

**ACOG 2020 DISTRICT II VIRTUAL ANNUAL MEETING**  
**Junior Fellow Research Day Oral Presentation and iPoster Session Contests**

**RESEARCH ABSTRACT FORM**

**NAME:** Alexa Cohen, MD

**RESEARCH TITLE:** Prescriber Opioid Patterns Following Cesarean Section Pre and Post Provider Training Intervention

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**Introduction:** Opioid abuse has heightened in the United States. Prescriptions play a large role in this epidemic. Efforts made to regulate opioid use include mandating all prescribers take an opioid training. This study describes opioid prescribing patterns following cesarean section before and after the 2017 New York State Department of Health (NYSDOH) mandated Opioid Prescriber Training.

**Methods:** This is a retrospective cohort of 1,494 women hospitalized for cesarean section at a single institution in New York City between July 2016 and August 2018. Primary outcome was opioid amount prescribed before and after NYSDOH Training. All narcotics were converted into morphine milligram equivalents (MME). Secondary outcomes included opioid prescription habits stratified by provider level, and related to amount of inpatient narcotic, as well as patient, surgical, and hospital-specific factors.

**Results:** Median dose of opioid prescribed both before and after NYSDOH training was 150 MME, equivalent to 20 pills of 5mg oxycodone. There was a significant decrease in amount of opioids prescribed post-training. Pre-training, 41.1% prescriptions amounted to >150 MME, compared with 21.3% post-training (p-value: < 0.001). This decrease was especially notable in 2<sup>nd</sup>-4<sup>th</sup> year resident prescription patterns. Pre-training, 84% and 65% of 2<sup>nd</sup> and 3-4<sup>th</sup> year residents prescribed >150 MME respectively, compared to 22% and 28% post-training. Neither inpatient opioid use, patient demographic, surgical nor hospital factors affected opioid prescriber patterns.

**Conclusion:** Our study suggests the NYSDOH mandated opioid training course may have contributed towards changing opioid prescribing patterns, with the greatest impact in residents. Opioid training should therefore be part of resident training curriculums.

**Table 1: Total amount of narcotic prescribed pre and post intervention**

Total Narcotic (MME)	Number of Patients pre-intervention (%)	Number of Patients post-intervention (%)	Total Patients (%)	Range of Narcotics prescribed (MME)
None	35 (4.7%)	42 (5.6%)	77 (5.2%)	0
<150	101 (13.7%)	170 (22.5%)	271 (18.1%)	15-140
150	307 (41.5%)	382 (50.6%)	689 (46.1%)	150
> 150	296 (45.1%)	161 (21.3%)	457 (30.6%)	157.5-1800

P-value <0.0001