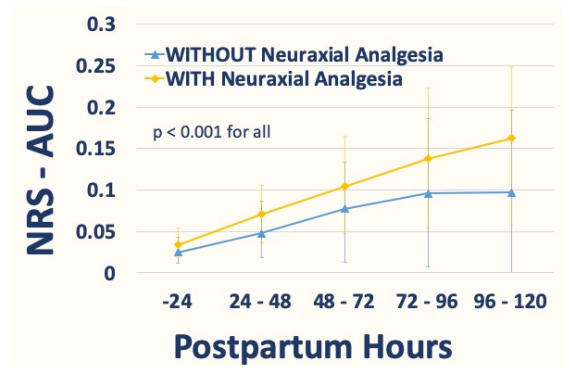# Neuraxial Labor Analgesia and Acute Pain after Vaginal Delivery

Retrospective cohort study of 2,494 women after vaginal delivery with or without neuraxial labor analgesia

During the first 5 days postpartum, women who had received neuraxial labor analgesia had:
❖ Higher NRS-AUC $_{5days}$, daily NRS-AUC, peak NRS score
❖ Increased requirements of oral analgesics

	WITHOUT Neuraxial Analgesia median (IQR)	WITH Neuraxial Analgesia median (IQR)	p value
NRS-AUC $_{5\ days}$	0.13 (0.08-0.19)	0.17 (0.12-0.25)	<0.001
Peak NRS	3 (2-4)	4 (3-5)	<0.001
Acetaminophen, oral (mg)	0 (0-500)	500 (0-4500)	<0.001
Diclofenac, oral (mg)	100 (0-250)	225 (75-325)	<0.001

After adjusting for relevant confounders with logistic regression analysis, the use of neuraxial labor analgesia was independently associated with increased odds of having:

	adjusted OR	95%CI
❖ NRS-AUC $_{5days}$ in the worse 20 percentile	2.10	1.66 – 2.66
❖ Peak NRS ≥ 4	1.57	1.30 – 1.89
❖ New postpartum hemorrhoids	1.86	1.27 – 2.71

The use of **neuraxial labor analgesia** is associated with
higher **postpartum pain score**,
increased **analgesic consumption** and
increased odds of **postpartum hemorrhoids**.

Clinical Implication: Women who receives neuraxial labor analgesia may benefit from further interventions to improve postpartum pain management.

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