

[Home](#) / [Health Conditions](#) / [Clinical Trials](#) / Black Women Receive Lower Doses of Postpartum Pain Medication, According to New Study

Black Women Receive Lower Doses of Postpartum Pain Medication, According to New Study



Inequities in pain medication treatment received postpartum, after giving birth, were found in a Cedars-Sinai study of 18,000 women. The disparities were observed even among patients reporting the highest pain levels.

The retrospective cohort **study** was published in *The Joint Commission Journal on Quality and Patient Safety*.

Both opioid and non-opioid pain medications given to patients were examined. Investigators wanted to see if the lower opioid doses reported in some studies' findings that racial and ethnic differences in peripartum pain management could be due to those patients receiving other kinds of drugs for their discomfort.

“Even after adjusting our analysis to include non-opioid medications, Black and Hispanic patients who reported the highest pain scores received lower doses of opioid-containing medication. The fact that they also received non-opioid drugs could not explain the lower opioid treatment they received when compared with white patients,” said **Naomi Greene, PhD**, principal investigator of the study and research assistant professor of Obstetrics and Gynecology.

Pain associated with labor and delivery can make it challenging for women to care for themselves and their newborns. Investigators looked at many variables available in the electronic medical records of the patients who delivered at Cedars-Sinai over a three-year period, 2019–2021. White, Black, Asian and Hispanic women were part of the large cohort.

“We attempted to identify factors that might have mitigated the apparent differences, such as the number of pain assessments, use of epidurals, the amount of non-opioid medication, maternal age, the number of pregnancies, and body mass index. But none of these factors could account for the racial and ethnic disparities in the amount of effective opioid pain management given to them,” said **Sarah J. Kilpatrick, MD, PhD**, the Helping Hand of Los Angeles Chair in Obstetrics and Gynecology and senior author of the paper.

RELATED: [How Cedars-Sinai Is Using AI to Reduce Pregnancy-Related Health Risks](#)

Investigators emphasize that further study is needed to identify what factors might explain the persistent racial and ethnic disparities in pain management that could point to potential interventions to eliminate the inequities.

“This study adds to the growing body of literature on peripartum pain medication disparity. While confirming previous findings, we added to it by showing that the amount of non-opioid medication used could not explain those disparities in opiate-based therapy given to patients in pain,” Greene said.

It is likely that pain perception and assessments are affected by a complex set of factors, the study authors noted.

“Healthcare provider beliefs, attitudes, and biases concerning pain rating in patients of different races and ethnicities are part of the challenge. Exploring this would necessitate a prospective intervention, such as a survey distributed to nurses and doctors to assess these beliefs and biases. Also, beyond recording a number for a pain score, we need to find ways to allow patients to directly assess their satisfaction with the pain management they are receiving,” Kilpatrick said.

Read more on the Cedars-Sinai Blog: [Equitable, Personalized Care for Women and Children of Color](#)

By [Team BlackDoctor.org](#) | Published August 14, 2025

