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Discharge Opioid Guidelines for the Postpartum Woman

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Introduction of the Problem

The problem identified was the lack of proper discharge guidelines for a large metropolitan hospital in the, women and infant care division. Electronic data was provided that showed only 69 percent of discharged patients were receiving the same medication (oxycodone 5mg). The other 31 percent were given higher doses and different medications all together. The quantity of 5mg oxycodone varied from 5-40 pills per prescription. There were no guidelines in place to dictate how many or what kind of medication a woman should receive upon discharge from labor and delivery.

A collaborative team of clinical pharmacist on staff and the maternal fetal medicine department a new postpartum discharge guideline was created. These new guidelines would limit the distribution of opioids to postpartum women and create safe and easy guidelines for discharge medications.

Literature Review

The literature identifies potential consequences of opioid prescriptions at discharge as opioid misuse as well as maternal and infant harm (Badreldin, Grobman, Chang, & Yee, 2018). In a study by American College of Obstetricians and Gynecologists (ACOG), 45.7%, of women post-vaginal delivery and 18.5% of women post-cesarean delivery went home with an opioid prescription when they reported no opioid use in their final 24 hours at the hospital. Furthermore, 45% of those women reported a pain score of zero prior to discharge and were prescribed opioids (Badreldin, Grobman, Chang, & Yee, 2018).

Breastfeeding and opioid use should be limited. Opioid effects on infants are decreased brain maturation, drowsiness, and impaired cognitive function (Ito, 2018). For acute opioid use, 50 MME/ day should be the maximum threshold with that equaling 6 tablets of oxycodone

5mg/dose (Lamvu, Feranec, & Blanton, 2018). It is recommended by ACOG to use a stepwise multimodal approach to manage pain (ACOG, 2018).

Project Methods

The purpose of this project was to create standard guidelines to limit the number of opioids that are unnecessarily prescribed to women being discharged from the hospital after giving birth. The goal was to create new guidelines and implement them for prescribing pain medication upon discharge to the all postpartum woman who delivered at the hospital. These guidelines excluded women who are addicted to opioids or have a substance abuse disorder. The guidelines allow providers to easily understand how many and what type of opioids they should prescribe to the patient based off the type of delivery the patient had. This project took place in a large inner-city, metropolitan hospital in Missouri that houses 36 postpartum rooms and delivers approximately 3,000 babies every year.

An exempt IRB from Southern Illinois University at Edwardsville and Barnes Jewish Healthcare System was sought. No human subject interaction, identifiable data, or experimental research will be needed in order to complete this project.

Evaluation

This project was evaluated using an online survey database. The survey was emailed to 54 providers. The response rate for this survey was 29.6% (n=16). The survey consisted of 7 questions and took approximately 2 minutes to complete. A collaborative agreement between stakeholders, the clinical pharmacist, and the maternal fetal medicine (MFM) attending determined that e-mail distribution of the survey instrument would be the most efficient and effective. The survey consisted of questions on a 5-point Likert scale with responses ranging from strongly disagree, disagree, neither, agree, and strongly agree. Two additional questions in

the survey asked about demographic information related to the subject's years of experience and specialty focus. The identity of the survey participants remained anonymous to allow for complete transparency when taking the survey.

Overall, respondents indicated a positive outcome of the new guideline. Approximately 56% of survey respondents selected that they agree or strongly agree that the new guidelines will help to decrease the number of opioids prescribed to our patients postpartum. It was agreed that these new guidelines are an improvement in comparison to the old way of deciding what opioids patients should receive. A large majority (81%) believe the new guidelines will provide adequate pain control for patient's after discharge. Implementation of the guidelines was smooth and well tolerated. The algorithm used to determine the number of opioids prescribed to the patient upon discharge was easy to use and allowed for consistency in care. Before providers were prescribing opioids at discharge without a true guideline, now there is a consistency that translates across all patients based on delivery.

Limitations

There are two limitations present in regard to the new opioid discharge guidelines. The first limitation is that only the providers were surveyed about their opinion on the new guidelines. Patients, who could have provided a different point of view, were not surveyed. Instead it was decided to take the providers point of view if the pain control had changed postpartum since implementing the new guidelines. The other limitation is that there was not an prolonged amount of time between launching the guidelines and sending out the survey. The data could have been more saturated with results had the implementation phase been extended.

Impact on Practice

The immediate impact this project has had on the organization has been powerful. The collaborative team was able to implement a culture change overnight that has resulted in a drastic decrease of opioids being prescribed to women upon discharge from the hospital. The guidelines provided a standardized tool for healthcare providers to determine the number of opioids a patient would receive at discharge. The number of opioids dependent on the type of delivery.

The predicted long-term impact of this project is that there will be a decrease in the number of inappropriately used opioids, decrease the potential for opioid addiction in the postpartum woman, and pain in the postpartum period after discharge can be better managed with therapies other than opioids.

Going forward with this implementation the recommendation would be staying the course with prescribing no more than the allotted number of opioids the guidelines suggest. The evidence is strong to support that 20-5mg oxycodone is enough to adequately cover pain upon discharge from the hospital. It would be suggested to survey the women at their postpartum visits to determine their thoughts on their pain control. Information that could be gathered from surveying the patients would have been the actual number of left-over opioids they had if any at their follow-up visit.

Conclusions

Overall, the implementation and execution of the new guidelines were successful. Working with a facility that has over 3,000 deliveries a year could have been challenging but the acceptance towards evidence-based practice made the transition easy. By changing the prescribing practices to limit the distribution of oxycodone based on delivery-type; these new guidelines will continue to improve patient care and develop positive long-term outcomes as they are related to opioid use.