

Personalized protocol cuts opioid prescribing after C-section, suggests study

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A personalized protocol for opioid prescriptions after cesarean delivery reduces the median morphine milligram equivalents prescribed at discharge, according to a study recently published in the *American*

Journal of Obstetrics & Gynecology.

Chinonye S. Imo, M.D., from Parkland Health in Dallas, and colleagues examined whether a transition from universal opioid prescribing to a personalized, patient-specific protocol decreases morphine milligram equivalents prescribed at discharge after cesarean delivery.

Each patient was prescribed scheduled ibuprofen and acetaminophen, with a prescription for oxycodone tablets equal to five times the morphine milligram equivalents used in the 24 hours before discharge in the personalized prescribing group; previous traditional cohorts were routinely prescribed acetaminophen-codeine 300/30 mg (30 tablets).

A total of 412 patients underwent cesarean delivery in the six weeks after initiation of the personalized prescribing protocol and were compared to 367 patients from before the initiation.

The researchers found that the median morphine milligram equivalents prescribed at discharge were lower with personalized prescribing (37.5 versus 135).

In addition, 43 percent of patients were not prescribed opioids at discharge, while opioids at discharge were received by all patients in the traditional cohort. Nine [phone calls](#) were received to a hotline to address pain control issues after [discharge](#); 11 patients (2.7 percent) presented to the [emergency department](#) for pain evaluation, none of whom required readmission or outpatient opioid prescription.

"Decreasing the flow of [opioids](#) into our community is imperative, both to prevent new opioid dependence in women undergoing cesarean delivery as well as ensuring pills are not diverted to others," lead author Elaine Duryea, M.D., from the University of Texas Southwestern Medical Center in Dallas, said in a statement.

More information: Chinonye S. Imo et al, A personalized protocol for prescribing opioids after cesarean delivery: leveraging the electronic medical record to reduce outpatient opioid prescriptions, *American Journal of Obstetrics and Gynecology* (2023). [DOI: 10.1016/j.ajog.2023.09.092](https://doi.org/10.1016/j.ajog.2023.09.092)

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