



3rd International Conference on

GYNECOLOGY, OBSTETRICS AND WOMEN'S HEALTH

November 20-21, 2023 | Dubai, UAE

Title: Inequity of Multimodal Analgesia in Cesarean Sections in Latin America: An Objective View

Author Name: Marleny Huayanay Bernabé

Affiliation: *Colegio Médico del Perú, Sociedad de Dolor (Spain), Capítulo de Dolor (Peru), Sociedad de Anestesia, Analgesia y Reanimación, Sociedad de Investigadores Hispanoamericanos and member of the International Association for the Study of Pain.*

Country: Peru

Abstract

Multimodal analgesia plays a crucial role in the management of postoperative pain after a cesarean section, ensuring the well-being and proper recovery of women. However, in Latin America, there is an inequity in the availability and access to this analgesic approach. This presentation objectively explores the reality of inequity in multimodal analgesia for cesarean sections in Latin America.

This inequity in multimodal analgesia for cesarean sections in Latin America is a reality that affects the quality of life of women and the healthcare they receive. It is essential to address this issue by improving resources, training, and raising awareness among healthcare professionals, as well as implementing health policies that promote equity. By doing so, we can ensure that all women have access to proper management of postoperative pain and optimal recovery after a cesarean section.

Biography

Marleny Huayanay is an Anesthesiologist from the National Maternal Perinatal Institute Lima-Peru, with over 20 years of experience in Obstetric Anesthesia, Labor Analgesia, and Postoperative Pain Management. She holds a specialization in Estadística e Investigación Científica por la Sociedad Hispana de Investigadores Científicos in Arequipa, Peru. She has a Master's degree in Ciencias: Terapia Del Dolor from the Miguel de Cervantes Saavedra University in Spain and in Government Management from the EUCIM Business School from Spain. Additionally, she is affiliated with the Sociedad del Dolor of Spain, the Capítulo del Dolor of Peru, the Sociedad de Anestesia, Analgesia y Reanimación, and the Sociedad de Investigadores Hispanoamericanos and member of the International Association for the Study of Pain.



3rd International Conference on

GYNECOLOGY, OBSTETRICS AND WOMEN'S HEALTH

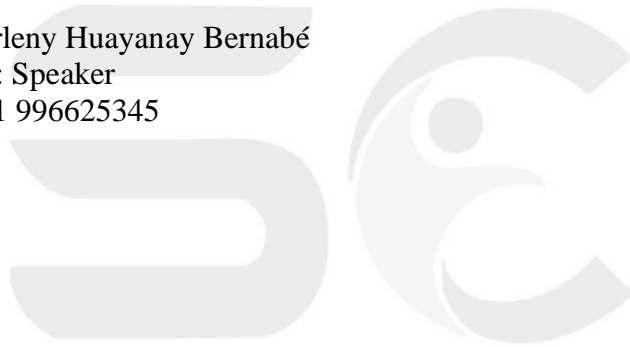
November 20-21, 2023 | Dubai, UAE

Recent publication

1. Huayanay M. (2022) *Management of postoperative cesarean section pain: Observational study at the National Maternal Perinatal Institute*. Rev Peru Investig Matern Perinat 2022;11(3): 21-26
2. Huayanay M, Calderón M, Moreno A & Vásquez J (2021) *Anesthesia for cesarean section and SARS Cov-2: Observational study in Peru*. Colombian Journal of Anesthesiology.
3. Guevara E, Pérez C, Huayanay M and others (2019) *Prevention and clinical management of pre-eclampsia and eclampsia: Evidence-based clinical practice guidelines from the national reference institute in maternal health of Peru*. An Fac med. 2019;80(2):243-9 / DOI: <https://10.15381/anales.802.16422>

Email ID: elida989@hotmail.com

Presenter Name: Marleny Huayanay Bernabé
Type of Presentation: Speaker
Contact Number: +51 996625345





Inequity of Multimodal Analgesia in Cesarean Sections in Latin America: An Objective View

Marleny Huayanay Bernabé, MD, National Maternal Perinatal
institute. Lima-Peru



Marleny Huayanay has no significant financial relationship with any commercial or proprietary entity that produces healthcare-related products and/or services relevant to the content of this presentation.



1

Introduction

2

Multimodal analgesia

3

Barriers and change strategies

4

Conclusions

Tasas globales crecientes de cesáreas

El editor en jefe adjunto, Dr. Patrick Chien, analiza cómo los principales artículos de este número en un podcast de audio disponible en: <https://soundcloud.com/bjog/april-editors-choice-2021>.



Organización Mundial de la Salud

1990
7%

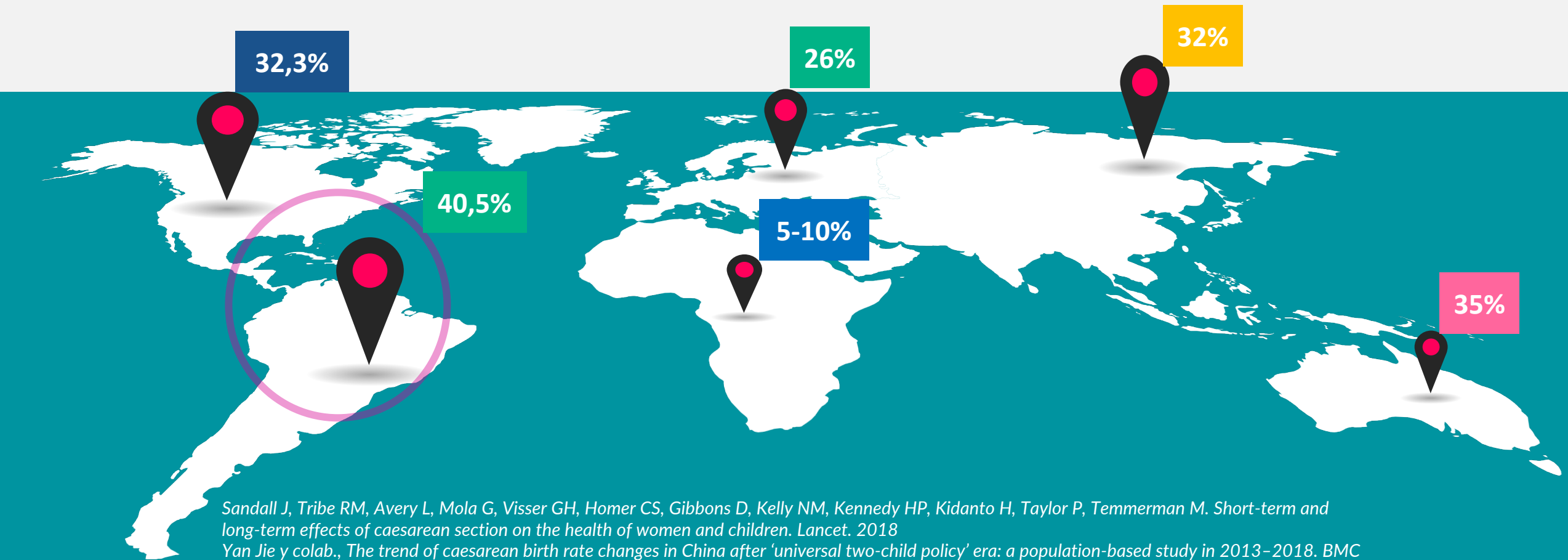
2021
> 20%

2030
54%

3 to 4% annual progression of caesarean section rate.

Cesarean sections in the world

29,7 millions



Sandall J, Tribe RM, Avery L, Mola G, Visser GH, Homer CS, Gibbons D, Kelly NM, Kennedy HP, Kidanto H, Taylor P, Temmerman M. Short-term and long-term effects of caesarean section on the health of women and children. *Lancet*. 2018

Yan Jie y colab., The trend of caesarean birth rate changes in China after 'universal two-child policy' era: a population-based study in 2013-2018. *BMC Med* 18, 249 (2020)

inadequate management of postoperative pain in cesarean section



chronic abdominal pain is present in 10–20% of parturient within a year of delivery

One in 10 women have persistent pain at eight weeks post CD

This is associated with an up to three-fold increased risk of postpartum depression.

Immobilization for pain is a great risk of thrombotic - embolic disease

Bonding with and caring for a newborn

With moderate to severe pain to 80%

Maternal satisfaction with postpartum surgical pain management in a hospital in northern Mexico

Table 1. Distribution of women according to the classification of the level of pain during the surgical puerperium.

Pain Intensity	Pain at time of interview		Maximum pain within 24 hours		Average pain level in the first 24 hours	
	f	%	f	%	f	%
Mild	86	33.2	32	12.4	42	16.0
Moderate	133	51.4	68	26.2	175	68.0
Severe	40	15.4	159	61.4	42	16.0

Source: Patient Pain Intensity Questionnaire

n=259.

López-España, Julia Teresa et al. SANUS. 2021

Table II. Characteristics of intraoperative analgesia in women undergoing cesarean section in Goiania, GO, Brazil, 2015

Variable	Women undergoing caesarean section	
	n	%
Postoperative analgesia (n= 1049)		
Opiate	521	49,7
Opiate + simple analgesic	431	41,1
Opiate + AINE	34	3,2
Opiate+ simple analgesic + AINE	18	1,7
Opiate+ simple analgesic +steroid	25	2,4
Opiate+ steroid	13	1,2
Opiate+ AINE+steroid	5	0,5
Opiate + simple analgesic+ AINE+ steroid	2	0,2

Table II. Characteristics of intraoperative analgesia in women undergoing cesarean section in Goiania, GO, Brazil, 2015

Variable	Women undergoing caesarean section	
	n	%
Incisional pain (n= 1062)		
Yes	984	92,7
No	78	7,3

BORGES, Natalia Carvalho et al. Dolor postoperatorio en mujeres sometidas a cesárea. Enferm. glob. [online]. 2017

Manejo multimodal





**American
Pain Society**

RESEARCH
EDUCATION
TREATMENT
ADVOCACY

PUBLISHED BY

ELSEVIER

The Journal of Pain, Vol 17, No 2 (February), 2016: pp 131-157
Available online at www.jpain.org and www.sciencedirect.com

Guidelines on the Management of Postoperative Pain

Management of Postoperative Pain: A Clinical Practice Guideline
From the American Pain Society, the American Society of Regional
Anesthesia and Pain Medicine, and the American Society of
Anesthesiologists' Committee on Regional Anesthesia, Executive
Committee, and Administrative Council

MULTIMODAL ANALGESIA

PROSPECT guideline for elective caesarean section: updated systematic review and procedure-specific postoperative pain management recommendations

Roofthoof, E., et al. Anaesthesia 2022

Tabla 1 Overall recommendations for pain management in patients undergoing elective caesarean section

Pre-operatively

- . Intrathecal long action opioid(e.g. morphine 50-100 ug(GradeA). Epidural morphine 2-3 mg (When an epidural catheter is used as part of a combined spinal epidural technique) (Grade A)
- . Oral paracetamol (Grade A)

Intra-operative after delivery

- . Intravenous paracetamol if not administered pre-operatively (Grade A)
- . Intravenous non-steroidal anti-inflammatory drugs (Grade A)
- . Intravenous dexamethasone (Grade A)
- . If intratecal morphine not used, local anaesthetic, wound infiltration (single shot) or continuous wound infusion and/or regional analgesia techniques (fascialplane blocks such as transversus abdominis plane blocks and quadratus lumborum blocks) (Grade A)

Postoperative

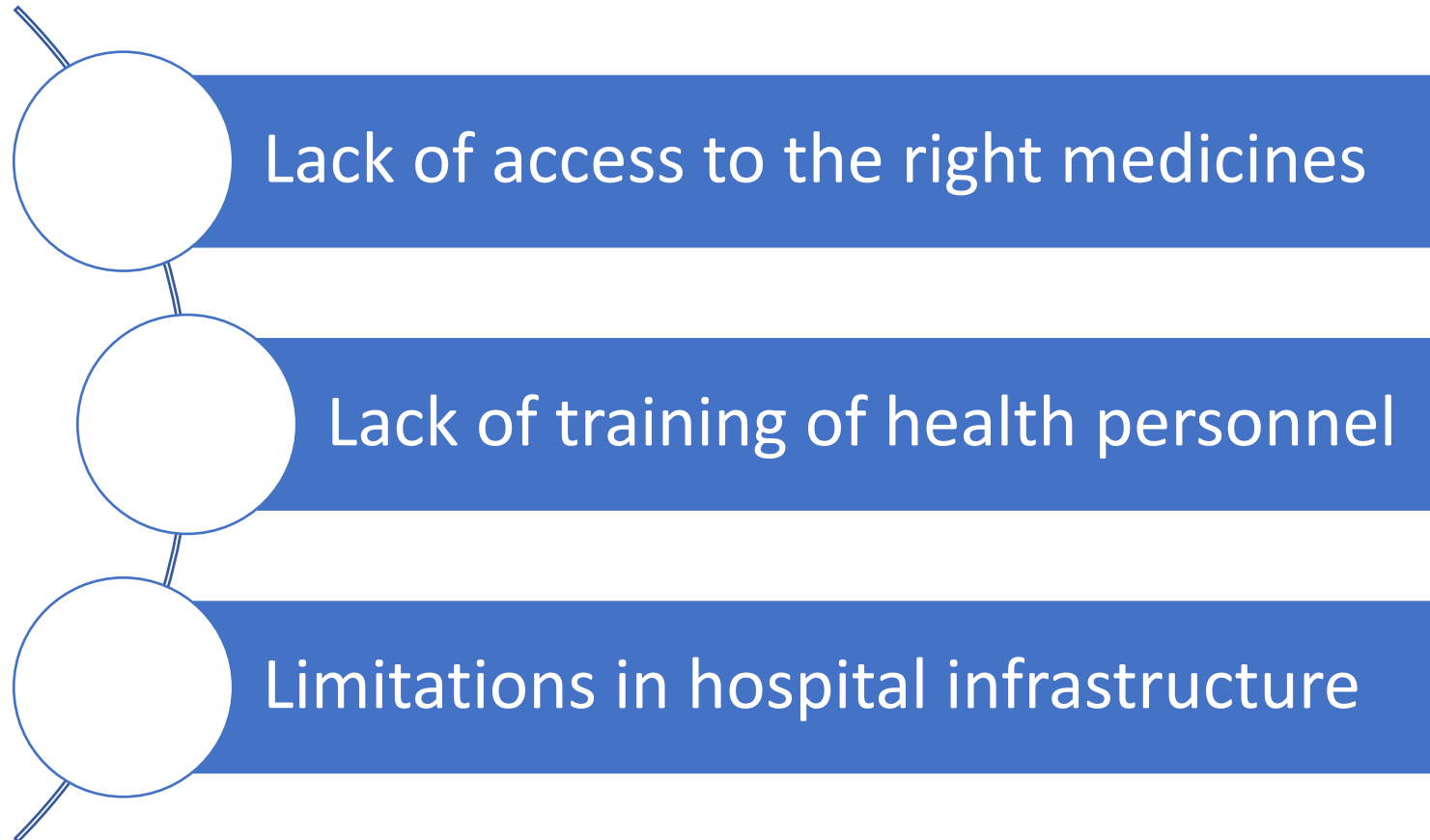
- . Oral or intravenous paracetamol (Grade A)
- . Oral or intravenous non-steroidal anti-inflammatory drugs (Grade A)
- . Opioid for rescue or when other recommended strategies are not posible (e.g. contra-indications regional anaesthesia)(Grade D)
- .Analgesic adjuncts include transcutaneous electrical nerve stimulation (Grade A)



Significant decrease in need and dose of opioids

Postoperative communication with patient

The barriers and challenges



Strategies

The elaboration of protocols and clinical guidelines

Education and training of health personnel

Improve access to necessary medicines.

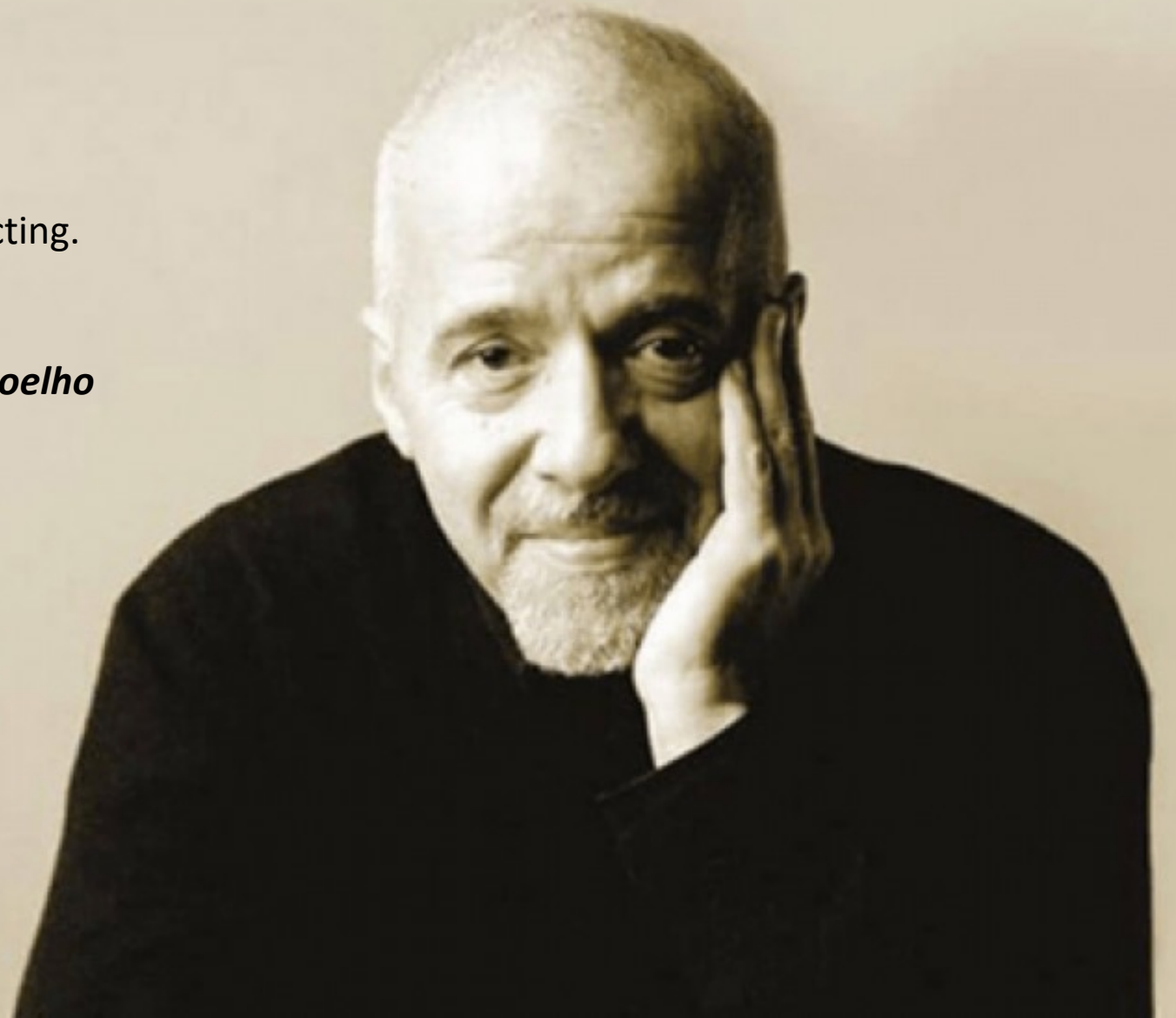
Conclusions

Understanding the magnitude of postoperative pain after caesarean section.

Reduce the existing multimodal analgesia gap in different regions of Latin America

"People complain a lot,
but they chicken out when it comes to acting.
They want everything to change,
but they resist changing"

Paulo Coelho





¡Thank you for your time!