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Enhanced Recovery for Obstetric Surgery in Scotland – Improving Mobilisation Post-Spinal in Elective Caesarean Sections

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Introduction

EROSS (Enhanced Recovery for Obstetric Surgery in Scotland) aims to improve patient outcomes and prevent lengthy hospital stays. One of the main components within EROSS is that all patients should be mobilising within 8 hours of anaesthetic[1] Other outcomes include working towards eating and drinking in recovery, having IV fluids down before leaving recovery and urinary catheter out by 7 am the morning after surgery.

The aims of EROSS are to improve patient recovery, prevent DVTs and facilitate early discharge. Previous studies into EROSS in obstetric Caesarean sections (Caesareans) have shown a reduction in hospital stay.[2] Other EROSS studies related to obstetric data have shown beneficial outcomes and none have shown any harm.[3] EROSS targets for mobilisation post-elective Caesarean should be within 8 hours of the anaesthetic technique. Data collected in our hospital in 2019 suggested only 20% were achieving this. This was the worst individual data outcome. We decided to look at our rates of mobilisation post-elective Caesarean in a DGH for a 5-week period in September and October 2020 to determine if we were still poor at this target.

Methods

Data from patients in labour was gathered over a 5-week period. Anaesthetic notes and inpatient hospital documentation was reviewed. We looked at the time of spinal, the time of first documented mobilisation and in cases where the 8-hour target was not met, the reason for this. We implemented changes following the first cycle and re-audited this data 5 weeks later.

Results

There were 47 elective Caesareans in the initial data set. 5 patients (10.9%) mobilised within 8 hours and 42 patients (89.1%) missed this target. We grouped the reasons for failing to mobilise into themes. In a large number of cases, there was no reason documented.

Changes were then implemented. We encouraged the anaesthetist performing the anaesthetic technique to inform the patient of their goal mobilisation time post-Caesarean and also made sure it was mentioned in the midwife safety briefs and handovers.

There were 40 elective Caesarean in the second data set in January and February 2021. 13 patients (32.5%) mobilised within 8 hours. This showed a marked improvement in the target but there is still scope for changes to be made.

Reason documented	First cycle – no of patients	Second cycle – no of patients
Maternal refusal to mobilise/sleeping	13	7
Nil reason documented	12	13
PPH in theatre/post-op hypotension	9	1
Ward activity	8	4
Poor pain control	4	1
Other	1	1

Discussion

The initial results suggested we need to improve this target. In normal circumstances, there are antenatal classes for women having elective sections and the EROSS goals are explained. Unfortunately due to the COVID-19 pandemic, this is not happening. We believe involving patients in their post-op journey is important. Several changes to practice have been implemented in order to help improve our success rate. The anaesthetist discussing the mobilisation target with the patient on the morning of their procedure and ensuring that this mobilisation goal time is mentioned in the daily midwife safety briefs and at midwifery handovers has been very important. We have also assessed the postoperative satisfaction with analgesia. Having made these changes the mobilisation rate has improved from 10.9% to 32.5%.

We have plans to implement more changes including individual patient whiteboards which will have all EROSS time goals written on them to try and improve this target further.

References

1. NHS Education for Scotland, https://learn.nes.nhs.scot/9047/scottish-government-health-and-social-care-resources/modernising-patient-pathways-programme/enhanced-recovery-for-obstetric-surgery-in-scotland-eross

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3. Clark A, Litchfield K, McDonald D. EROSS. Enhanced Recovery for Obstetric Surgery in Scotland: Compliance and Outcomes. Clinical Nutrition 2019. 31 (105-106)