

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]. We aimed to examine how this has changed for elective caesarean delivery over recent years in Scotland.

Methods: A data request was made to the Scottish Information Services Division (ISD) for unpublished data collected as part of the Maternity Inpatient and Day Case dataset (SMR02).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.

Results: The number of elective caesarean sections performed per annum has almost doubled from 3887 to 7021. This represents an increase from 6.9% to 12.1% of all live births per annum respectively. The average length of stay expressed as the mean and the mode has markedly reduced over this period as demonstrated in figure 1.

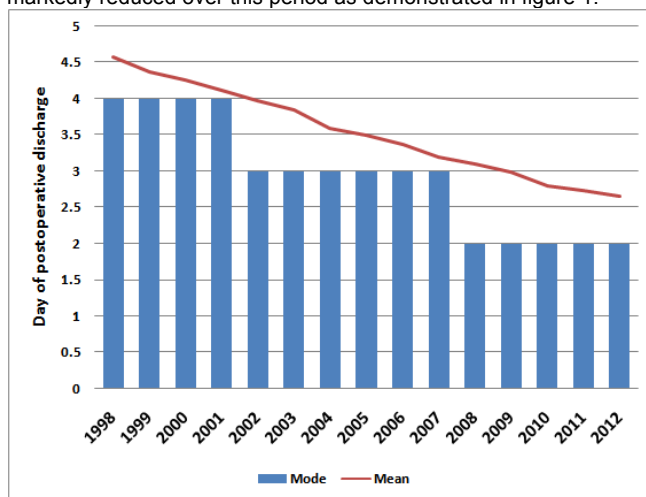


Figure 1: Length of hospital stay following elective caesarean delivery.

Discussion: We suggest the trend observed is the aggregate of multiple areas of clinical improvement. Postoperative complications have been reduced by the introduction of pencil point needles, antibiotics prior to skin incision, use of chlorhexidine for skin decontamination and prophylactic postoperative heparin. Care has been improved by enhancing analgesia with use of intrathecal opiate and increasing community midwifery support. Clinical processes have been ameliorated by the introduction of patient safety programs and checklists. Identifying the elements of care which will continue this trend and offset the increasing burden is the starting place for any pioneer embarking upon enhanced recovery for obstetric surgery [2].

References

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2. Lucas, D. N., and K. L. Gough. "Enhanced recovery in obstetrics—a new frontier?." *International journal of obstetric anesthesia* 22.2 (2013): 92-95.