Systemic opioid use after cesarean delivery in patients with opioid use disorder: a retrospective cohort study (2020-2024)

Joseph Ryu, MD, Alex Peres, MD, Ya'el Sarig, Ruth Landau, MD
Columbia University Irving Medical Center, New York

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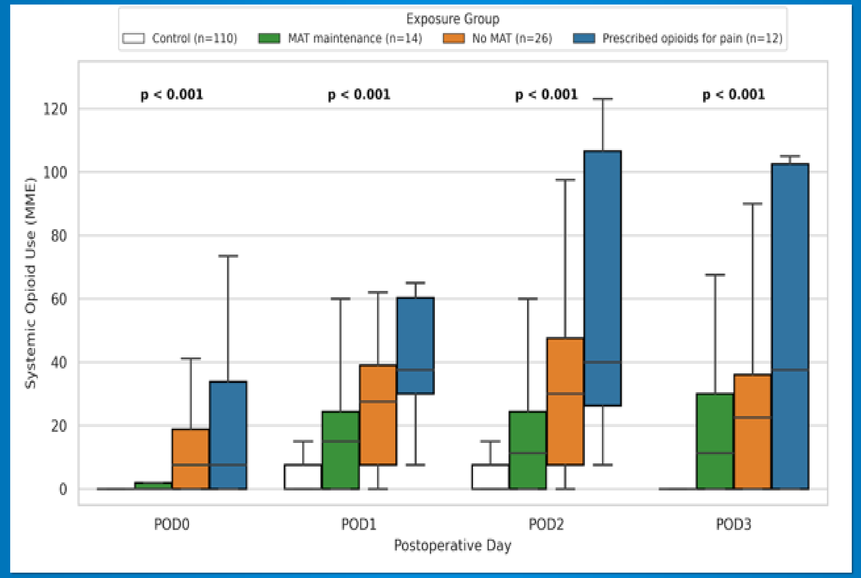
Background

- Managing peripartum pain in patients with opioid use disorder (OUD) is challenging.[1]
- Studies have focused on outcomes among patients receiving medication-assisted therapy (MAT), with evidence suggesting superior neonatal outcomes with buprenorphine.
- There are no studies evaluating post-cesarean delivery analgesia outcomes comparing all different chronic opioid exposures.
- We hypothesized that postpartum opioid intake would differ according to opioid exposure type

Methods

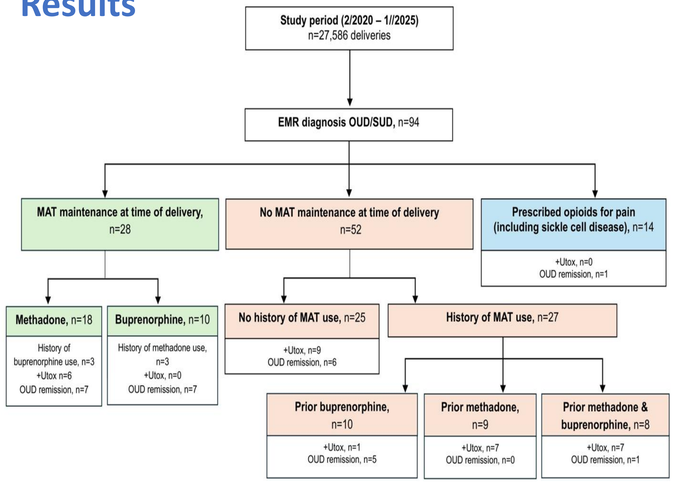
- With IRB approval, vaginal and cesarean deliveries since 2/2020 were identified in EPIC by searching for OUD diagnosis, and demographic, obstetric data, delivery outcomes were extracted
- To evaluate post cesarean opioid intake each cesarean delivery case with OUD was matched with 1 control (age, ethnicity, BMI)
- Post-cesarean opioid intake (calculated MME not including MAT dose) was compared across three aggregate OUD groups (MAT, non-prescribed illicit opioid use, and prescribed opioids for pain) and controls.

The **majority** of patients with opioid use disorder were not on medication-assisted therapy and using illicit opioids at the time of delivery.



Why is this important? Opioid use disorder with no medication-assisted therapy is associated with **significantly higher** opioid intake after cesarean delivery.

Results



Discussion

- The majority of this cohort with a diagnosis of OUD was not on MAT but rather using non-prescribed illicit opioids at time of delivery.
- Patients with OUD not on MAT had significantly higher opioid intake (MME) after cesarean delivery compared to patients on MAT and controls.

Reference

1. Consensus statement on pain management for pregnant patients with opioid-use disorder from SOAP, SMFM and ASRA. Anesth Analg. 2024.