

Filling opioid prescription in postpartum period strongly associated with overdose, other serious opioid-related events

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Filling an opioid prescription in postpartum period is strongly associated with overdose and other serious opioid-related events (SOREs). The

risks increase with number of prescriptions filled and do not seem to differ substantially by route of delivery. Findings from a cohort study are published in *Annals of Internal Medicine*.

Researchers from Vanderbilt University Medical Center studied 161,318 (209,215 births) women aged 15 to 44 years enrolled in Tennessee Medicaid (TennCare) who were discharged after childbirth between January 2007 and August 2014 to assess risk for SOREs associated with postpartum opioid prescribing after childbirth, including both vaginal and cesarean births. They found that routine prescribing after [vaginal birth](#) was common in Tennessee, with 59 percent of vaginal births and 91 percent of cesarean births filling one or more opioid prescription in the [postpartum period](#).

A second postpartum [opioid prescription](#) was filled by about 11 percent of vaginal births and 24 percent of cesarean births. SOREs were identified in 4,582 women and included persistent opioid use (69 percent); [substance use disorder](#) (19 percent); buprenorphine or methadone prescriptions (10 percent); overdose (2 percent); and opioid-related death (0.2 percent). The data showed that covariate-adjusted SORE rate increased with increasing number of postpartum opioid prescriptions.

Current clinical guidelines do not provide specific recommendations for opioid prescribing after childbirth. According to the researchers, these finding suggest that design and implementation of rational opioid prescribing guidelines would be an opportunity to reduce this risk.

More information: *Annals of Internal Medicine* (2020).
<https://www.acpjournals.org/doi/10.7326/M19-3805>

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