Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Generic Acupuncture 1
1.1.1. Badreldin 2023 1
2. Clinical Practice Guidelines 2
2.1. European Society of Regional Anesthesia and Pain Therapy 2024 ⊕ 2

Postpartum Pain

Douleurs du post-partum

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Badreldin 2023

Badreldin N, Ditosto JD, Holder K, Beestrum M, Yee LM. Interventions to Reduce Inpatient and Discharge Opioid Prescribing for Postpartum Patients: A Systematic Review. J Midwifery Womens Health. 2023 Mar;68(2):187-204. https://doi.org/10.1111/jmwh.13475

Introduction	As deaths related to opioids continue to rise, reducing opioid use for postpartum pain management is an important priority. Thus, we conducted a systematic review of postpartum interventions aimed at reducing opioid use following birth.
Methods	From database inception through September 1, 2021, we conducted a systematic search in Embase, MEDLINE, Cochrane Library, and Scopus including the following Medical Subject Heading (MeSH) terms: postpartum, pain management, opioid prescribing. Studies published in English, restricted to the United States, and evaluating interventions initiated following birth with outcomes including an assessment of change in opioid prescribing or use during the postpartum period (<8 weeks postpartum) were included. Authors independently screened abstracts and full articles for inclusion, extracted data, and assessed study quality using the Grading of Recommendations, Assessment, Development, and Evaluation tool and risk of bias using the Institutes of Health Quality Assessment Tools.
Results	A total of 24 studies met inclusion criteria. Sixteen studies evaluated interventions aimed at reducing postpartum opioid use during the inpatient hospitalization, and 10 studies evaluated interventions aimed at reducing opioid prescribing at postpartum discharge. Inpatient interventions included changes to standard order sets and protocols for the management of pain after cesarean birth. Such interventions resulted in significant decreases in inpatient postpartum opioid use in all but one study. Additional inpatient interventions, including use of lidocaine patches, postoperative abdominal binder, valdecoxib, and **acupuncture** were not found to be effective in reducing postpartum opioid use during inpatient hospitalization. Interventions targeting the postpartum period included individualized prescribing and state legislative changes limiting the duration of opioid prescribing for acute pain both resulted in decreased opioid prescribing or opioid use.
Discussion	A variety of interventions aimed at reducing opioid use following birth have shown efficacy. Although it is not known if any single intervention is most effective, these data suggest that implementation of any number of interventions may be advantageous in reducing postpartum opioid use.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. European Society of Regional Anesthesia and Pain Therapy 2024 ⊕

Luxey X, Lemoine A, Dewinter G, Joshi G, Le Ray C, Raeder J, Van de Velde M, Bonnet MP; PROSPECT Working Group of the European Society of Regional Anesthesia and Pain Therapy. Acute pain management after vaginal delivery with perineal tears or episiotomy. Reg Anesth Pain Med. 2024 May 20:rapm-2024-105478. https://doi.org/10.1136/rapm-2024-105478

Transcutaneous nerve stimulation and acupuncture are recommended as adjuvants for postpartum pain treatment.

From:
https://ebm.wiki-mtc.org/ - **Encyclopédie des sciences médicales chinoises**

Permanent link:
https://ebm.wiki-mtc.org/doku.php?id=acupuncture:evaluation:gyneco-obstetrique:10.%20douleurs%20du%20post-partum

Last update: **23 May 2024 06:10**