



Paracetamol effective for perineal pain in the early postpartum period

Clinical question

How effective is a single administration of paracetamol for the relief of acute postpartum perineal pain?

Bottom line

More women experienced pain relief with paracetamol compared with placebo (most pain was caused by episiotomies). In addition, there were significantly fewer women having additional pain relief with paracetamol compared with placebo. Both the 500mg to 650mg and 1000mg doses were effective in providing more pain relief than placebo. The studies did not look closely at potential adverse effects but generally paracetamol at these doses caused few problems. There were also generally no identified problems for breastfed babies when mothers took paracetamol, but these outcomes were not specifically assessed in any of the included studies.

Caveat

The studies were quite old (mainly 1970s and 1980s) and not of high quality. There were no empirical data to evaluate the effect of paracetamol versus placebo on outcomes which might affect a mother's ability to care for her baby (maternal sedation, psychological impact, prolonged hospitalisation, breastfeeding, postpartum depression) or neonatal outcomes.

Context

Perineal pain is a common but poorly studied adverse outcome following childbirth. Pain may result from perineal trauma due to bruising, spontaneous tears, episiotomies, or in association with ventouse or forceps assisted births.

Cochrane Systematic Review

Chou D et al. Paracetamol/acetaminophen (single administration) for perineal pain in the early postpartum period.

Cochrane Reviews, 2010, Issue 3. Article No. CD008407.

DOI: 10.1002/14651858.CD008407.

This review contains 10 studies involving 2307 participants.

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