# POSTOPERATIVE ANALGESIA AND OPIOID USE AFTER CAESAREAN SECTION

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## 1 INTRODUCTION

Post-caesarean analgesia must balance effective pain control with opioid stewardship. Inadequate analgesia is associated with persistent pain, postnatal depression and reduced breastfeeding success. However, opioid exposure carries significant risk.[2] International guidelines recommend minimising in-hospital opioid use and limiting discharge prescriptions. Reducing in-hospital opioid use after delivery and amount of opioid prescribed after discharge is recommended by SOAP, ACOG, ABM. We evaluated in hospital and discharge analgesic use and patient understanding following lower segment caesarean section (LSCS).

**2%**
continue opioid use
3 months post-delivery

**1 in 300**
opioid-naïve women
become
chronic users following
childbirth

## 2 METHODS

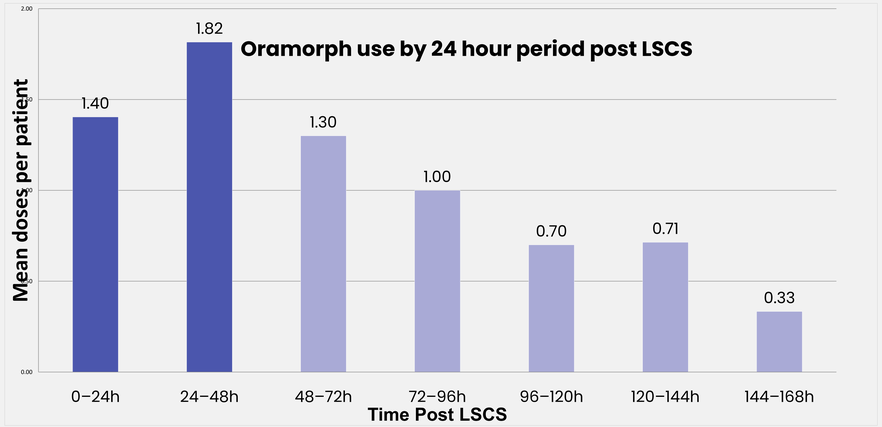
- Retrospective review of electronic records for 100 patients undergoing LSCS under regional anaesthesia in September 2023 on inpatient & discharge analgesia
- Phone survey with 15 patients 2 weeks post LSCS May 2025
- Questions on pain scores, analgesia use and analgesia disposal practice
- Registered with local QI team and Caldicott Guardian

## 3 RESULTS

*Patient demographics*
- 74% emergency LSCS, 26% elective
- Average length of stay 2.8 days

*In-hospital analgesia*
- All patients were prescribed oral morphine 10mg
- Average of 3.95 doses used.
- 58% of patients used three doses or fewer.
- Use varied by urgency — 2.8 doses used after emergency LSCS patients used, 5.7 after elective
- Strong multimodal prescribing

*Discharge and home analgesia*
- 96% discharged with 200mg bottle oral morphine solution, including 20% who had used none in hospital
- Pain reported as worse at home than in hospital
- 4/15 patients finished the full supply within five days when taking as prescribed.
- Several reported oramorph use with 'mild' pain
- No patients received any information on safe disposal, with all either retaining unused morphine at home or completing the supply.




**0%**
of patients received information on safe disposal of unused oramorph

**1 in 5**
used no oramorph in hospital

**100%**
still discharged with a 200mg bottle

## 4 DISCUSSION

This survey identified gaps in post-operative analgesia guidance and opioid stewardship. Patients lacked clear advice on analgesia scheduling, appropriate opioid use and safe disposal.

This is of particular concern given the dangers of unsued opioids in the home In an opioid-naïve patient, this can be a fatal dose. This is important in this group given that MBRRACE: death by suicide is a leading cause of maternal death.

In response, we have engaged with pharmacy colleagues to clarify disposal pathways and plan to introduce a patient information guide using a traffic-light system for analgesia use, alongside clear disposal instructions for unused oral morphine.

The initial study was conducted prior to implementation of MHRA guidance on post operative long-acting opioids and our prescribing protocol has now changed. A repeat survey is planned following implementation and updated post operative pain relief protocols.

## REFERENCES

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