

# Opioid prescribing, new persistent use down after childbirth

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new persistent opioid use. From 2008 to 2016, there were decreases in opioid prescription fills for vaginal deliveries (26.9 to 23.8 percent) and for cesarean deliveries (75.5 to 72.6 percent); decreases were also seen in new persistent use (vaginal delivery, 2.2 to 1.1 percent; cesarean delivery, 2.5 to 1.3 percent). Filling an opioid prescription before delivery was the strongest modifiable factor associated with new persistent opioid use after delivery (adjusted odds ratio, 1.40).

"Maternity care clinicians can help decrease opioid harms by identifying risk, using opioid-sparing protocols, and providing close [opioid](#) stewardship in the peripartum period," the authors write.

One author disclosed financial ties to the pharmaceutical and health insurance industries.

**More information:** [Abstract/Full Text](#)

(HealthDay)—Since 2008, there has been a decrease in opioid prescribing and new persistent use after vaginal or cesarean delivery, according to a study published online July 26 in *JAMA Network Open*.

Alex F. Peahl, M.D., from the University of Michigan in Ann Arbor, and colleagues examined the correlation between [opioid prescribing](#) administered for vaginal or cesarean [delivery](#) and rates of new persistent opioid use. Data were included for 308,226 deliveries (63.3 and 36.7 percent vaginal and cesarean deliveries, respectively).

The researchers found that 27 percent of women with vaginal deliveries and 75.7 percent with cesarean deliveries filled peripartum opioid prescriptions; of these, 1.7 and 2.2 percent, respectively, had new persistent opioid use. Among women not receiving a peripartum opioid prescription, 0.5 and 1 percent of those with vaginal and cesarean delivery, respectively, had

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