

Acute severe pain after caesarean delivery impedes maternal recovery: time for a new approach?

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Introduction

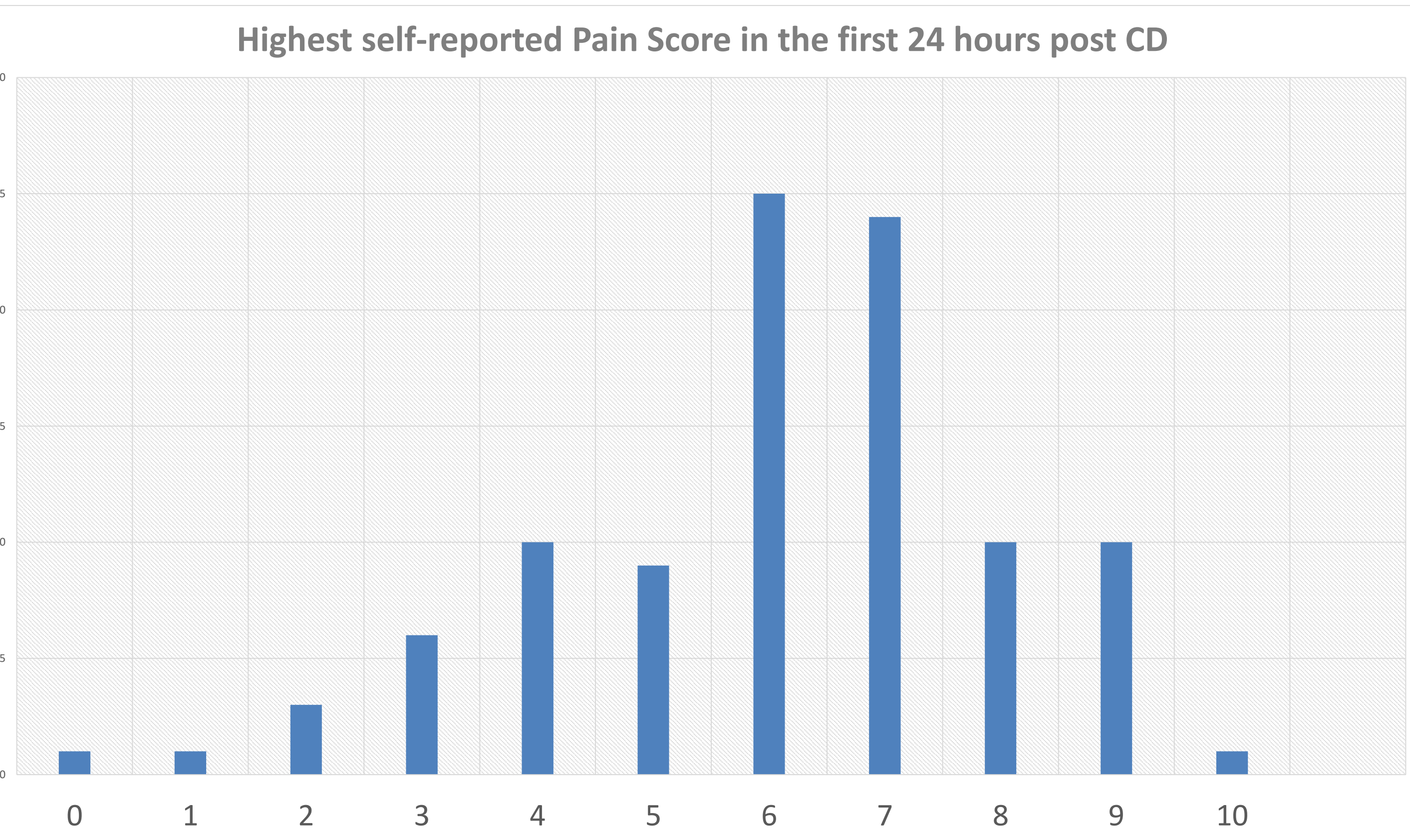
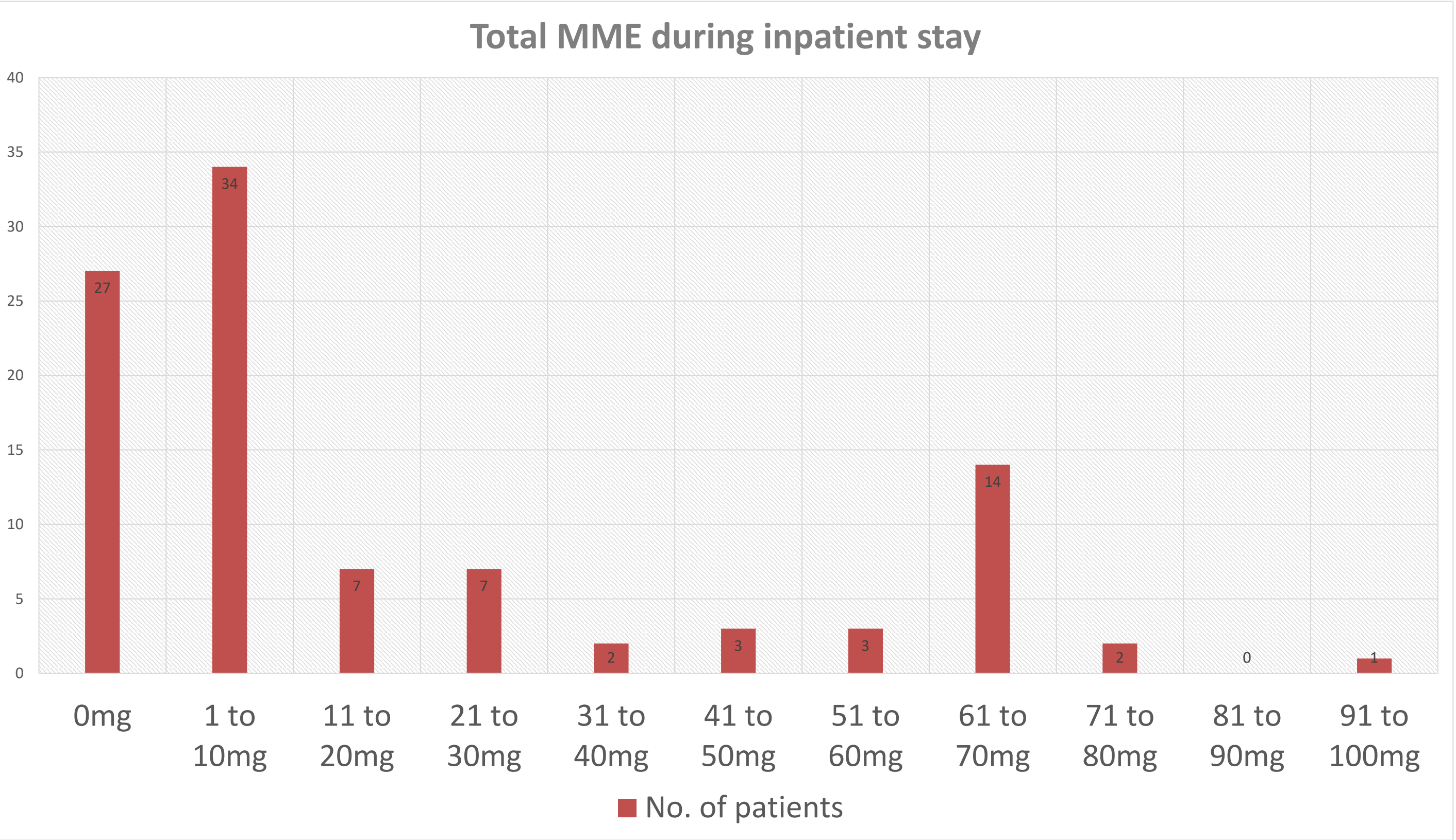
- Pain following caesarean delivery (CD) can be severe in over half of patients¹.
- Poorly managed pain may have both short and long-term detriments to maternal recovery, including impacts on mental health and even infant development².
- Opioids are considered integral to postoperative pain management as part of multimodal analgesia regime.³
- **The aim was to analyse post operative opioid consumption in Morphine Milligram Equivalents (MME) and quality of maternal recovery, pain scores and time patients felt ready for discharge (TRD).**

Methods

- Study design: Prospective study.
- n=100.
- April-October 2023.
- Data acquired via electronic health record and concurrent patient survey.
- Electronic health record: demographics, opioid consumption, LOS.
- Patient survey: patient satisfaction and Obstetric Quality of Recovery (Obs-QoR 10) scores (including patient-reported pain scores) and TRD.

Results

- 98 CDs were performed under neuraxial techniques.
- Haematological contraindications in the two patients who required GA.
- Postoperative regimen in 93% of patients included regular paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs) with opioids prn.
- NSAIDs were contraindicated in 6 patients.
- Morphine PCA was prescribed in the two patients who had a GA.
- Median MME was nine mg (range 0-92), with 27% of patients not utilising any opioids for post operative pain relief.
- 45% of patients experienced severe pain in the early postoperative period.



Correlation	Statistical Significance
MME and pain score	r=0.359, r2=0.129, p<0.001
MME and ObsQoR-10	r=0.322, r2=0.107, p<0.001
MME and Duration of Hospital Stay	p=0.246
MME and Time Ready for Discharge	r=0.325, r2=0.101, p=0.003
MME and presence of nausea	p=0.251
Pain score and Obs-QoR-10	r=0.484, r²=0.234, p<0.001
Pain score and Time Ready for Discharge	r=0.368, r2=0.135, p<0.001
Pain score and actual duration of hospital stay	p = 0.637

Our findings support adequate opioid use as part of a multimodal analgesic technique.

Discussion

- Acute postoperative pain hinders a patient’s quality of recovery and readiness for earlier post operative discharge.
- Interestingly there was no correlation between pain scores and length of stay, or between MME and length of stay . The actual duration of hospital stay in obstetrics, however, is multifactorial and not only dependent on maternal but also neonatal recovery.
- Our analgesic regimen is primarily pharmacological. Improvements in our enhanced recovery compliance and a trial of multimodal approaches, including non-pharmacological analgesic approaches could improve provision of analgesia on our unit¹.
- More work is needed to compare TRD and LOS as outcome measures for CDs given the differences yielded by our results

References

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