This information was up to date at the time of release to the Heads of Midwifery.
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Updating arrangements for the formulary should be decided upon and implemented at a local level.

Ibuprofen

Legal status (GSL, P or POM on exemption list, or PGD)	▪ GSL - midwife may supply ≤16 tablets 200mg *or* ▪ P - midwife may supply 200mg or 400mg tablets or 100mg/5ml liquid at a maximum dose of 1.2g/day and ≤96 tablet or 200ml liquid NB If dose ≥ 1.2 g/day the medicine has the status of a POM and a PGD is required.
Patient group	Postnatal woman and until discharged from midwifery care.
Clinical indication	• postnatal women who have mild transient pain such as headache, toothache • postnatal pain relief according to local guidelines • after pains as second line agent alone or in combination with regular paracetamol For women post Caesarean Section, local guidelines may allocate responsibility for pain management to the anaesthetist initially eg for the first 24 hours, and to the midwife thereafter.
Pharmacology (Onset and duration of action where appropriate)	Ibuprofen is a non steroidal anti-inflammatory drug that acts by inhibition of prostaglandin synthesis. It thereby reduces inflammatory pain, swelling and fever. It also reversibly inhibits platelet aggregation. Onset of action is about 45 minutes if taken on an empty stomach and 1.5 hours after food. Duration of action is about 6 hours.
Pharmaceutical form, strength, route of administration	Tablets 200mg, 400mg or liquid 100mg/5ml. For oral administration.
Dose, frequency and maximum number of doses or period of time for administration or supply	200mg to 400mg 3 times daily regularly, or as required allowing a minimum of 4 hours between doses and up to a maximum of 3 doses in 24 hours. Consider a lower dose in women ≤ 50 kg. Take preferably after food. Supply by midwife for postnatal women only - 1 original pack in accordance with local guideline.
Contra-indications/exclusion criteria	▪ known hypersensitivity to any component of the medicine ▪ past history of, or active, peptic ulceration ▪ women who have previously shown hypersensitivity reactions (*eg* asthma, angioedema rhinitis or urticaria) in response to ibuprofen, aspirin or other NSAIDs ▪ coagulation defects ▪ women with severe heart failure, renal or hepatic failure ▪ **exclusion criteria – pregnant women**

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Cautions and action that will be taken if a caution applies	▪ women with low weight ≤ 40 kg ▪ women suffering from, or with a history of, asthma since ibuprofen can cause bronchospasm ▪ a history of gastrointestinal disease ▪ with renal, hepatic or cardiac impairment since the use of NSAIDs may result in deterioration of renal function - the dose should be kept as low as possible and renal function should be monitored in these women ▪ hepatic impairment (See current BNF) ▪ history of heart failure or hypertension since oedema has been reported in association with ibuprofen administration (may be used if hypertension controlled with monitoring) ▪ coagulation defects ▪ systemic lupus erythematosis (SLE) ▪ check for and document any allergies ▪ check and document past medical and drug history and current medication to ascertain potential for overdose ▪ if a caution applies consult with a doctor ▪ document consultation in maternity record
Medicine interactions and action that will be taken if a patient is taking a medicine that may interact	▪ there are many clinically significant medicine interactions - consult current BNF for latest information on interactions ▪ lithium levels may increase ▪ increased risk of gastro-intestinal bleeding with corticosteroids such as prednisolone ▪ it can reduce the effect of antihypertensives ▪ by exacerbating cardiac failure and reducing renal function it can increase serum digoxin levels ▪ additive side effects with other NSAIDs ▪ diuretics and ciclosporin can increase risk of nephrotoxicity ▪ increased risk of convulsions with quinolones such as ciprofloxacin ▪ anticoagulant effect may be enhanced ▪ if there is a clinically significant drug interaction, consult with a doctor before administration or supply ▪ document consultation in maternity record

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Potential adverse reactions and side effects including actions to be taken if adverse medicine reaction is suspected	▪ *minor gastro-intestinal reactions are common* ▪ *other side effects include oedema, nephrotoxicity, abnormal liver function tests, hepatitis, jaundice, visual disturbances, optic neuritis, paraesthesia, depression, confusion, hallucination, tinnitus, vertigo, dizziness, malaise, fatigue, drowsiness, headaches, photosensitivity, haematemesis, melaena, severe gastric pain and precipitation of gastric ulceration and haematological problems such as thrombocytopenia, neutropenia and haemolytic anaemia* ▪ *hypersensitivity reactions such as non-specific allergic reaction and anaphylaxis, respiratory tract reactivity comprising asthma, aggravated asthma, bronchospasm or dyspnoea, or assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angioedema and, less commonly, bullous dermatoses (including epidermal necrolysis and erythema multiforme)* ▪ *on labour - must not be used* ▪ *on the neonate - Nil* ▪ *on breast feeding - only in small amounts so unlikely to have adverse effects* ▪ *if a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme http://yellowcard.mhra.gov.uk/*
Overdose	▪ nausea, vomiting, epigastric pain, or more rarely diarrhoea - tinnitus, headache and gastrointestinal bleeding are rare ▪ in serious poisoning, toxicities include vertigo, headache, respiratory depression, dyspnoea, drowsiness, occasionally excitation and disorientation or coma ▪ rarely convulsions, hypotension, hyperkalaemia, and metabolic acidosis may occur and the prothrombin time / INR may be prolonged, probably due to interference with the actions of circulating clotting factors ▪ acute renal failure and liver damage may occur ▪ exacerbation of asthma is possible in asthmatics ▪ immediate assessment/treatment is essential - refer to medical staff ▪ for further advice contact National Poisons Centre 0344 892 0111
Action if patient declines	▪ refer to authorised prescriber or doctor ▪ document in maternity record
Additional advice and information	▪ advise to contact midwife/GP if condition worsens or symptoms persist ▪ supply the manufacturer's patient information leaflet

Ibuprofen	
Patient monitoring arrangements during and after treatment and follow-up required	Monitor for symptom relief and adverse effects. Follow up depends on indication: for mild transient pain, if response is inadequate 2 hours after a dose refer to doctor/GP refer to doctor/GP if response is inadequate after regular doses as part of triple or duo combination analgesics regimen for after-pains, if response is inadequate about 2 hours after a dose alone or in combination with paracetamol refer to doctor/GP Women who require continuation or long-term therapy must be referred to doctor/GP.
Particular storage requirements	-

References

1 British National Formulary July 2018 accessed online via http://www.medicines complete.com Accessed 11/07/18

2. SPC for Nurofen 200mg caplets, June 2018, accessed online via https://www.medicines.org.uk. Accessed 11/07/18