Utilization of Multimodal Analgesia after Cesarean Delivery with General Anesthesia 2018-2023

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Background

- Pain following cesarean delivery (CD) under general anesthesia (GA) is suboptimal
- Uptake of recommended opioid-sparing multimodal analgesia (osMMA) is low
    - 8.5% (2008-2018)

Aims

1. Describe utilization of osMMA and optimal osMMA (OosMMA) after CD with GA
2. Evaluate factors associated with receipt of osMMA

Hypothesis

The utilization of osMMA and OosMMA increased over time

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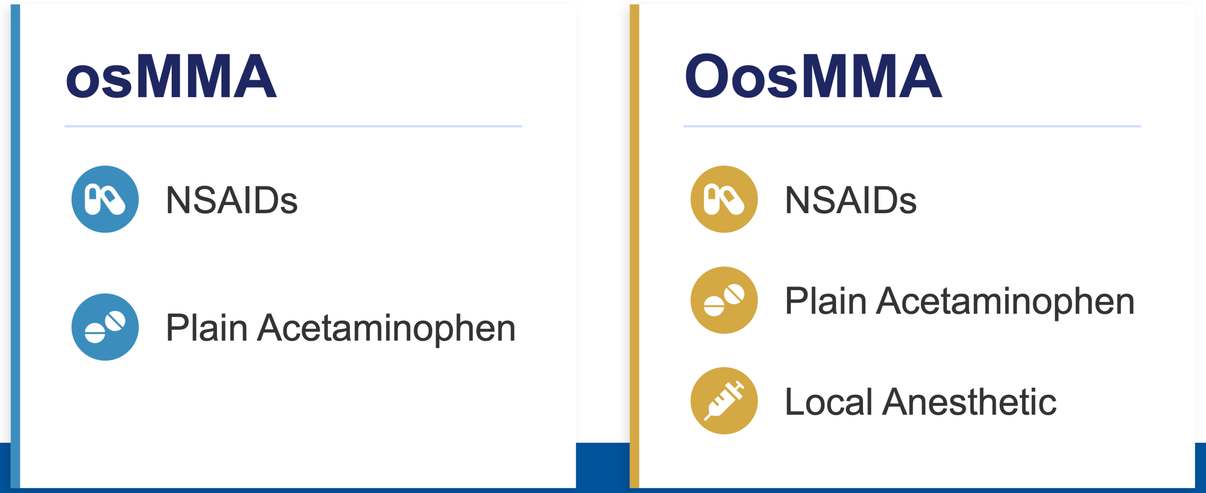
Study Design and Methods

- Retrospective cohort study in Premier Healthcare database
- Patients ≥ 18 years with CD under GA from 2018-2023
- Descriptive statistics and mixed-effects logistic regression models



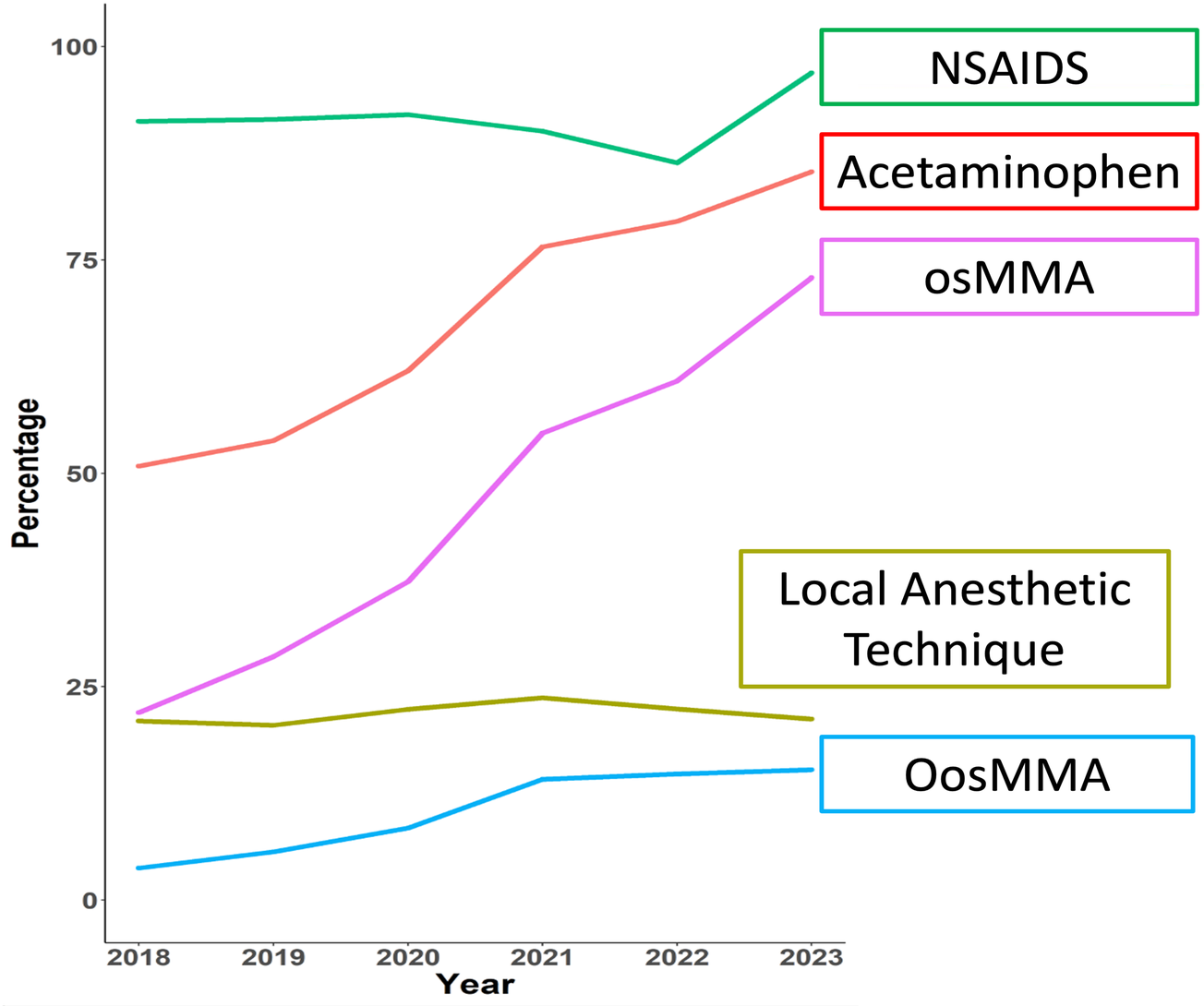
osMMA = Opioid-Sparing MMA | OosMMA = Opioid-Omitting (Out-of-Site) MMA

Results

- 244,047 CDs

- osMMA = 44.4%
- OosMMA = 10.0%
  - *Local anesthetic = 21.8%*

- ↓ osMMA
  - *Black, public insurance*
  - *Medical + obstetric comorbidities*
  - *Non-teaching status*
  - *ICC = 0.55*



Conclusion & Discussion

osMMA use increased substantially

Local anesthetic technique use = unchanged

Hospital-level variation persists