

Association of Race & Ethnicity in Post-Cesarean Pain Management Practice

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Potential contributors to differences in analgesic use:

- Provider biases
- Varying methods of pain assessment
- Cultural differences between providers and patients

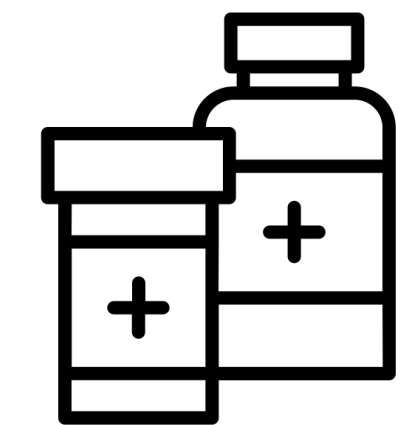
Goal: Investigate disparities in post-cesarean analgesic use based on race & ethnicity

Study Design & Method

- UCSF Mission Bay cesarean deliveries 2015-2023

Primary outcome

- Total oral morphine equivalent (OME) per postpartum day



Secondary outcomes

- Frequencies of patient-reported target pain goal assessments
- Proportion of assessments using numerical rating scale (NRS)



Covariates

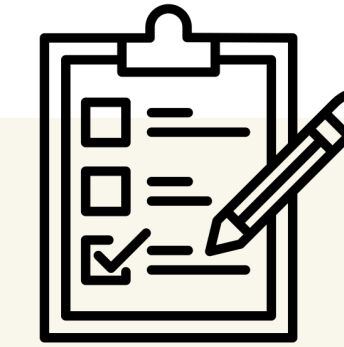
- Race
- Ethnicity
- Preferred language
- Age
- Gestational age
- Type of anesthesia for cesarean delivery
- Neuraxial morphine or regional anesthesia

Results

n = 5279



- Non-Hispanic White patients (68.87 OME)
- Non-Hispanic Black patients likely to receive 34.5% **MORE** opioids
- Asian patients likely to receive 22.7% **LESS**
- Adjusting for covariates, Asian patients more likely to receive **NO** opioids



- Race **NOT** a significant factor in frequency of pain assessment
- Patients who received **NO** opioids had **FEWER** pain assessments vs. those who received opioids
- Patients with a low proportion of pain assessed via NRS ($\leq 40\%$) more likely receive **NO** opioids

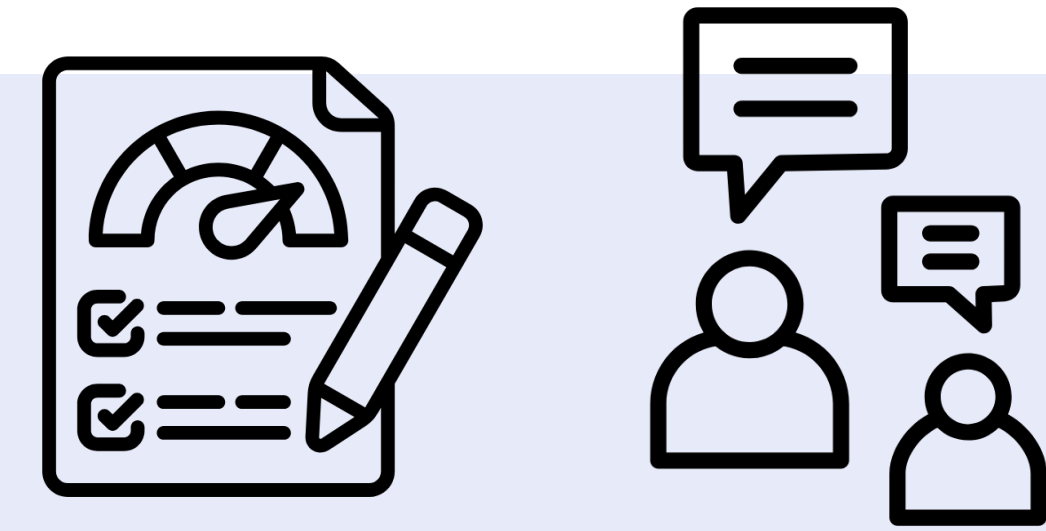
- **Limited English proficient (LEP)** patients 28% **greater** odds of pain assessed without NRS
- **non-Chinese** speakers 45% **greater** odds of pain assessed without NRS
- LEP patients pain evaluated qualitatively 21% **LESS**



Discussion



- Racial/ethnic disparities in post-cesarean analgesia administration & pain assessment
- Asian patients lower likelihood of opioid usage vs. other racial/ethnic groups



Association between frequency of pain assessed using NRS & opioid utilization & language preference suggests potential **implicit bias** introduced by **pain assessment methods**