

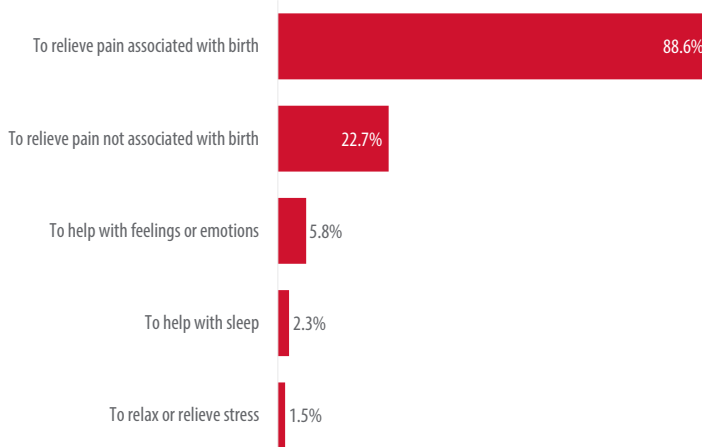
Use of Postpartum Prescription Pain Relievers

On average, 323 people die each year from a prescription drug overdose in Utah.¹ From 2017 to 2018, there was an observed increase in the number of opioid-related deaths in Utah and the number of prescription opioid overdose deaths excluding heroin increased by 1.8%.² Women are commonly exposed to opioids after birth, especially after a cesarean delivery. Studies have repeatedly reported on the association between initial opioid exposure and the risk of chronic opioid use and overdose deaths.³

Data from a recent Pregnancy Risk Assessment Monitoring System (PRAMS) Opioid Call-back Survey* indicate 25.8% of women took prescription pain relievers at some point within nine months postpartum. The most common prescription opioids taken were Hydrocodone (53.3%) and Oxycodone (45.7%). Of the women taking prescription pain relievers, most obtained them in the hospital after delivery (85.9%) and from an obstetrician/gynecologist, midwife, or prenatal care provider (78.2%). Additionally, a portion of women obtained prescription pain relievers from family members and friends without a prescription or used pain relievers left over from an old prescription (7.9%). The most frequently reported reason for taking prescription pain relievers was to relieve pain associated with birth (88.6%).

Reasons for using Prescription Pain Relievers Postpartum

Figure 1. Some women reported using prescription pain relievers postpartum for reasons other than for pain associated with birth.



Source: [Utah Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#)

To address the need to reduce opioid exposure without adversely affecting pain management, the American College of Obstetrics and Gynecologists (ACOG) makes the following recommendation: "Because of the variation in types and intensity of pain women experience during the early postpartum period, as well as the concern that one in 300 opioid-naïve patients exposed to opioids after cesarean birth will become persistent users of opioids, a stepwise approach using a multimodal combination of agents can enable obstetrician–gynecologists and other obstetric care providers to effectively individualize pain management for women in the postpartum period."⁴ For more information about the PRAMS Opioid Call-back survey, please contact Nicole Stone at nstone@utah.gov.

1. CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC: 2018. <https://wonder.cdc.gov/>.

2. Violence and Injury Prevention Program, Utah Department of Health Legislative Report <https://vippp.health.utah.gov/wp-content/uploads/Opiate-Overdose-Outreach-Pilot-Program-Legislatibe-Factsheet19.pdf>

3. Osmundson SS, Min JY, Grijalva CG. Opioid prescribing after childbirth: overprescribing and chronic use. *Curr Opin Obstet Gynecol.* 2019 Apr;31(2):83-89.

4. ACOG Committee Opinion No. 742: Postpartum Pain Management, *Obstetrics & Gynecology*: July 2018 - Volume 132 - Issue 1 - p e35-e43 [doi: 10.1097/AOG.0000000000002683](https://doi.org/10.1097/AOG.0000000000002683)