

Preliminary findings from a post caesarean delivery pain core outcome set development study

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- Scoping review: 101 RCTs
- 375 inpatient and 17 outpatient outcomes
- The most reported outcome domains were:
 - 1) Analgesia (n=242/375, 64.5%), analgesic consumption - most frequent
 - 2) Pain intensity (n=120/375, 32%), VAS and the NRS - most frequent
 - 3) Maternal and neonatal adverse effects (17.3% and 5.1%, respectively)
- Focus group discussions with patients (n=10):
- Post caesarean delivery pain “a huge problem”
- Little information given about pain severity and persistence
- Major themes identified:
 - 1) Psychological health
 - 2) Impact on care of the newborn
 - 3) Association of pain severity and lack of midwife support



Table 1. Content validity of top two most common outcome measurements utilised in included RCTs classified into 14 postpartum pain domains²

Measure	No. of items	PAIN DESCRIPTORS					INTERFERENCE									
		Intensity	Character	Analgesia	Exacerbating/re-leaving	Site	Physical function	Infant care	Sleep	Cognitive function	Psychosocial distress	Fatigue	Psychosocial wellbeing	Infant health	Sexual function	Number of domains
Analgesia consumption (MME, total dose, time to request)	1			X												1
Unidimensional pain scales (VAS, NRS, VRS, VPRD, FRS)*	1	X	X			X										3

*VAS = Visual analogue scale, some studies have also described the site and character of pain with simple VAS e.g. incision pain, cramping pain; NRS = numerical rating scale; VRS = visual rating scale; MME = Milligram morphine equivalents; **yellow** highlights the most common outcomes utilised in RCTs, as identified from scoping review; **pink** highlights the main domains identified from patient focus group discussion on the impact of acute post caesarean delivery pain.

- Outcomes utilized in post caesarean delivery pain (PCDP) trials vary widely, and are pain intensity and analgesic-use focused
- Patient-centered, functionality-focused assessments could improve postpartum pain evaluation and treatment
- Standardization in outcomes is needed to promote research efficiency and identify optimal pain management in this patient population