

Introduction

- Severe pain post Caesarean Delivery (CD) can increase morbidity.
- Inadequate analgesia or adverse effects of analgesia impacts both the mother and the baby.
- Poorly controlled pain delays mobilisation, increases length of stay and is associated with a greater likelihood of hyperalgesia and chronic pain [1].
- Multimodal analgesia following CD is recommended with emphasis on scheduled nonopioid analgesia [2].
- **Aim: Review analgesia provision for CD and maternal satisfaction**

Methods

- Study design: Prospective single-centre service evaluation at University College London Hospitals following approval from the local Quality Improvement (QI) department
- Electronic health records and patient surveys of 100 patients undergoing planned CD from November 2024 to January 2025 were reviewed and compared with data from April to October 2023
- Data was collected on the use of multimodal analgesia (paracetamol and NSAIDs if not contraindicated), opioid consumption, Obstetric Quality of Recovery (Obs-QoR 10) scores, satisfaction with analgesia and whether analgesia was served promptly.
- For the Obs-QoR 10 scores, patient-reported scores for the severity of their pain were inverted to to calculate the overall score such that the higher the number, the better the analgesia.

Results

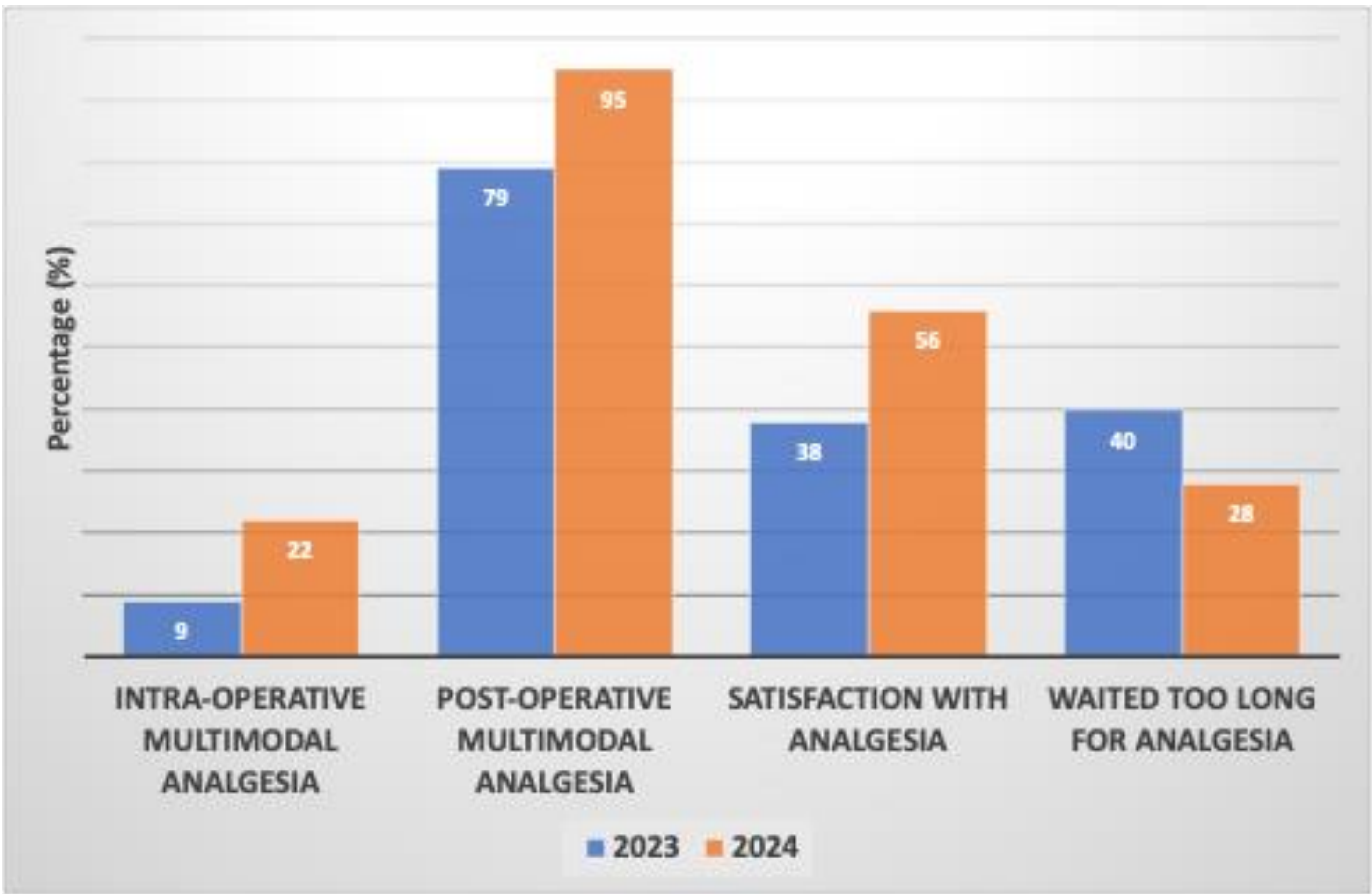


Figure 1: Increase in use of intra- and post-operative multimodal analgesia with improvement in satisfaction with analgesia and wait time for analgesia.

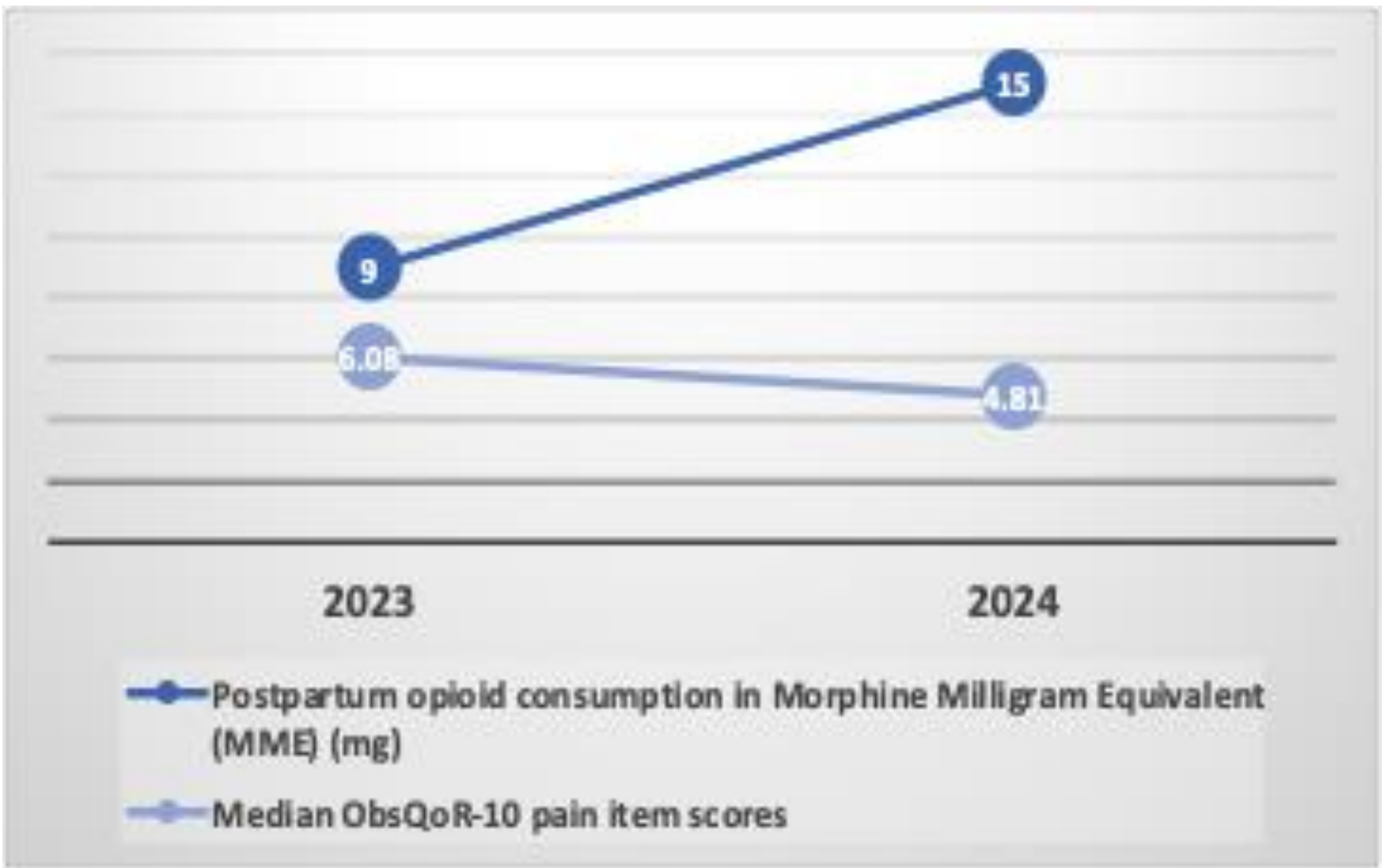


Figure 2: Poorer ObsQoR-10 pain item scores with increase in postpartum opioid consumption

Postpartum opioid consumption and:	Spearman correlation (p value)
Time to mobilization (h)	r=0.211 (p=0.036)
Time to urinary catheter removal (h)	r=0.258 (p=0.01)
Length of stay (LOS) (h)	r=0.333 (p=0.001)
Time ready for discharge (TRD) (h)	r=0.254 (p=0.011)

Table 1: Increased opioid consumption associated with delayed recovery metrics.

Discussion

- Despite increased use of multimodal analgesia, there was an increase in postpartum opioid consumption.
- This was accompanied by improved satisfaction with analgesia but with delayed recovery and poorer ObsQoR-10 pain item scores.
- Other approaches such as improved pain assessment strategies should be explored to rationalise opioid consumption while maintaining improved patient satisfaction with analgesia post surgery.

References

1. Neall, G., Bampoe, S., Sultan, P . Analgesia for Caesarean Secon: BJA Education. 2022; 22(5):197-203.
2. Bollag, L., Lim, G., Sultan, P . et al. Society of Obstetric Anesthesia and Perinatology: Consensus Statement and Recommendations for Enhanced Recovery After Caesarean. Anesthesia & Analgesia. 2021; 132: 1362-1377.