Our primary aim was to examine the impact of a Nevada law (AB474) on opioid prescriptions given to women after an uncomplicated normal spontaneous vaginal delivery (NSVD).

**Methods**

**STUDY DESIGN:** Retrospective cohort study

**STUDY POPULATION:** Women undergoing an uncomplicated NSVD

**STUDY PERIOD:** We identified NSVDs in the Far West region (California and Nevada) of a large hospital network within three delivery date cohorts:
1) January 1 to December 31, 2016 (before passage of AB474)
2) January 1 to December 31, 2017 (the year AB474 was passed)
3) January 1 to December 31, 2018 (the first full calendar year in which AB474 was in effect)

**PRIMARY OUTCOME:** Proportion of women who left the hospital with a narcotic script after an NSVD

**PRIMARY EXPOSURE:** Time period during which delivery occurred (1, 2, or 3 as above)

**STATISTICAL ANALYSIS:** We employed a difference of differences model for our analysis. We examined the difference in the primary outcome across the three time cohorts for the Nevada hospitals and then compared this difference to that among the California hospital populations across the same time period.

**Results**

**Nevada**

<table>
<thead>
<tr>
<th>Time cohort during which uncomplicated deliveries occurred</th>
<th>Total number of uncomplicated deliveries in Far West region</th>
<th>Number of uncomplicated deliveries occurring in the Nevada hospitals</th>
<th>Mean age (95% CI)</th>
<th>Number of these women receiving narcotics as an inpatient (%)</th>
<th>Number of these women receiving a narcotic script at discharge (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1-Dec 31, 2016</td>
<td>1249</td>
<td>738</td>
<td>46.1 (25.7-26.5)</td>
<td>49 (6.8)</td>
<td>268 (36.3)</td>
</tr>
<tr>
<td>Jan 1-Dec 31, 2017</td>
<td>1188</td>
<td>680</td>
<td>27.2 (26.8-27.6)</td>
<td>46 (6.8)</td>
<td>239 (35.2)</td>
</tr>
<tr>
<td>Jan 1-Dec 31, 2018</td>
<td>1101</td>
<td>635</td>
<td>27.6 (26.5-28.0)</td>
<td>23 (3.6)</td>
<td>77 (12.0)</td>
</tr>
</tbody>
</table>

**California**

<table>
<thead>
<tr>
<th>Time cohort during which uncomplicated deliveries occurred</th>
<th>Total number of uncomplicated deliveries in Far West region</th>
<th>Number of uncomplicated deliveries occurring in the California hospitals</th>
<th>Mean age (95% CI)</th>
<th>Number of these women receiving narcotics as an inpatient (%)</th>
<th>Number of these women receiving a narcotic script at discharge (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1-Dec 31, 2016</td>
<td>1404</td>
<td>670</td>
<td>28.3 (27.8-28.7)</td>
<td>55 (10.8)</td>
<td>128 (25.4)</td>
</tr>
<tr>
<td>Jan 1-Dec 31, 2017</td>
<td>1396</td>
<td>629</td>
<td>29.0 (28.5-29.4)</td>
<td>35 (6.9)</td>
<td>104 (20.5)</td>
</tr>
<tr>
<td>Jan 1-Dec 31, 2018</td>
<td>1528</td>
<td>722</td>
<td>29.9 (29.4-30.4)</td>
<td>33 (7.1)</td>
<td>86 (18.4)</td>
</tr>
</tbody>
</table>

**Conclusion**

Our results suggest that Nevada state law (AB474) may have had a clinically and statistically significant impact on the narcotic prescription rate among women with NSVDs within a large hospital network.

**References**


**Disclaimer:** This research was supported (in whole or in part) by HCA and/or an HCA affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA or any of its affiliated entities.