

## **DECREASING USE OF NARCOTICS IN POSTPARTUM PATIENTS AFTER UNCOMPLICATED VAGINAL DELIVERY.**

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**Category:** Quality, Cost, Value

### **Background**

The opioid crisis has been declared a public health emergency with increasing rates of abuse and dependence each year. Of the more than 42,249 opioid-related deaths in the United States in 2016, 1,186 were in Texas. Childbirth may be a woman's first exposure to opioids and there are not any ACOG guidelines for management of postpartum pain. Recent studies have shown that after cesarean delivery, patients only consumed 50% of the narcotic tablets they were prescribed. While narcotics are usually necessary after cesarean delivery, more judicious use after vaginal delivery is warranted. A small study showed that 31% of patients required opioids while inpatient with median stop time of 1 day and less than 10% required outpatient prescriptions. Another study showed 12% of patients filled an opioid prescription within 5 days of vaginal delivery. At our institution, opioid usage is not currently measured.

### **Objectives**

To decrease the use of narcotics in postpartum patients after an uncomplicated vaginal delivery at the Pavilion for Women by 3% without increasing problems with uncontrolled pain or decreasing patient satisfaction.

### **Methods**

Our project was focused in an inpatient setting at Texas Children's Pavilion for Women on the postpartum floors (MBU). In order to achieve this aim, we used the following interventions.

PDSA Cycles:

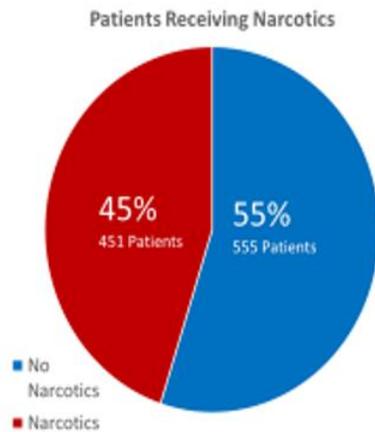
- PDSA Cycle #1: Create awareness regarding the opioid crisis and educate postpartum nurses about our AQI project
- PDSA Cycle #2: Update existing postpartum pain management order set in EPIC
- PDSA Cycle #3: Create awareness and provide education to physician leaders about our AQI project
- PDSA Cycle #4: Present at OB/Gyn Department meeting and inform providers that individual prescribing practices will be monitored

### **Results**

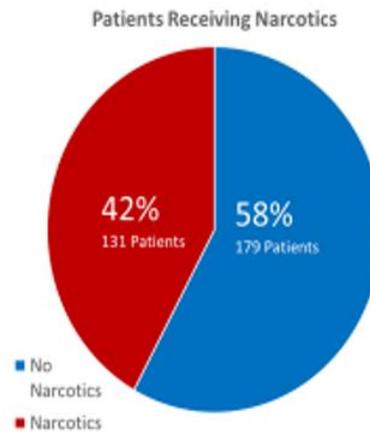
After our 4 PDSA cycles, we were able to achieve a 3% decrease in postpartum narcotics. (see figure)

## Use of Narcotics for Postpartum Pain Management

### Pre-intervention



### Post-intervention



### Discussion

We achieved our goal for modest decrease in postpartum opioid use in the inpatient setting. With more time, we expect to see more significant results with another adjustment to the electronic medical record order set. We have goals to continue with education across the board for physicians, nurses, nurse practitioners and residents. Another focus will be on patient education in the outpatient setting to lay expectations prior to delivery.