Obstetric Anaesthesia
Annual Scientific Meeting 2021 goes virtual
10-11 June 2021

Evaluating outcomes for patients undergoing category 4 caesarean sections on delivery suite compared to a dedicated elective list

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Introduction

NICE recommends that women should be given a specific day and time at which the caesarean section will be performed . Despite the provision of dedicated elective section lists, within our trust, there is still a need for some elective caesareans to be performed on delivery suite. We performed a retrospective audit to see if women were negatively impacted by having an elective section scheduled on delivery suite compared to on an elective list.

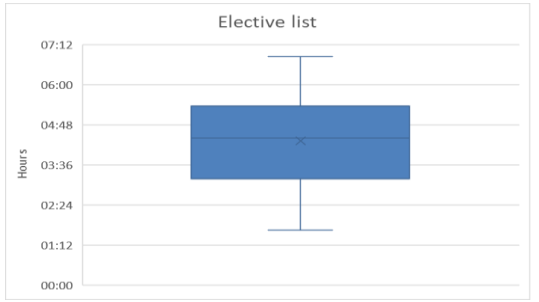
Methods

Following approval from the trust audit department, we reviewed a total of 71 consecutive cases looking into the following outcomes: time between admission and surgery, first void following section and length of stay in hospital. The data was collected retrospectively over the course of a month using data from our theatre information system (ORMIS) and our maternity information system (Euroking).

Results

There was a small difference in time between admission and surgery when comparing elective caesareans performed on a dedicated list versus the delivery suite (4:19h vs 4:32h). This was of questionable clinical significance. However, only 3 patients of 38, (8%) on the elective list had their LSCS performed outside of the half day session they were booked for compared to 11 patients of 33 (33%) having elective caesareans on delivery suite. 6 patients booked on delivery suite had to wait greater than 7 hours compared to none on the elective list. With regards to discharge, 31 (82%) of patients were discharged on day 1 when done on a dedicated elective list versus 22 (66%) on delivery suite. 3 patients were discharged on day 2 on the elective list vs 10 on delivery suite. Those staying for greater than 2 days tended to have medical or neonatal issues complicating their discharge. The times of first void were similar, 15 hours for elective list compared to 16 hours for delivery suite patients.

Box and whisker plots: Time post admission to delivery.





Discussion

The data shows a difference in outcomes when comparing caesarean sections performed on labour ward rather than a dedicated list. The time to discharge for those on the elective list was shorter, with reduced fasting times. While our surgical colleagues have shown initiative with recommendations such as from NCEPOD transforming elective and emergency work , the obstetric population is subject to a service where the pressures of labour ward overrides the timely delivery of care for planned caesareans. The data above shows this has a very real impact on maternal outcome and experience. We plan to investigate further to see how this affects maternal satisfaction and explore further the reasons behind delayed discharge.

References

1. National Institute for Health and Care Excellence Quality Standard 32: Caesarean Section London: 2013 https://www.nice.org.uk/guidance/qs32

2.Mason M. 'The NCEPOD Method' – How the National Confidential Enquiry into Patient Outcome and Death designs and delivers national clinical outcome review programmes. J Patient Saf Risk Manag 2018;23:35–45.https://doi.org/10.1177/1356262217704776.