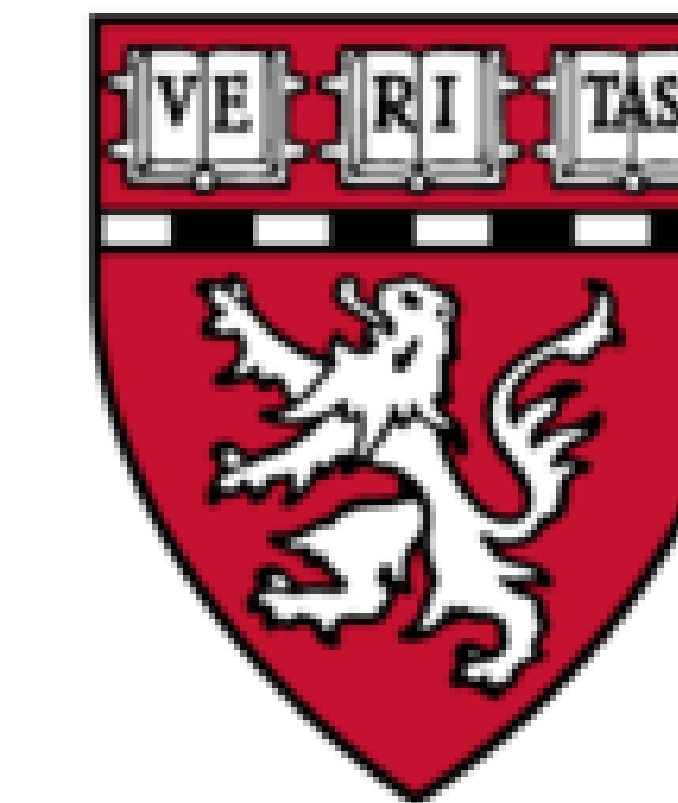




Severe Neck, Interscapular, Upper Back, and Shoulder Pain During Labor Analgesia: Recognition and Management



Rachel A. Achu-Lopes, MD, Sagar Patel, MD, Michaela K. Farber, MD, MS,
Noor A. Raheel, MBChB, Lawrence C. Tsen, MD, Ayumi Maeda, MD

Introduction

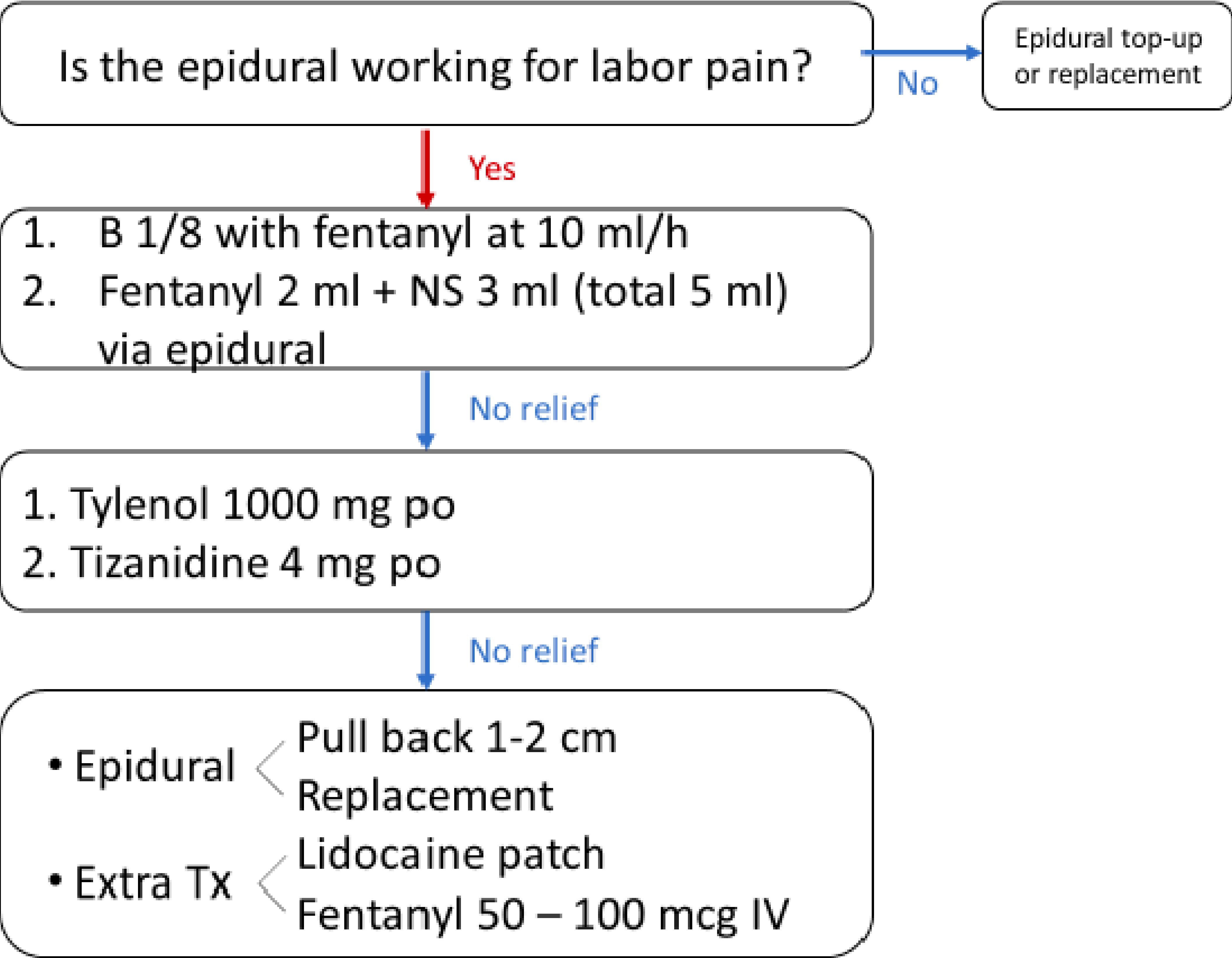
- Severe pain in the neck, interscapular region, upper back, and shoulders (SP) has been reported in laboring women receiving epidural analgesia.¹
- SP may negatively impact delivery outcomes and birth experience;² the etiology and optimal management is unknown.
- We report the development of a protocol for the identification and management of SP.

Methods

- Prospective pilot study
- Laboring women receiving epidural analgesia with programmed intermittent epidural bolus (PIEB) between October 2022-March 2023
 - A stepwise treatment protocol was developed and initiated
 - Patient demographics and responses were recorded

Treatment Protocol

Results



Patient Characteristics	SP N = 21	No SP N = 1965	P value
BMI (kg/m²)	34.4 ± 7.2	31 ± 5.8	<0.01
Primiparous	11 (52.4)	356 (21.4)	<0.01
Labor outcomes			
Vaginal delivery	8	1663	
SVD	7 (87.5)	1511 (90.9)	1
FAVD	1 (12.5)	64 (3.8)	0.71
VAVD	0 (0)	88 (5.3)	1
Labor to cesarean	13 (62)	302 (15.4)	0
NRFHT	5 (38.4)	141 (6.7)	0.08
FTP	7 (53.8)	127 (6.1)	<0.01
Fetal intolerance	1 (7.8)	12 (0.6)	1
Arrest of descent	0 (0)	22 (1.1)	1

Results



- **Overall incidence:** 1.1%
- **Pain score at onset:** 9/10 (NRS) → to 2.7/10 with protocol initiation
- **Distribution:** interscapular (81%), neck (52.4%) and shoulder (42.9%)
- **Exacerbated by:** PIEB, PCEA (57.1%); hand boluses (42.9%)
- **Resolution:** achieved in **85.7%** (initial intervention); 92.8% (overall)

Conclusions

- Prevalence of SP higher than previously reported.
- SP patients have a higher incidence of failure to progress with increased cesarean delivery rates.
- **Protocolized treatment had a favorable impact on pain scores.**

References

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