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Survey of current practices for stopping clear fluids before an elective caesarean birth

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Introduction

Enhanced recovery is being increasingly used as a model of perioperative care for women having an elective caesarean birth.[1] Pre-operative hydration is essential and fasting times should be as short as possible, having a negative impact on patient experience if prolonged. The current recommendation is to drink clear fluids until two hours before surgery.[2] The survey aimed to establish if delivery suite practices are being more liberal in this approach.

Methods

We conducted an OAA approved national survey that was distributed to all lead obstetric anaesthetists in the UK. Responses were collected during a three month window between February and May 2020. Questions were designed to establish local practices regarding pre-operative cessation of clear fluids, including what kind of fluid is advocated. Respondents were asked to give their opinion on whether the recommendation regarding pre-operative fasting should be amended in this patient cohort.

Results

- 37 lead obstetric anaesthetists completed the survey = 25% response rate
- 22% of institutions adopt a more liberal ethos to stopping clear fluids before an elective caesarean birth including a 'Sips Til Sending' approach
- 51% of institutions advocate that women can drink isotonic drinks as part of their clear fluid intake
- 62% of respondents said the current recommended fasting time for clear fluids should be reduced when the primary plan is regional anaesthesia
- 30% of institutions do not have a dedicated elective caesarean theatre and team
- Fasting times for clear fluids tend to be longer than that currently recommended
- Conversion from regional to general anaesthesia in the elective caesarean patient cohort is extremely low





Discussion

It is clear that certain institutions have established a more liberal fasting practice including a 'Sips Til Sending' approach with perceived benefits including patient wellbeing and a positive experience through reduction in thirst. Fasting times that are recorded generally exceed the current recommendation and this does not conform to an enhanced recovery ethos. A number of delivery suites would benefit from a more flexible approach in the consumption of pre-operative clear fluids, including the use of isotonic drinks, given the degree of competition for theatre space that can occur between emergency and elective cases. We propose that the OAA considers reducing the currently recommended two hours fasting time for clear fluids prior to an elective caesarean birth and as part of a 'Sips Til Sending' approach.

References

1. Adshead D, Wrench I, Woolnough M. Enhanced recovery for elective caesarean section. *BJA Education*, 2020; 20: 354-7

2. Wilson RD, Caughey AB, Wood SL et al. Guidelines for antenatal and preoperative care in cesarean delivery: Enhanced Recovery After Surgery Society Recommendations (Part 1). *American Journal of Obstetrics & Gynecology*, 2018; 219: 523-32