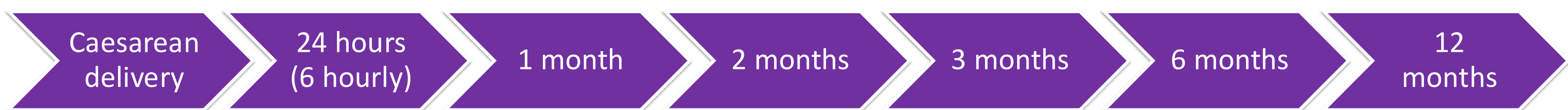
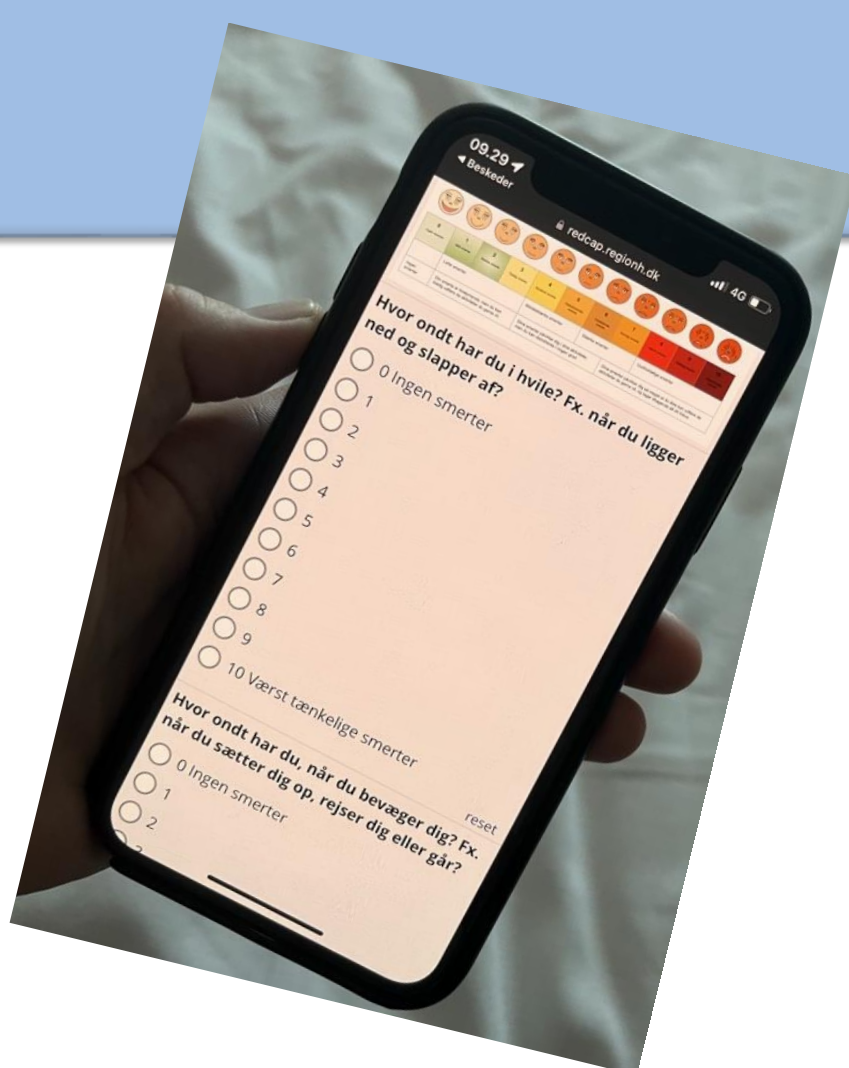


Chronic pain and impaired recovery after caesarean delivery - A nationwide prospective cohort study

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Introduction

Chronic pain after caesarean delivery is estimated to affect millions of women worldwide, yet its prevalence and clinical significance is not well established¹. Assessing chronic pain and the impact on recovery is challenging, as its multidimensional nature cannot be captured by pain scores alone².

Methods

Prospective multicentre cohort study, including 19 of 22 Danish maternity hospitals. Frequent short RedCAP surveys were sent via SMS in the immediate postpartum period and at 1, 2, 3, 6, and 12 months following caesarean delivery. Outcomes: Pain (NRS > 3), pain-related functional impairment (15 items), neuropathic pain (5 items), pain localisation, and self-assessed health.

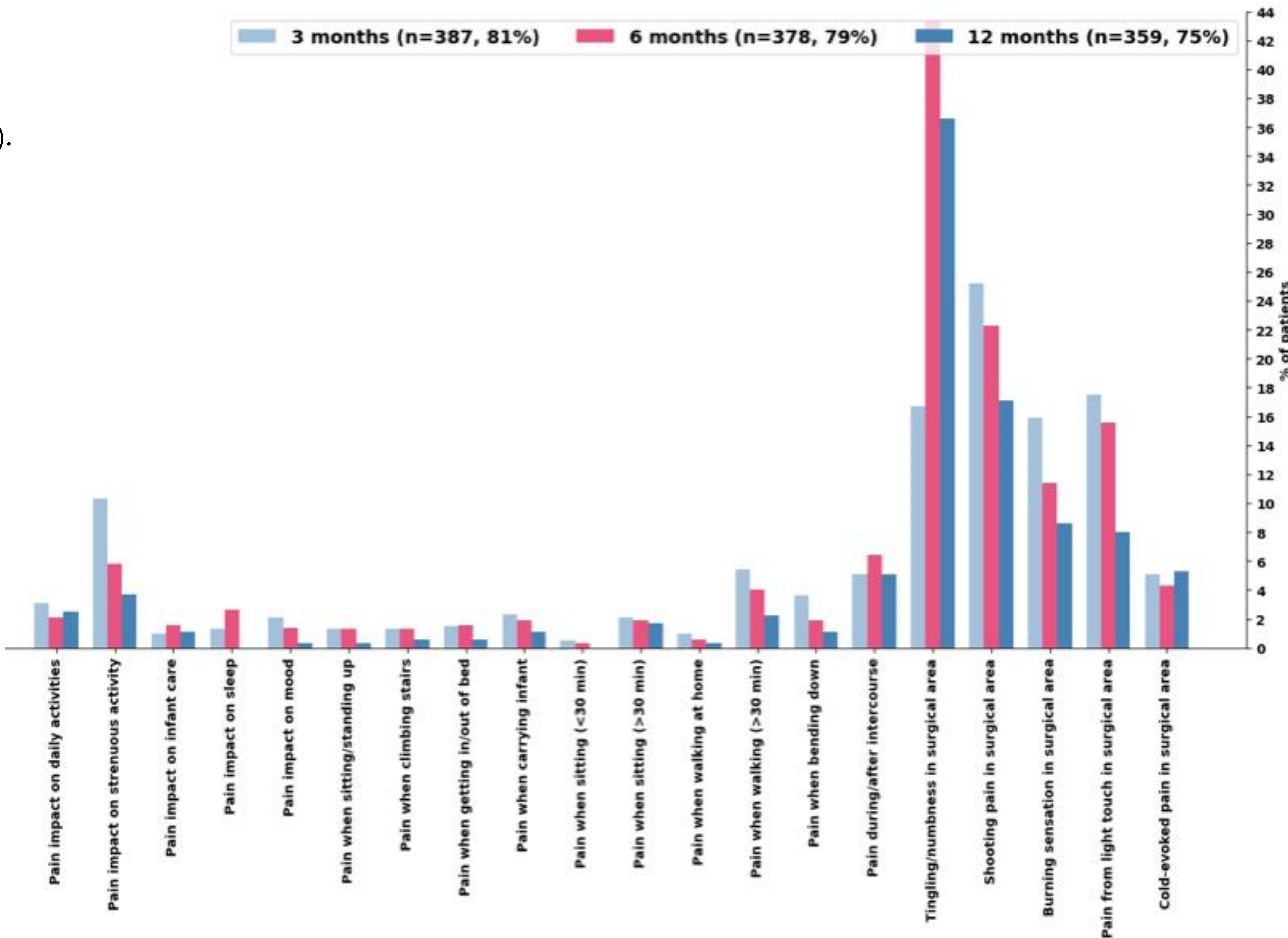
Results

19 hospitals included 477 patients over 6 months (2023–2024). Response rates ranged from 75% to 89% across time points. Pain (NRS >3) at the surgical site: 4% (95% CI 2–6) at 6m and 2% (95% CI 1–4) at 12m. Pain-related functional impairment: 10% (95% CI 7-14) at 6m and 13% (95% CI 10-17) at 12m. Neuropathic pain features: 43% (95% CI 38–48) at 6m and 36% (95% CI 32–42) at 12m. At 12 months, 6% (95% CI 4–9) did not feel recovered.

Conclusion

Chronic pain and impaired recovery after caesarean delivery affect a notable proportion of patients, 2-13% report pain or pain-related functional impairment at 6-12 months, and 36-43% report neuropathic pain features. The obstetric population may benefit from a multidomain assessment tool that captures diverse aspects of recovery, to enable consistent comparisons across studies.

Patient reported pain-related functional impairment or neuropathic pain Proportion at 3, 6, and 12 months after caesarean delivery.



¹Ciechanowicz S, Joy RR, Kasirski J, Blake L, Carvalho B, Sultan P. doi: 10.1016/j.jclinane.2025.111832. ²Landau R, Sultan P. doi: 10.1111/anae.16750.2025.