Purpose

More pregnant women and new mothers die each year in the United States from opioid overdose than any other obstetrical emergency.

One in 300 opioid naïve US women, 4000 each year, become unintentionally addicted following the birth of their infants from the opioids prescribed for post-partum pain management.

The establishment of a post op protocol provides a preventative solution, decreases the use of opioids and reduces the risk of accidental addiction to opioids.

This program was designed to support women recover more quickly following cesarean sections and reduce the need for opioids for post operative pain management.

Project Implementation

Advanced recovery protocols have been utilized in other medical disciplines for 20 years. Using these as a guide, a multidisciplinary team at our institution developed the Obstetrical surgical Team Approach to Advanced Recovery (OBSTAAR) protocol

The protocol includes:

- High carbohydrate drink 3 hours before surgery
- 1000 mg oral acetaminophen during the pre-operative period
- Chewing gum during initial post-operative period
- IV Toradol for 24 hours followed by 600 mg ibuprofen every six hours
- 1000 mg acetaminophen every 8 hours
- Sitting at bedside by 6 hours with assisted ambulation by 12 hours
- Urinary catheter removal by 12 hours
- Early initiation of general diet

Results

For the 1.2 million women in the US who give birth by cesarean section each year, the standard practice has been to administer opioids for postoperative pain management.

Following implementation of the protocol on October 1st, 2018 there has been:

- An 80% decrease in the number of opioid doses per patient (7 doses down to 1.5 doses)
- A 300% increase in the number of women not utilizing any opioids (15% - 60%)
- Self reported pain scores have slightly decreased from 3 down to 2.5 on a 0-10 point pain scale.

Conclusions

The initiation of the OBSTAAR protocol may prove to have significant effects on mitigating the opioid epidemic affecting mothers and newborns in addition to supporting women in having more comfortable recoveries.

Obstetrical nurses and provider teams are well positioned to collaborate and implement this type of protocol

Acknowledgements

We gratefully acknowledge the multidisciplinary team of physicians, nurses, anesthesiologists, the APN, Pharmacist, Informaticist, Clinical Educator, and the Women’s Health Navigator who collaborated on this project.

References


