



Administration of Intravenous Adjuvants During Cesarean Delivery: retrospective cohort study comparing intrapartum versus non-intrapartum cesarean deliveries

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Background:

- Incidence of pain **during** cesarean delivery approx. 0.5 – 20%
- Defined as ‘insufficient neuraxial anesthesia’ & patient requesting additional medication
- Recent recommendations from France & the U.K. for better block testing & management

Methods:

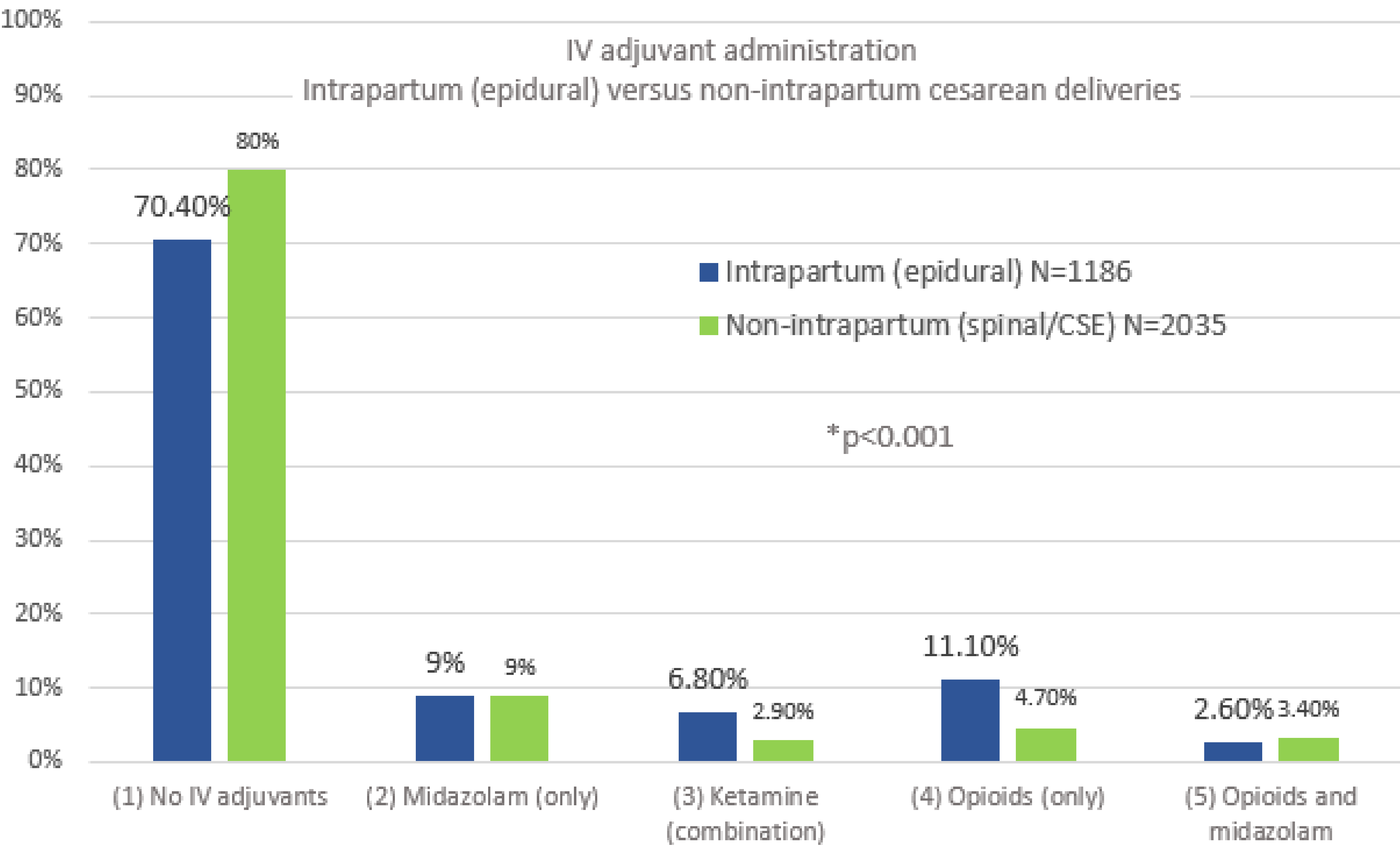
- Retrospective EMR review (EPIC) 03/2020 – 12/2021
- All cesarean deliveries under neuraxial anesthesia
- All cases of intraoperative IV adjuvant administration (**BZD, opioid, ketamine**)
- Excluded cases requiring general anesthesia for non-pain indications (N=5)

Results

N= 3221 cases (36% intrapartum cesarean cases with epidural)

IV adjuvants given to 758 patients (23.5%)

- Intrapartum cases: N=351/1186 (29.60%)
 - GA conversion N=3 (0.25%)
- Non-intrapartum cases: N=407/2035 (20%)
 - GA conversion N=2 (0.01%)



Key Points

Expected

- High(er) rate of IV adjunct administration for intrapartum cesarean delivery (under epidural)

Unexpected

- High rate (20%) of IV adjunct administration for non-intrapartum CD (under spinal/CSE)
- Up to 9% of patients receiving midazolam (for anxiolysis) in both groups
- High variability in approach (& combinations) of IV medication

To-do

- Identify patient/obstetric/anesthesia-specific factors for IV adjuvant administration

