

Regional Variation in Length of Stay for Elective Caesarean Delivery in Scotland: A Fifteen Year Review

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Length of hospital stay is one measure commonly used to gauge quality of health care [1]. Elective caesarean delivery is a standard procedure repeated in most instances on healthy parturients. We hypothesized that, despite this, there is wide variation in the postoperative length of stay.

Methods: A data request was made to the Scottish Information Services Division (ISD) for unpublished data collected as part of the Maternity Inpatient and Day Case dataset (SMR02). Data for years 1998 to 2012 were reviewed. Obstetric units with less than 100 elective caesarean deliveries were excluded.

Results: The average (mean) length of stay in Scotland has fallen from 4.56 to 2.68 days. However, there is marked regional variation within this reduction as demonstrated in figure 1.

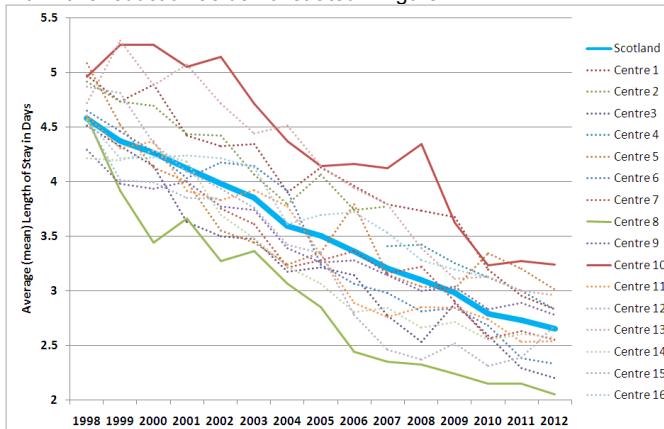


Figure 1: Average (mean) Length of Stay for Elective Caesarean Deliveries in Obstetric Centres in Scotland.

Discussion: Every centre in the past 15 years has, to varying degrees, demonstrated a shortened length of stay. Regional variation could be partially attributed to a complex case mix in tertiary centres or delayed discharge to remote communities from rural centres. However, regional variations in care are also likely to exist. Networks are emerging in other specialities which aim to bring together clinicians from different centres to help achieve 'a consensus of opinion on best practice in order to improve outcome' [2]. The recent interest in enhanced recovery for obstetric surgery [3] may be the means by which to develop a national network to deliver this for elective caesarean delivery.

References

1. Tan, Peng Chiong, Mat Jin Norazilah, and Siti Zawiah Omar. "Hospital discharge on the first compared with the second day after a planned cesarean delivery: a randomized controlled trial." *Obstetrics & Gynecology* 120.6 (2012): 1273-1282.
2. Saunders, D. I., et al. "Variations in mortality after emergency laparotomy: the first report of the UK Emergency Laparotomy Network." *British journal of anaesthesia* 109.3 (2012): 368-375.
3. Lucas, D. N., and K. L. Gough. "Enhanced recovery in obstetrics—a new frontier?." *International journal of obstetric anesthesia* 22.2 (2013): 92-95.