Predictors of Postpartum Inpatient Opioid Requirement in Patients with Concern for Placenta Accreta Spectrum

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Objective

Identify factors associated with increased postpartum analgesic requirements in patients undergoing cesarean delivery (CD) for suspected placenta accreta spectrum (PAS)

- Antenatal factors (history and sonographic)
- Operative details



Methods

- Retrospective cohort study
- Most recent 50 patients who delivered via cesarean with concern for PAS
- Assessed:
  - Demographic, obstetric, and anesthetic data
  - Postpartum analgesic utilization

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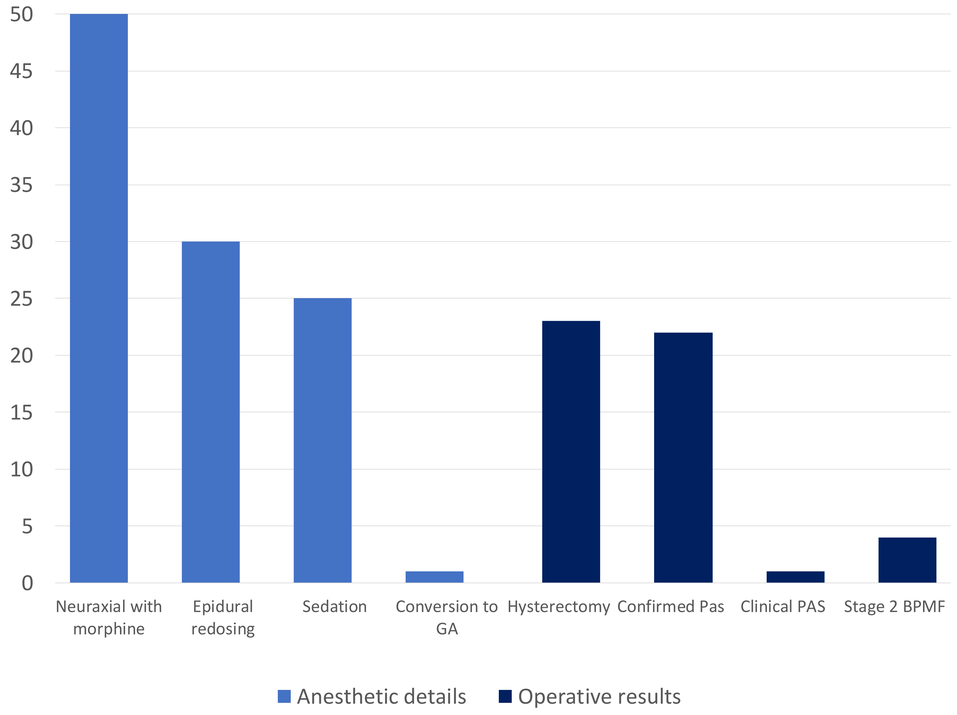
Results

Patient Overview

- Delivery between July 2021-Dec 2022
- Mean GA: 36.6 weeks
- Mean prior CD: 1.2

Analgesic Summary

- Opioid range 0-361.5 MME
- 18 (36%) acetaminophen + NSAID alone



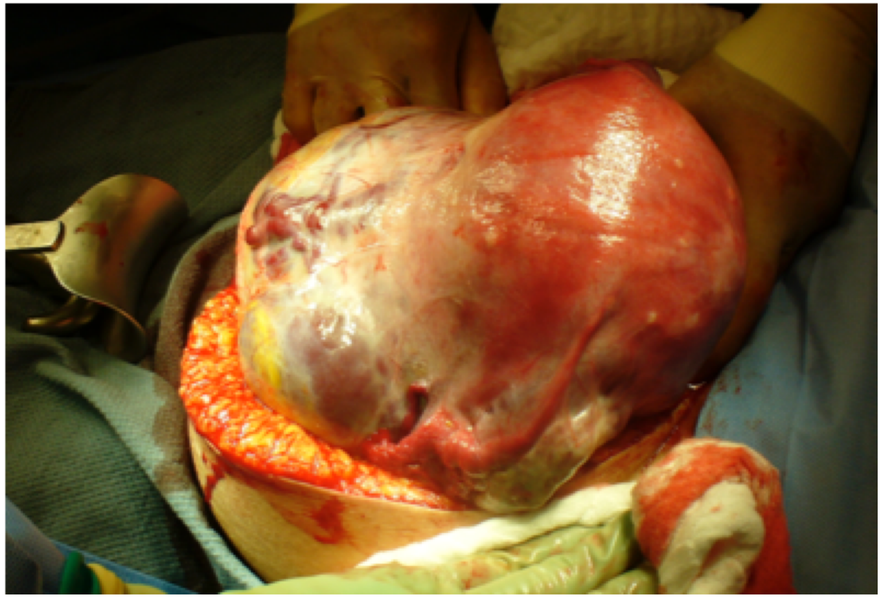
Significant Variables

Categorical Variable	n	Mean MMEs	p-value
Delivery BMI (kg/m2) ≥40	2	223.5	0.03
No prior uterine surgery	27	110.9	0.007
Prior retained placenta	11	22.5	0.031
Intraoperative transfusion	13	124.3	0.012
Supracervical hysterectomy	17	100.8	0.046
Pathologic PAS diagnosis Grade 3D	3	190.8	0.036

Continuous variables: blood loss and operating room time

Key Points

- Postpartum analgesic requirements are very heterogeneous
- Pain is a multifaceted experience
- Neuraxial opioid, acetaminophen, and NSAIDs are effective as the foundation of post-CD pain control



References

1. Warrick Anesth Analg 2022
2. ACOG Clinical Consensus Obstet Gynecol 2021
3. Reale BJA Educ 2022

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