

## **Being NICE? Antiemetic Prophylaxis for Elective Caesarean Delivery**

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**Introduction:** Intraoperative nausea and vomiting (IONV) during caesarean section under regional anesthesia can be distressing and uncomfortable for patients and may have a negative impact on their overall birthing experience. National guidance advocates that women undergoing caesarean delivery should be routinely offered antiemetics [1]. We postulated that this was not routine practice in our unit.

**Methods:** Following approval by the local audit lead a prospective review of all elective caesarean deliveries over a six-week period was conducted.

**Results:** Eighty three parturients were reviewed, of which eleven (13%) received a prophylactic antiemetic. Eighteen (22%) received a rescue antiemetic in theatre. All patients who received a prophylactic antiemetic required no further antiemetic treatment.

**Discussion:** The incidence of IONV for elective caesarean delivery is reported to be as high as almost 80% [2]. The observation that only 13% of our cohort received antiemetic prophylaxis suggests that we may be underestimating its incidence and thereby undertreating it. The cause of IONV is multifactorial and our approach to its prevention and treatment should be likewise. Prophylactic antiemetics have been shown to be highly effective [2]. Therefore, we suggest, optimising antiemetic prophylaxis is one of many aggregates that comprise the marginal gains often spoke of in enhanced recovery initiatives [3]. Development of a scoring system akin to that used for postoperative nausea and vomiting [4] but specific to caesarean delivery under regional anaesthesia may be the way to identify those at risk and improve the quality of care we deliver.

### **References:**

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