

Predicting appropriate opioid prescriptions post-cesarean delivery

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Knowing the amount of opioids taken following cesarean section surgery and before discharge can inform individualized prescriptions and cut down on unnecessary, leftover pills that could be used for non-medical purposes, according to a new study from the University of Colorado Anschutz Medical Campus.

Cesarean delivery is the most common operation performed in the United States. Most patients are prescribed opioids following the procedure, and while persistent [opioid use](#) post-delivery is uncommon, overprescribing poses a risk for patients' communities as unused pills are often stored in unlocked locations.

The study, published today in *Annals of Family Medicine*, examined [opioid](#) use by 203 cesarean delivery patients for 24 hours pre-discharge. The patients then self-reported opioid use for four weeks after. While researchers found that patients who took fewer opioids pre-discharge also reported less opioid intake in the following weeks, most patients received similar, non-individualized prescriptions. There were 1,805 leftover pills from patients participating in this study alone. Just 16% reported storing leftover pills in a locked location, and fewer discarded their leftover medication altogether.

"Leftover opioids fuel nonmedical use," said Karsten Bartels, associate professor of anesthesiology at the University of Colorado Anschutz Medical Campus and senior author of the study. "While it's impossible to make a direct link, we can be cautious by avoiding large amounts of unnecessary opioids. Prescribing post-op discharge opioids based on last 24-hour use is a simple, practical tool to inform appropriate prescriptions—indeed, this practice is now being adopted for our [patients](#) at CU Anschutz. If we would re-do the study today, we would likely see many more individualized and lower prescriptions."

While the study stresses the importance of tailoring opioid prescriptions to individual patient needs, overall [pain management](#) should not be ignored. Undertreatment of pain has been associated with an [increased risk](#) for a variety of postpartum difficulties, including [chronic pain](#) and difficulty breastfeeding.

"Identify those who do need prescriptions," Bartels said. "[Opioids] can be detrimental to public health but can also be a godsend."

Provided by CU Anschutz Medical Campus

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