin

Enoxaparin is given as an injection just beneath the skin (subcutaneous). It is usually injected into a skin fold in your abdomen (stomach). If this is not suitable, we may recommend using another area of skin. Enoxaparin should not be injected into your muscles. It may be given either once or twice daily (we will discuss the appropriate dose with you).

If you need to have enoxaparin injections at home, please make sure that a midwife has shown you how to use this medication and given you a sharps bin to dispose of needles safely.

There are also written instructions showing you how to give yourself the injection in the patient information leaflet that comes with the medication.

Contact us

If you have any questions about your medication after leaving hospital, please contact the pharmacy medicines helpline:

Pharmacy medicines helpline: 023 8120 6907

Please have your medications with you when you telephone.

Opening hours: Monday to Friday, 9am to 6.30pm

Email: medicinesadvice@uhs.nhs.uk

If you have any questions while you are staying in hospital, please ask your ward pharmacist, midwife or obstetrician.

Other useful contacts

Maternity triage line	0300 123 9001
Burley ward	023 8120 6030
Lyndhurst ward	023 8120 6029
Broadlands ward	023 8120 6012
New Forest Birth Centre	023 8074 7690
Community midwifery co-ordinator	023 8120 4871 (Monday to Sunday, 8am to 5pm)

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