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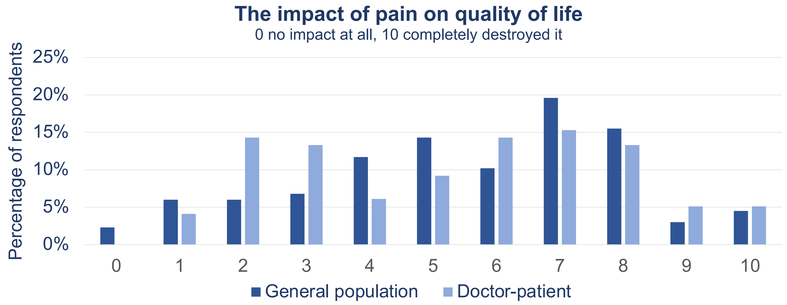
The impact of pain after caesarean section and the potential benefit being a doctor-patient confers on the patient experience

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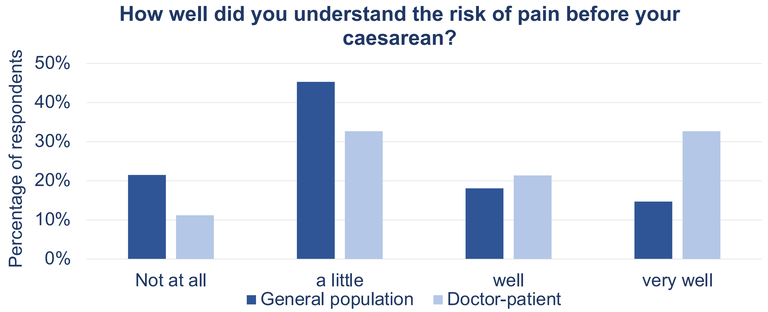
Intro

Caesarean section (LSCS) is the most common surgery worldwide[1]. In the UK, follow up is community midwife led with GPs prescribing additional analgesia if required. Secondary care knowledge of the birth experience following discharge is limited. We wanted to gain a broad understanding of the post-discharge experience after LSCS including the impact of pain and how informed women felt. We wondered whether being a doctor ("physician") improved knowledge and experience.



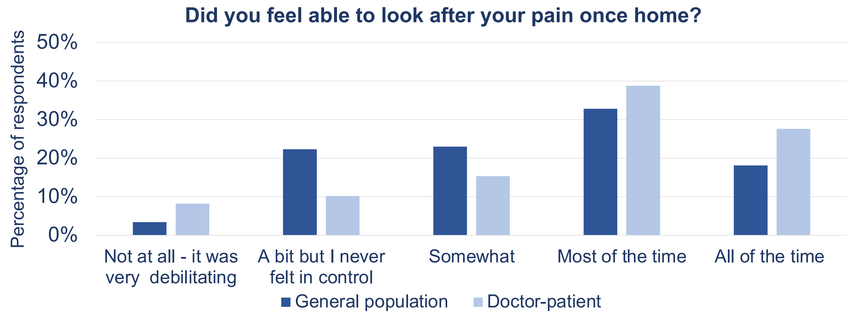
Methods

We posted an identical survey to a Facebook group exclusively for physician mothers and to the Instagram page *@bumpsandburpees* aimed at all perinatal women. Ethics approval was not required[2]. The survey asked what impact pain had on quality of life (0-10 numeric scale), how well they understood the risk of post-LSCS pain (4 point verbal scale) and how able they felt to manage it (5 point verbal scale). All responses included free text.



Results

There were 98 responses from physician mothers and 264 from the general population. The physician cohort reported pain had a lower impact on their quality of life than the general cohort with 32% vs 21% reporting a mild impact (score 0-4) and 69% vs 79% a moderate to severe impact (score 5-10). Physicians better anticipated the risk of pain, 54% reported that they understood it well/very well compared to 33% of the general cohort. 66% of physicians felt able to look after their pain most or all the time compared to 51% of the general cohort. Those experiencing poor pain control highlighted the negative impact on breastfeeding, feeling dismissed about the pain severity and expressed fear of using strong analgesics.



General Population comments

I didn't know what to do or what was normal! I struggled a lot with the pain but thought that was just what it's like.

I was told to contact my GP if I wanted stronger pain killers **which you don't really have the time or head space** for when you are trying to establish feeding and get to grips with a new born.

All of the information I found out about pain management, rehab, scar treatment etc **I found myself through research.**

The first week was hell! Over the counter pain relief was not sufficient **but [I] couldn't take anything stronger due to breastfeeding**.

Felt like I had to endure the pain 'it's not a walk in a park' as it was an elective LSCS I felt that I was made to feel it was my choice to be in pain.

Doctor-patient comments

As a general surgeon I find it quite startling that women are usually given just paracetamol and ibuprofen after a caesarean.

I was only discharged with painkillers (dihydrocodeine) **because I refused to go without it**

I **persuaded** the O&G reg to give me a box of pr diclofenac as well as some dihydrocodeine.

I sent **an e-consult to my GP** from my postnatal bed

I'm a doctor and have done O&G jobs so **knew it would be uncomfortable** but still took me by **surprise**

I understand that it is a major abdominal surgery. What I don't understand is **the reluctance of the staff to ensure adequate pain control**.

Discussion

We identified a low anticipation of pain after LSCS yet over two-thirds of the physician group and three-quatres of the general population experienced pain significantly impacting their quality of life. Free text answers reported poor provision of pain management information with the internet, friends and private perinatal care providers filling the gap. The physician responses reported frustration at requests for analgesia not being respected with many accessing stronger pain relief through their GP once home. By contrast, the general cohort expressed a sense of inevitability and acceptance of poor pain control. Being a physician confers some benefit for managing postoperative pain. Clear Trust protocols for analgesia post-LSCS should include the period after hospital discharge and clear analgesic information needs to be provided to all women.

References

1. Betran AP, Ye J, Moller A-B, et al. Trends and projections of caesarean section rates: global and regional estimates. *BMJ Global Health* 2021;**6**:5671. 2. http://www.hra-decisiontools.org.uk/ethics/docs/Algorithm%20-%20Does%20my%20project%20require%20REC%20review%20v2.0%2020200304.pdf (last accessed 06/01/2022)

Many thanks to @bumpsandburpees and PMGUK for sharing the survey on their social media platforms and to all the busy parents who responded

@CUH_NHS, @rosiehospital