

Improvement needed in ob-gyn opioid prescribing practices

3 January 2018



[chronic pelvic pain](#) of unknown cause. Nineteen percent of respondents reported adherence to three or more of the four recommended practices. No significant difference was seen in the median number of pills prescribed for those who reported adherence to at least one recommended [practice](#) versus no adherence (25 versus 28; $P = 0.58$). Eighty-one percent of respondents incorrectly identified the main source of misused opioids, which was via diversion from a friend or family member. Forty-four percent did not know how to dispose of unused prescription opioids correctly.

"This study highlights an urgent need for increased efforts to improve ob-gyns' knowledge of [opioid](#) use, misuse, disposal, and best prescribing practices," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Improvement in obstetrician-gynecologists' knowledge and prescribing practices regarding opioids is needed, according to a study published online Dec. 4 in *Obstetrics & Gynecology*.

Annetta M. Madsen, M.D., from Brown University in Providence, R.I., and colleagues conducted a cross-sectional survey of a national sample of American College of Obstetricians and Gynecologists fellows and junior fellows; 179 of 300 sampled members responded. Data were obtained on opioid knowledge and typical prescribing practices, including [adherence](#) to four recommended practices.

The researchers found that across all indications combined, respondents reported prescribing a median of 26 pills per patient, with variation by indication for the prescription. Ninety-eight percent prescribed opioids after surgery; 22, 30, 24, and 18 percent, respectively, prescribed opioids for vaginal birth, [ovarian cysts](#), endometriosis, and

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