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Stay home in lockdown: the effect of COVID-19 on post-operative length of stay in obstetric patients

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Introduction

The coronavirus pandemic has significantly changed how obstetric care is delivered to patients within the UK. During the first wave of COVID-19, the government advised obstetric patients to shield at home, wherever possible. The aim of this quality improvement project is to determine if COVID-19 has contributed to a reduction in length of stay (LOS) after elective caesarean sections in the Jessop Wing, a tertiary obstetric unit.

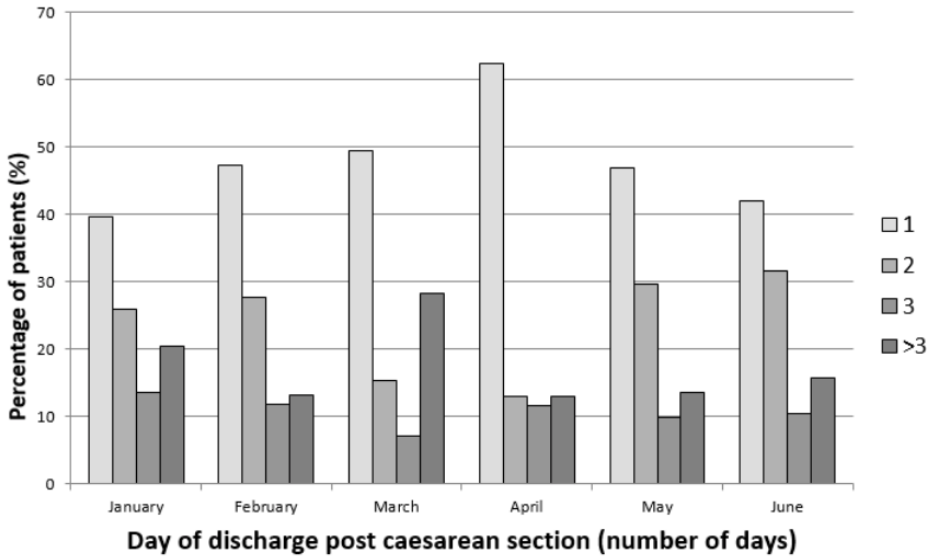
Methods

We conducted a retrospective case control study involving 403 patients that underwent an elective caesarean section between 01/01/2020 to 06/06/2020 using electronic records. The UK's national lockdown occurred on 23/03/2020 and therefore, LOS data has been compared from months post-lockdown (April-June), with a control group of pre-lockdown months (January-March). We analysed the length of stay data with a Mann-Whitney U test.

Results

There was a statistically significant reduction in LOS, with an average of 2.86 days in months January-March vs 2.30 days in April-June (p=0.04551). We also found a larger percentage of women going home on day one post-caesarean (figure 1).

An average of 42% of patients were discharged on day one pre-COVID vs 50% in COVID months. During the month of April, the highest recorded rate of day one discharges was seen (62% of women).



Discussion

It is possible that the global pandemic has caused a reduction in length of stay in patients undergoing elective caesarean sections in the Jessop Wing. It is likely that there are multiple reasons for our findings, including a pronounced effort by medical/midwifery staff to facilitate early discharges, patient desire to be at home and restrictions on inpatient visiting. These findings could have implications for a post-COVID-19 era including patient satisfaction, reduced nosocomial infection rates and inpatient bed availability. Further work could assess length of stay data in subsequent COVID-19 waves.