

Intraoperative Pain During Cesarean Delivery – A Survey of Practice in Centers of Excellence (COE), as designated by the Society for Obstetric Anesthesia and Perinatology (SOAP)

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Background

What is the problem?

- Pain during cesarean delivery (CD) is **prevalent and common** with **increasing publicity**
- Intraoperative pain during CD → **~ 17% incidence**
- Pain during CD carries significant negative **psychological and medicolegal impact**

What are we doing about it?

- ASA/SOAP statements provide recommendations
- **No universal guidelines or standards exist** for documenting or treating pain

Where do we go from here?

- Creation of **standards and guidelines** for assessing, documenting and treating intraoperative pain
- Gain **consensus on best practices** for treating intraoperative pain



Statement on Pain During Cesarean Delivery

Developed by: Committee on Obstetric Anesthesia
Original Approval: October 18, 2023



Study Design & Methods

Design:

- **Multicenter, cross-sectional electronic survey** distributed via REDCap (Research Electronic Data Capture)
- Assessing contemporary **practices in recognition, documentation, and management of intraoperative pain during cesarean delivery** under neuraxial anesthesia at SOAP Centers of Excellence Designees in North America.

Population:

- Individuals, consisting of **Division Chiefs, Medical Directors, or leaders of Obstetric Anesthesiology departments and/or Labor and Delivery units at SOAP COEs** were identified by publicly available email addresses.
- **71 individuals** identified via **publicly-available contact information (email)**
- SOAP COEs isolated to **North America**

Regulatory Oversight:

- This study was deemed **exempt by the Institutional Review Board (IRB)**.

Survey Administration:

- Distributed electronically via REDCap to **71 identified individuals** via email

Survey Characteristics:

- **Total questions: 28**
- **Multiple choice, categorical**
- Multi-select practice questions & limited free-text/qualitative responses

Response Rate:

- **Total individuals queried: 71**
- **Total completed surveys received: 25**
- **Response rate: 35.2%**

Primary Objective:

- To **characterize current institutional practices** for the **recognition, assessment, documentation, and management** of **intraoperative pain** during cesarean delivery under neuraxial anesthesia.

Secondary Objective:

- To identify **areas of practice variation & consensus** across SOAP COEs
- To identify **areas of improvement** for future projects

Domains of Interest:

1. **Documentation** practices
2. **Pain assessment** strategies
3. **Management** approaches
4. **Quality improvement** infrastructure

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Results

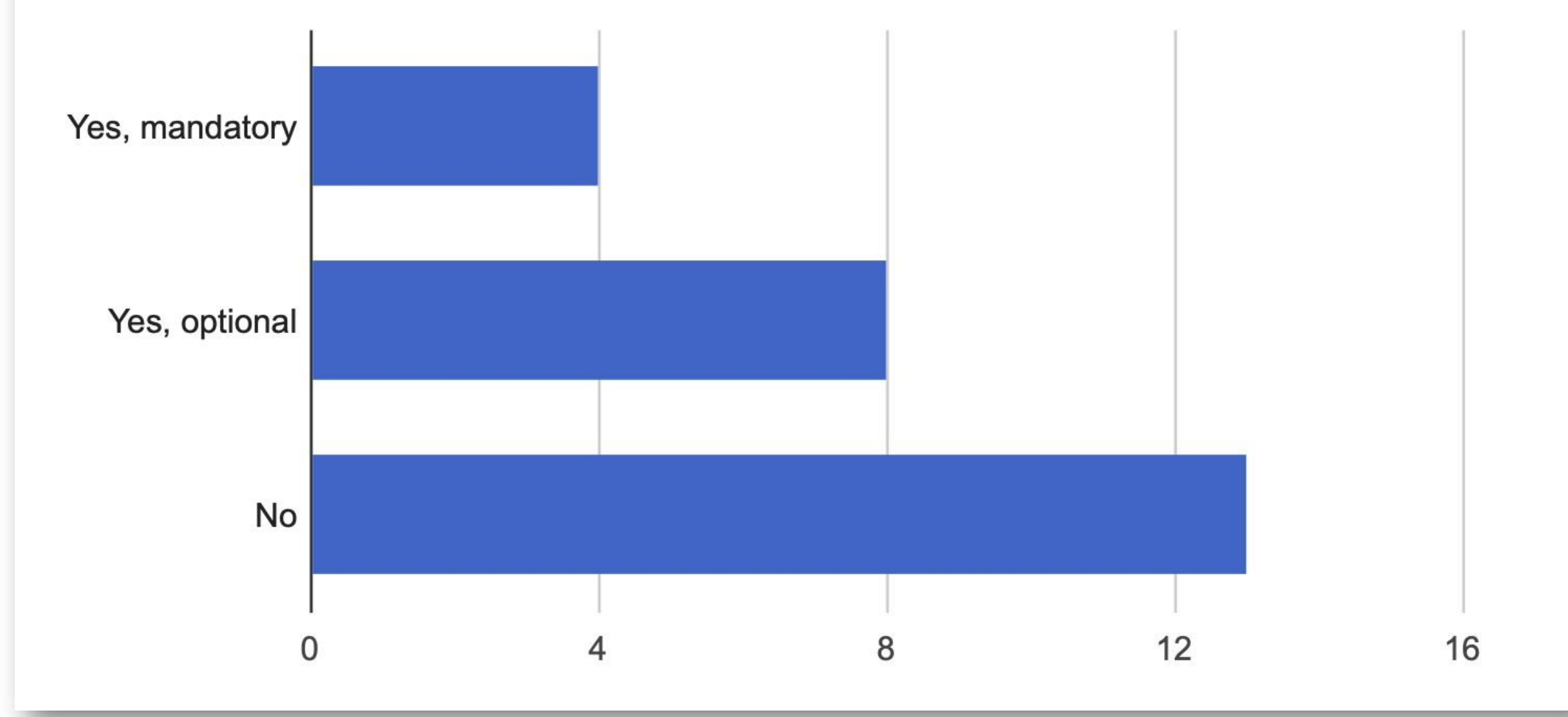
Cohort Characteristics



Pain Not Routinely Assessed

Does your institution have requirements for documentation of intraoperative pain during cesarean delivery? (q5_survey)

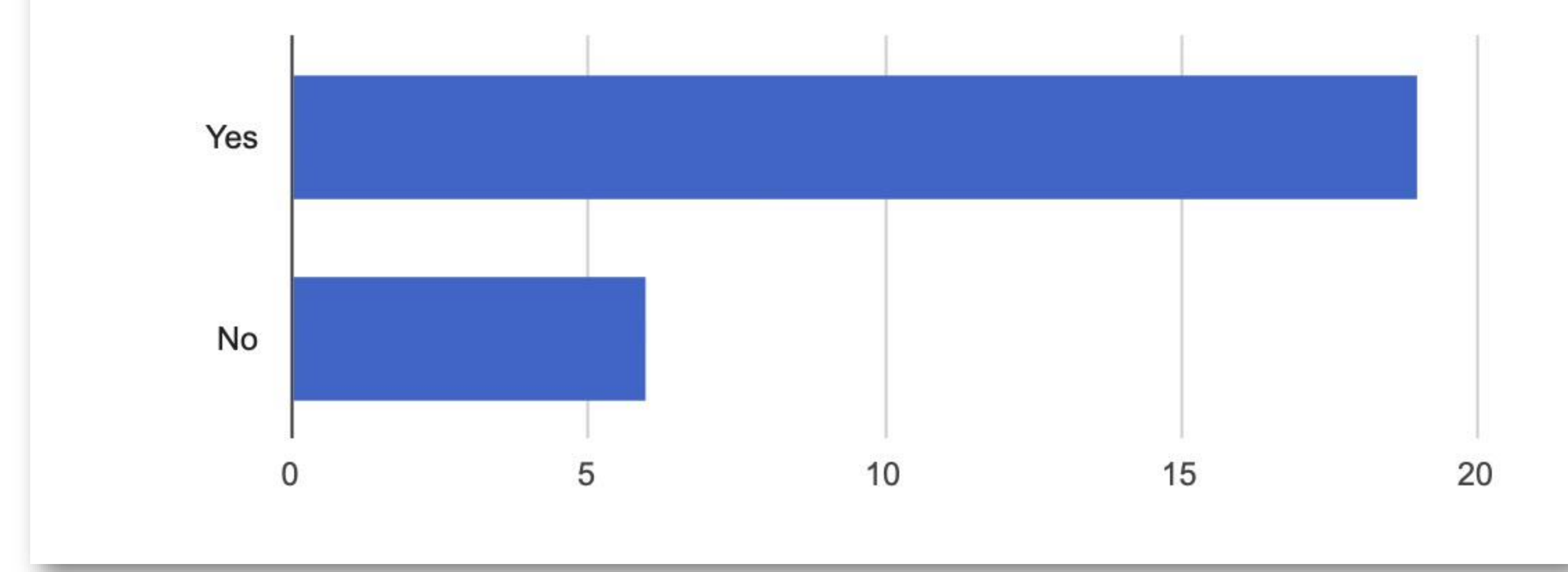
Counts/frequency: Yes, mandatory (4, 16.0%), Yes, optional (8, 32.0%), No (13, 52.0%)



Lack of Standardized Documentation

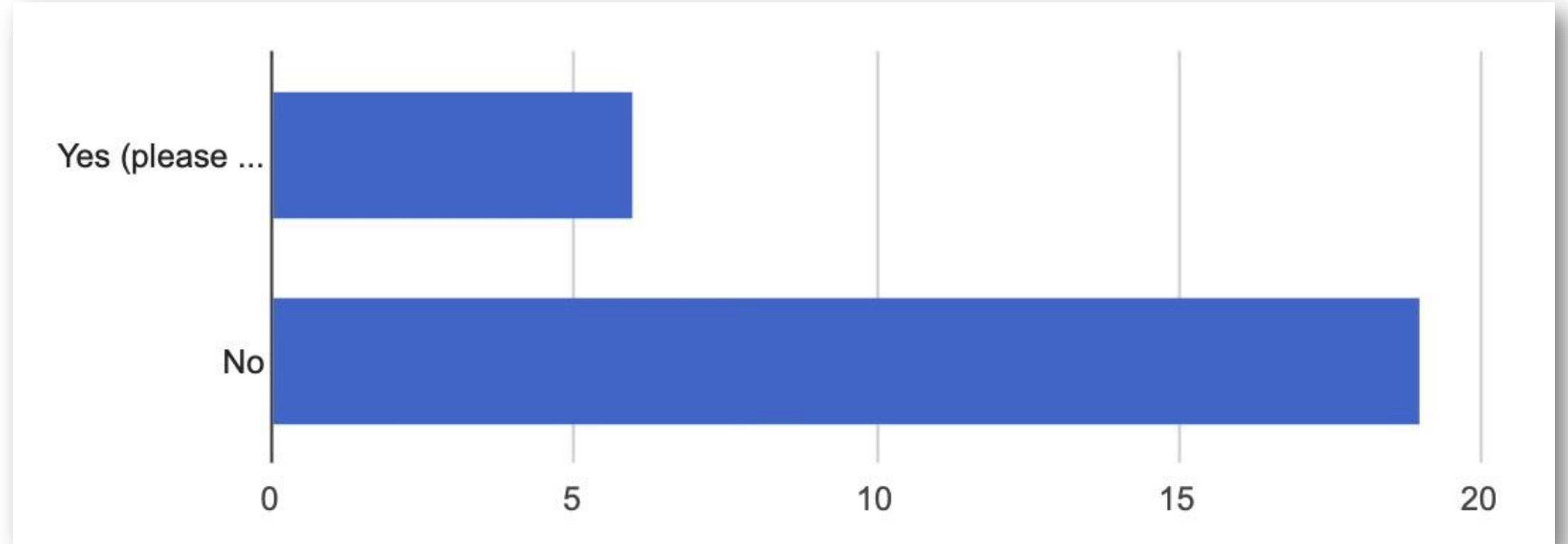
Should regular assessment and documentation of intraoperative pain be required for SOAP Centers of Excellence? (q_28)

Counts/frequency: Yes (19, 76.0%), No (6, 24.0%)

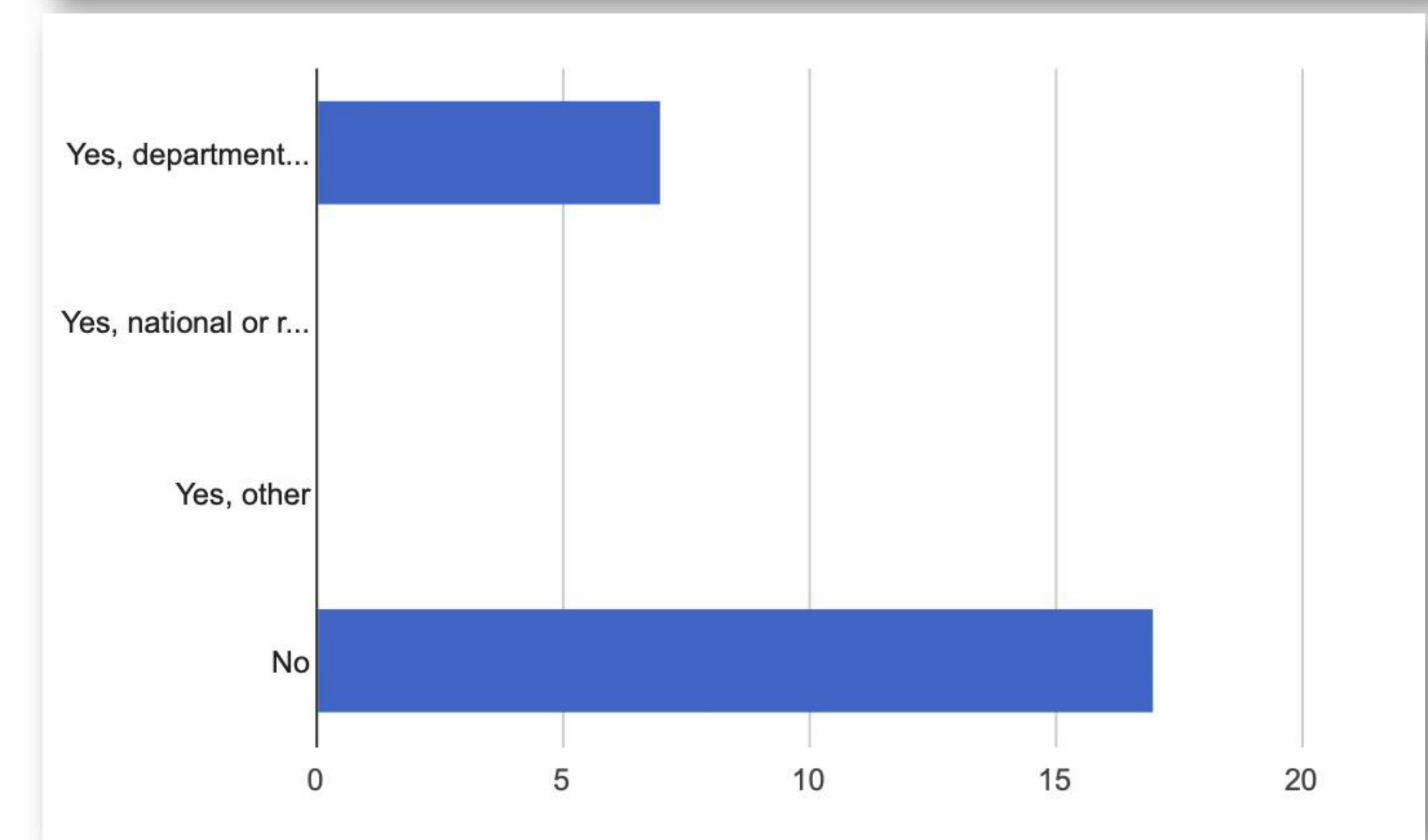


No Data Infrastructure for Quality Improvement

Have you analyzed the overall incidence of breakthrough intraoperative pain in your institution in the last 5 years? (q_26_survey)



Do you maintain an internal database of intraoperative pain events during cesarean delivery? (q_25_survey)



Conclusions



Pain is documented through **narrative charting (ad hoc)** rather than **structured workflows**



Pain assessment is largely **reactive instead of predictive and standardized**



Most recognize importance of intraoperative pain as quality issue, but most institutions **lack QI projects or databases**



We recommend implementation of SOAP Centers of Excellence standardized practices for the assessment and documentation of pain during cesarean delivery.

Key Takeaways

52% reported no requirement for documenting intraoperative pain

96% reported no automated EMR macros/reminders

71% have no internal QI database

76% believe regular assessment & documentation should be required for SOAP COEs