

## Recommendations: Parenteral Medication for Labour Analgesia (July 2019)

\* Narcotics are known to cause respiratory depression; use with caution, and assess.

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Medication	Route of Administration	Dosage	Onset of Action (minutes)	Expected Time to Maximum Analgesia (minutes)	Duration of Action
<b>Morphine</b> (latent phase or early active labour)	IV (slow push)	2-5 mg (IV) q2-4h prn	5 min.	<b>IV:</b> 20 min.	1-3 hours
	Subcutaneous (subQ)	10-20 mg (subQ) q3h prn	30-40 min.	<b>subQ:</b> 50-90 min.	2-6 hours
<b>FentaNYL</b> (early/late active labour & second stage labour)  <i>*Requires ongoing VS/SpO<sub>2</sub> assessment and monitoring (see pages 7 &amp; 8)</i>	IV (slow direct: i.e. over 1 – 3 minutes)	<b>Initial dose:</b> 50 micrograms  <b>Subsequent dose(s):</b> 10 minutes following initial dose, give 50 micrograms slow IV direct every 10 minutes as needed until adequate analgesia is achieved or maximum hourly dosage is reached  <b>Maximum hourly dosage</b> = 300 micrograms	Almost immediate	5-10 min.	30-60 minutes
	IV PCA	10-25 microgram bolus, 5-10 minute lockout, no background			
<b>HYDROmorphine</b> (latent phase or early active labour)	SubQ  (although IM route may also be considered, it is unnecessarily painful and so SubQ is preferred)	0.8-2 mg q3h prn	15 min.	30-90 min	2-4 hours
	IV (slow push)	0.2-0.6 mg q2-4h prn	5 min.	Similar to Morphine profile	
	IV PCA	0.1-0.2 mg bolus with lockout of 6 minutes			
<b>Opioid antagonist:</b> <b>Naloxone</b>	IV	<b>Adults:</b> 0.4-2 mg IV q2-3 min. prn (doses as low as 0.04 mg may be effective for adults, depending on degree of sedation)	2 min.	n/a	20-60 minutes