

Interventions to reduce opioid use in the postpartum period: a qualitative study of nurses' perspectives on benefits and barriers



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Introduction

- Several interventions to reduce opioid use postpartum have been proposed, but there is limited data regarding clinician perspectives on these interventions
- Our group has previously assessed prescriber (APP, attending and resident physician) perspectives on acceptability, feasibility of these interventions; findings demonstrated provider time and patient access to be key barriers to consider
- Nurses interface most often with patients and their perspectives on interventions are essential to long term feasibility and success

Objective

- To assess nurses' perspectives on interventions aimed at reducing postpartum opioid use

Methods

- Qualitative study of postpartum nurses at a single, tertiary academic center (9/2022 – 12/2022)
- Semi-structured individual interviews; interviews included the following domains:
 - Knowledge
 - Benefits
 - Barriers
 - Best practices for implementation
 - Health Impact
 - Perceived Need
 - Acceptability
 - Feasibility
- Analysis focused on perspectives on 7 pre-specified interventions related to:
 - (1) pain management protocols
 - (2) enhanced clinician and education
- Data were analyzed using the constant comparative method.
- A codebook was developed based on preliminary transcript review and the interview guide.
- Additional themes were added with more transcript review to ensure saturation, and the final codebook was applied to the full data set.
- Purposive sampling was used to ensure a racially diverse cohort.

Interview Content

Domains	Example prompts
Health Impact	<ul style="list-style-type: none">• Do you think an intervention like this would be successful in:• Reducing postpartum opioid prescribing• Improving patients' postpartum pain experience/control
Barriers	<ul style="list-style-type: none">• What barriers would you anticipate for this intervention?• How difficult of a barrier would this be?
Best practices for implementation	<ul style="list-style-type: none">• In what ways does this intervention exist here?• What do you think is the best way to implement this intervention?• What role do you think RNs can play in implementing some of these?

Results (N=21)

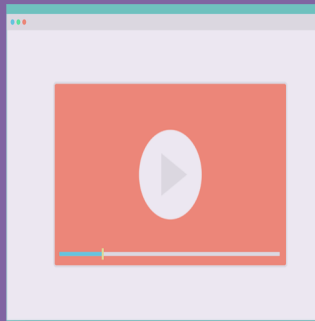
Non-Hispanic White 48%		NH Black 14%	Other 38%
<1 yr 10%	1-5 years in practice 52%		5+ years 38%
2+ languages 33%		Speaks one language 67%	

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Management Strategies	
Multimodal pain management 	I feel the non-opioid using them as the first line even just having the oxy and PRN and not in the scheduled I feel is helpful. And I feel they do a pretty good job of encouraging us to not just offer oxy just because we can.
Elimination of opioids from order sets 	I think it's important for [an opioid order] at least to be there... if the patient's in so much pain and they need something else and then it's not there and you do have to go work through it then I have to put in a request for the doctor to put in the order then it's just one more thing that then takes more time to get the patient's pain under control.
Opioid prescribing calculator 	I'm hesitant to say that it should be used as a hard and fast just because on paper you can look at all these things but again everyone's personal experience and history is different.
Non-pharmacologic treatments 	For the alternative methods access would be the biggest issue...being able to go to a place where these interventions are offered, being able to afford them, having childcare during the time when the patient [goes].

Education Strategies	
Shared decision-making 	...I think in general the more autonomy we give patients the more satisfied they are, the more control they have over their pain and knowing ways they could help themselves.
Clinician Education 	We'll learn [during nurse education] in the very beginning and then we just kind of do what is normal course for our practice as opposed to what the textbook says. So it works to some extent and then we kind of fall back on what our normal practices are, what the patient preferences are, things of that nature.
Patient Education 	I mean I think it is very, very important making sure the patients are educated and also assessing their level of education....Do they do best with a video or reading a paper? Kind of assessing what their needs are and then trying to find you know what we have on our floor that is best for their needs.

Discussion	
<ul style="list-style-type: none">• Key identified barriers included loss of patient-clinician trust and barriers to access, while benefits included promoting individualization to patient preferences• Future interventions aimed at reducing opioid use should consider these perspectives to ensure successful implementation.	