A digital future in antenatal education – unintended benefits from the COVID pandemic

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Introduction

EROS (Enhanced Recovery after Obstetric Surgery) protocols have become a mainstay in many UK obstetric units since 2015[1]. As part of our local EROS pathway we had a well established face-to-face caesarean delivery preparation class for mothers and their birthing partners. It utilised an MDT approach involving midwifery, physiotherapy and anaesthetics to share information that embeds EROS principles and empowers mothers with confidence and knowledge about their delivery and recovery. The COVID pandemic challenged us to find new ways to deliver this information safely. The class was relaunched on a digital platform. We wanted to determine whether we could achieve the same standard and patient satisfaction with this online format.

Methods

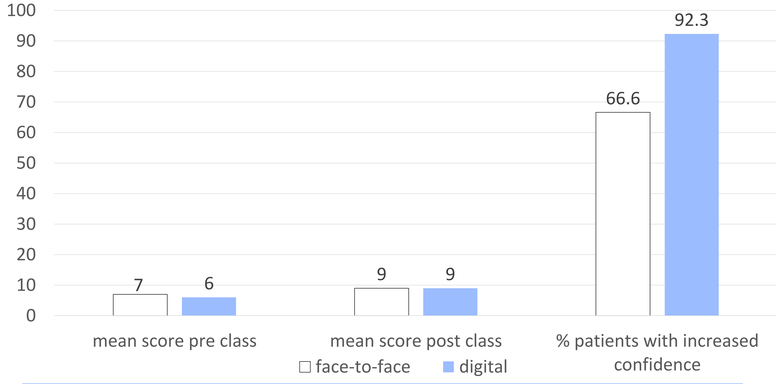
We initially collated feedback from 40 mothers and birthing partners who logged in to the online class and compared it to those who had attended face-to-face classes prior to the pandemic. Data was descriptive free-text answers to questions and a 10-point rating scale measuring confidence pre and post class attendance. A further 25 responses evaluating the online class were obtained following improvements suggested by the first online cohort.

Results

A total of 90 patients provided feedback on the caesarean delivery preparation class. For the face-to-face class the median confidence score increased from 7 pre-class to 9 after the class, and for the digital class it increased from 6 to 9 (p=0.0005). 67% of mothers felt more confident about their delivery after the face-to-face class and 92% after the digital one.



Results



Discussion

Both face-to-face and digital classes are effective at increasing confidence in delivery and recovery from caesarean delivery, with this data suggesting that the online sessions were able to do this more effectively. The most commonly reported strengths of the digital sessions were that they provided comprehensive information in an easy-to understand format, particularly around recovery and mobilisation, and that the relaxed nature encouraged questions.

Initially we experienced some technical difficulties with the digital platform and this was noted as an area of improvement from the first round of feedback. Several respondents noted missing the in-person element and opportunity to meet other expectant mothers. Going forward we are assessing the feasibility of a hybrid class.

References

1. Adshead D, Wrench I, Woolnaugh M. Enhanced recovery for elective caesarean setion. British journal of anaesthesia education. 2020; 20:354-7