

Guidelines developed for opioid use in vaginal birth

14 December 2018



The guidelines include use of the lowest effective dosage and smallest quantity of opioids needed for the expected duration of pain necessitating opioid use. They also indicate that immediate-release opioids should be prescribed instead of extended-release or long-acting opioids. Concurrent prescription of opioid pain medications and benzodiazepines should be avoided. Options and expectations for intrapartum and postpartum pain management should be customized to women's needs and history.

"As clinical and administrative leaders look for additional ways to prevent abuse, overdose, and death related to opioids, these data and draft guidelines may provide a starting point for discussions regarding local and national [opioid](#) -prescribing guidelines for inpatient populations such as patients with uncomplicated normal spontaneous vaginal delivery," the authors write.

(HealthDay)—Guidelines have been developed for use of opioids for uncomplicated spontaneous vaginal birth; the draft consensus guidelines were published online Dec. 4 in *Obstetrics & Gynecology*.

J. Rebecca Mills, Dr.P.H., from the University of Illinois at Chicago, and colleagues examined the prevalence of opioid administration for deliveries of uncomplicated vaginal births. The researchers found that 78.2 percent of the 49,133 women who met inclusion criteria were administered opioids during hospitalization, and 29.8 percent were administered opioids on the day of discharge. Patient- and hospital-level variables were presented in a survey to 14 obstetrician-gynecologists.

After reviewing these data, the obstetrician-gynecologists were presented with [guidelines](#) for opioid prescribing for chronic [pain](#) management. Eight guidelines were constructed, and seven of these were endorsed by the survey participants.

Some authors disclosed employment by Novartis Oncology.

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