Reshaping opioid prescribing in acute pain management post caesarean section

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WHO flagship area - High-risk medicines

Background

In recent years, the risks of opioid medications have escalated to become a key global health priority. Australia's response has led to the launch of the Opioid Analgesic Stewardship (OAS) in Acute Pain Clinical Care Standard (CCS) to optimise patient outcomes and reduce the potential for opioid-related harm nationally. Translating the CCS into an actionable program is still emerging, and with approximately 60% of surgical procedures occurring in private hospitals there is significant need for innovative strategies. Caesarean section births represent over a third of total births in Australia,[1] and patients are typically discharged with opioid medicines, often for the first time.[2] The complexities of the post-partum period place these women as potentially vulnerable to the risks of opioid harms. There is a paucity in Australian research that explores current prescribing trends and guides optimal pain management post caesarean section. Preliminary findings from a retrospective study in 2021 at a private metropolitan hospital discovered that over 67% (n=33/49) of caesarean section patients received slow-release (SR) opioid formulations on discharge, with 43% (n=21/49) receiving greater than seven days supply.

Aim

To evaluate the impact of obstetrician, midwifery and pharmacist education on discharge opioid prescribing practices in the context of the CCS for patients post caesarean section.

Methods

An education session and executive summary highlighting the audit results from 2021 and key opioid prescribing recommendations was developed and presented to clinicians in January 2022. An ethics approved, retrospective chart review was then conducted on another sample of patients who had caesarean births between February and April 2022, (figure 1).

Figure 1:

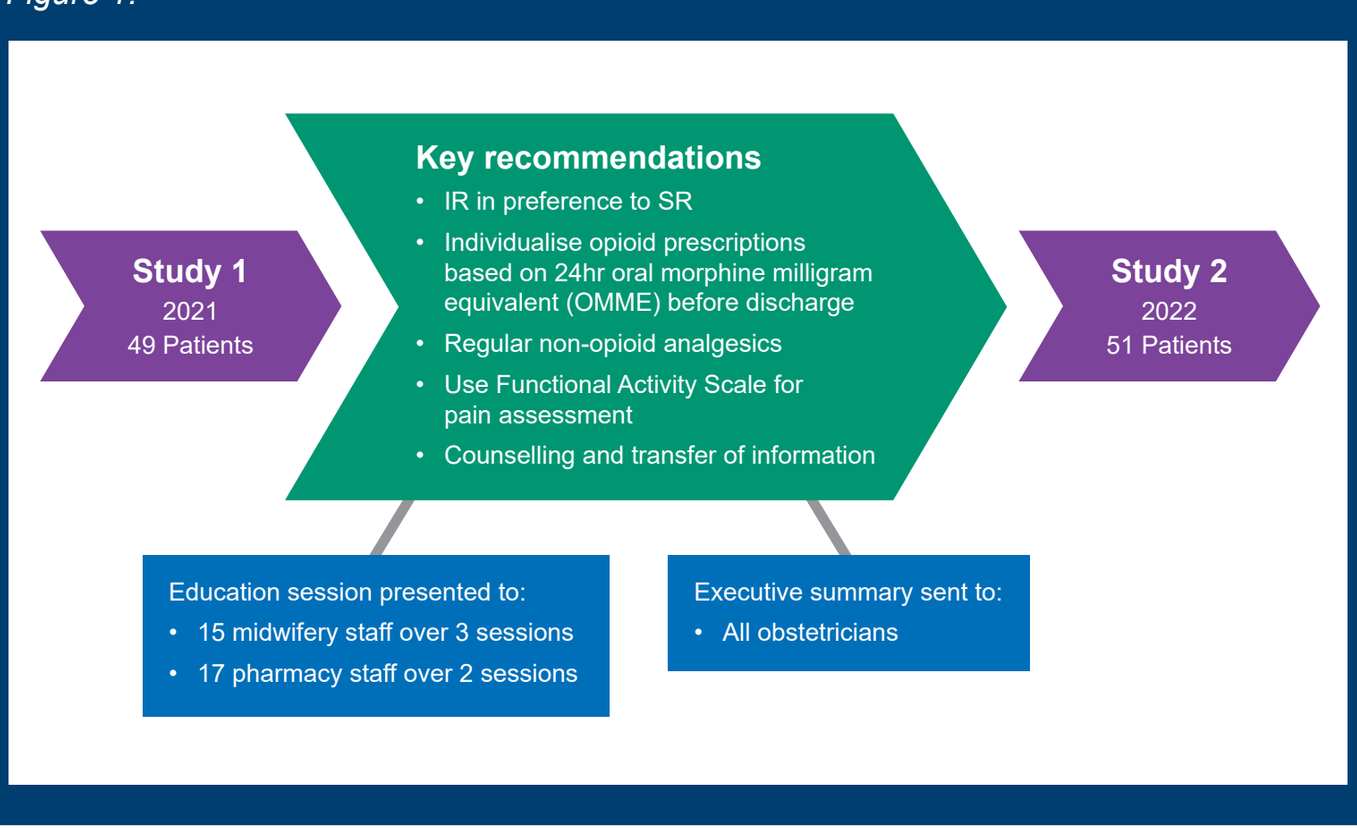
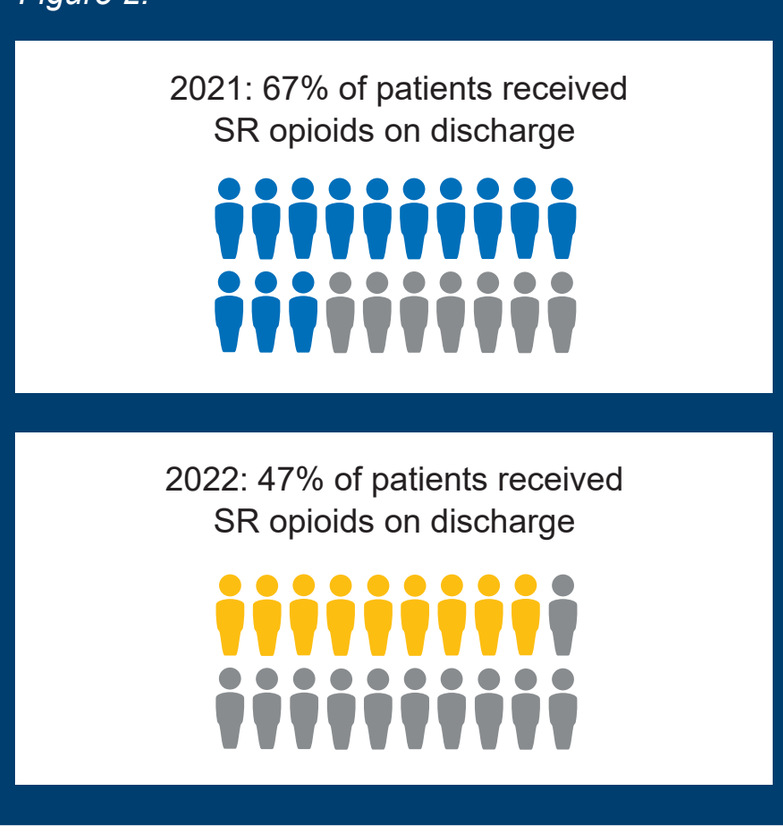


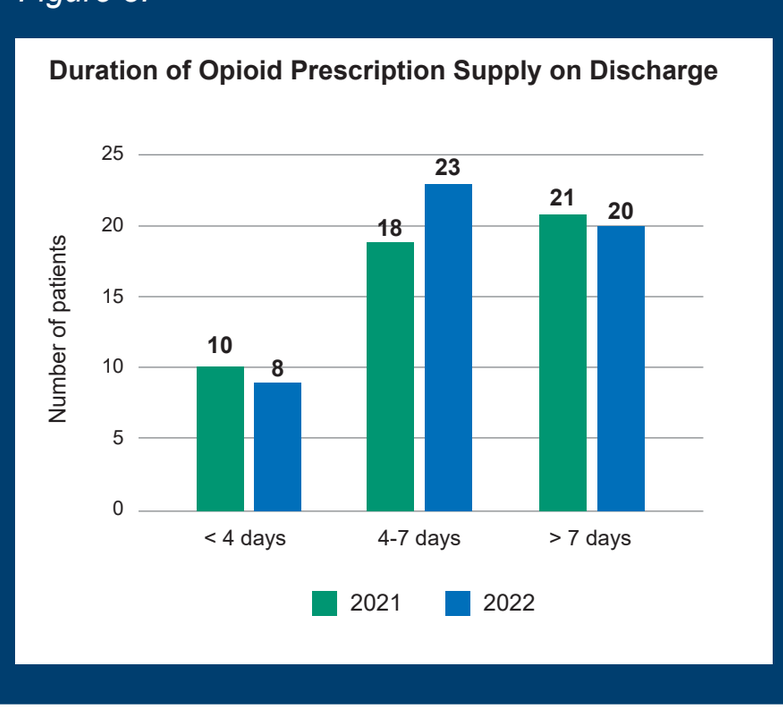
Figure 2:



Results

The 2022 audit found that 47% (n=24/51) of patients received SR opioid formulation on discharge representing a reduction of 20% compared with the 2021 audit, (figure 2). Patients receiving an opioid supply of greater than seven days as determined by the total OMME discharge prescription and OMME dose required 24 hours prior to discharge was 39% (n=20/51). Similar results were seen in the 2021 audit of 43%, (figure 3). Paracetamol and non-steroidal anti-inflammatory medicines were prescribed for 82% (2022) and 92% (2021) of patients on discharge.

Figure 3:



Discussion

This study demonstrates that audit feedback and targeted education to a multidisciplinary team has the potential to impact opioid prescribing trends. This study was potentially limited due to a small sample size and the national supply interruption with Targin™ which overlapped with the study period; however the pharmacy was able to maintain supply throughout the shortage. This quality improvement activity assisted in leveraging engagement from key stakeholders and introducing concepts of OAS into the private hospital setting. Interventions such as, opioid prescribing surveillance reporting and pain management plans,[3] will be evaluated for their impact on optimising safe opioid prescribing.

References:

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2. Bateman BT, Cole NM, Maeda A, Burns SM, Houle TT, Huybrechts KF, et al. Patterns of Opioid Prescription and Use After Cesarean Delivery. Obstet Gynecol. 2017;130(1):29-35
3. Australian Commission on Safety and Quality in Health Care. Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard. [Internet] ACSQHC; 2022. [cited 2022 June 15] Available from: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/opioid-analgesic-stewardship-acute-pain-clinical-care-standard

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