

Recovery Post-Discharge Following Elective Caesarean Section



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Introduction

Leaving hospital after an elective C-section can be daunting. Concerns about coping with a caring for a neonate predominate in a phase where women are still recovering from major surgery themselves.

To this date, there is little data available on how women fare at home once discharged following elective C-section. Efforts have been made to quantify the quality of post-CS recovery in the first 48hrs postnatal (Ciechanowicz et al, [1]), however this typically covered only the inpatient stay.

The purpose of our study was the assess the quality of recovery of women post elective C-section **at home**. To this end, we utilised the validated recovery assessment tool 'ObsQOR-11' [1]. We predicted that certain factors, such as pain relief and mobility, could be areas for improvement.

Methods

What we did

We assessed the quality of recovery post-discharge in all patients who underwent elective C-section in the months of **March and April 2022** at St Peter's Hospital, Chertsey.

How we did it

We contacted patients by telephone between **day 5 and day 7 post-delivery**, gaining consent for a questionnaire consultation. We utilised a **modified ObsQOR-11 questionnaire**, digitised into an easy-to-use Javascript web form. The numeric responses in this form were automatically charted using an API, in order to **quantitatively** assess quality of recovery.

Assessment of outcomes

Our modified ObsQOR-11 questionnaire surveyed **11 domains** considered markers of the quality of postoperative recovery (see below). Each ObsQOR-11 domain is scored out of 10, leading to a maximum 'top-score' of **110**. We defined a score > 100 as an 'adequate' quality of recovery, in line with the literature. In addition, we surveyed whether patients had received analgesics on discharge, and if they found them adequate.

As a final addition, we requested respondents to feedback with statements regarding their care. This provided **qualitative data**.

References

Evaluation of the Obstetric Quality-of-Recovery (ObsQoR-11) following non-elective caesarean delivery. Ciechanowicz S et al, 2019. International Journal of Obstetric Anaesthesia (39: P51-59)

At A Glance..

- ❖ Majority were **able to care** for baby and self
- ❖ Majority reported **good mobility**
- ❖ However, majority also reported **poor pain control**
- ❖ Opioid prescription predicted better pain control

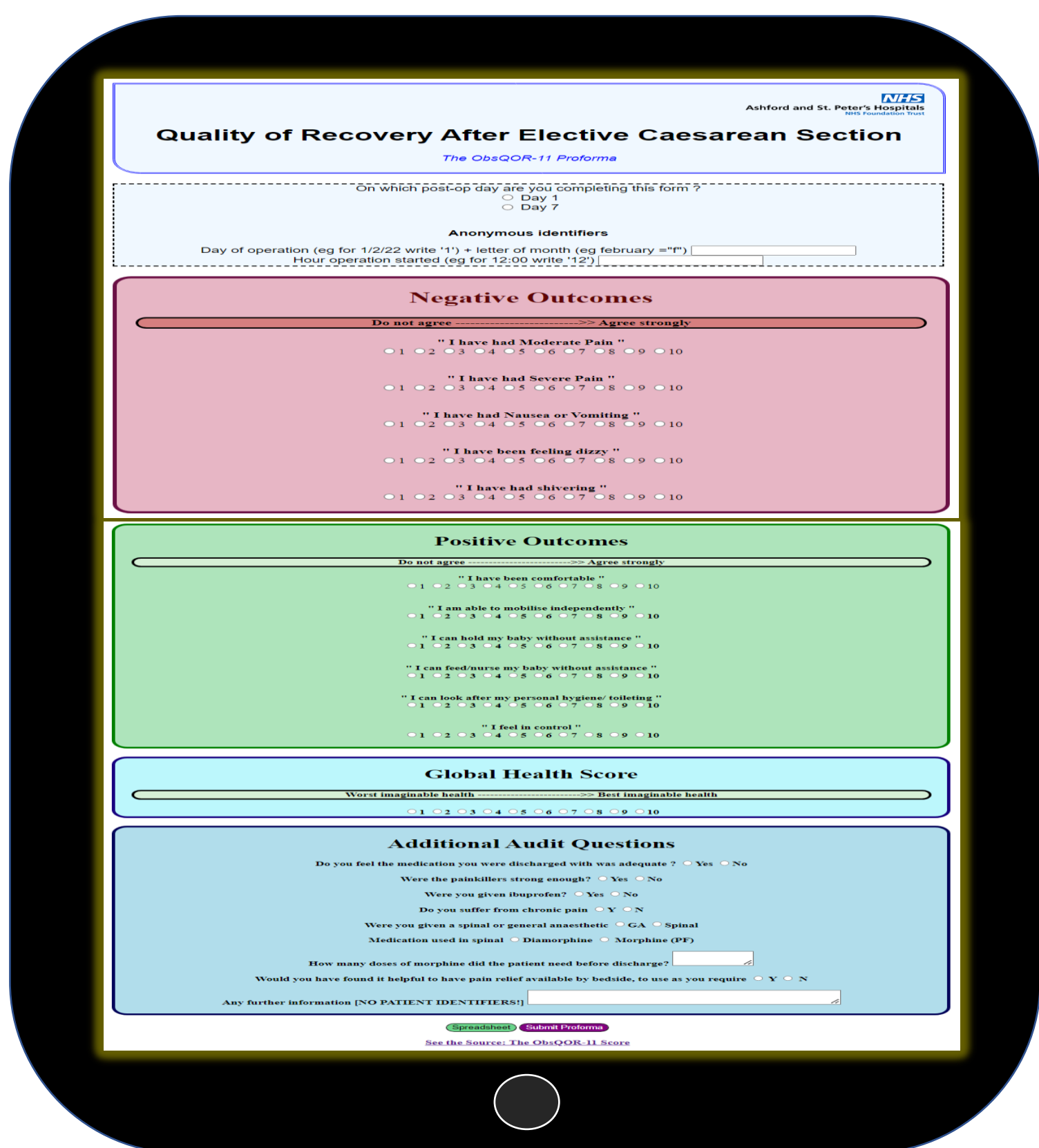


Fig 1. Digitised, modified ObsQOR-11 Survey, as it appeared on trust tablets

ObsQOR 11 Domains

- | | |
|---------------------------|---|
| Moderate pain | Comfort |
| Severe pain | Ability to mobilise |
| Nausea/Vomiting | Ability to hold baby |
| Dizziness/weakness | Ability to feed baby |
| Shivering | Ability to maintain self-hygiene |
| | Sense of control |

Fig 2. Domains of mObsQOR-11 Survey

Results

A total of 47 patients were telephoned, of which 30 completed the remote consultation. This comprised 10 patients surveyed on each of day 5, day 6 and day 7 post-delivery. Reasons for failure to complete the survey are shown in Fig 3.

Individual freeform feedback from patients is shown in Fig 4.

Key results from the survey have been summarised in Fig 5-9.

The total ObsQOR-11 score was >100 in only one third of respondents (Fig 5).

Particularly poor domain scores were seen for the control of moderate pain, where 24/30 respondents rated their pain control as insufficient or worse (Fig 6).

Higher scores were seen for domains assessing ability to function.

The majority of patients reported being able to adequately look after themselves and their baby (Fig 7-9). The majority also reported being able to adequately mobilise (25/30).

In terms of pain relief, only 17/30 (56%) described their analgesia as 'adequate'.

A total of 18/30 patients (60%) received opioid analgesics on discharge. It was noted that those who received opioids were more likely to describe their pain control as adequate.

Conclusions

- ObsQOR-11 score can used a method of assessing post-discharge recovery.
- Telephone consultations are a straightforward method of inquiry, with a high response rate.
- Novel insights into the experience of parturients once discharged from hospital.
- Reasonable level of independent function on reaching home.
- However, marred by ongoing post-operative pain.
- Analgesia on discharge is often inadequate
- Use of opioids seems to confer a better outcome.

In response to our findings we have developed a bespoke post-C section discharge medication bundle, including opioid medication. It is our intention to assess the impact of this intervention with a repeat survey this year. Future projects could also be instigated to investigate the post-discharge recovery of non-obstetric cases.

Patients contacted	47
Surveys completed	30 / 47 (64%)
Barriers to completion:	Unable to contact 11
	Language barrier 2
	Not yet discharged 2
	Declined consent 2

Fig 3. Summary of survey responses

"I could move about the house but the pain was fairly limiting for at least the first 3 days"

"I felt pretty abandoned on discharge. The first night at home was horrible, I was in so much pain"

"I was offered dihydrocodeine, but was told to collect next day. Really inconvenient so didn't bother collecting. Was sore for a few days"

"I was not asked if I wanted pain relief on discharge – had to actively push for it"

"I was given dihydrocodeine – it really helped and I was very comfortable "

Fig 4. Example feedback (consent gained)

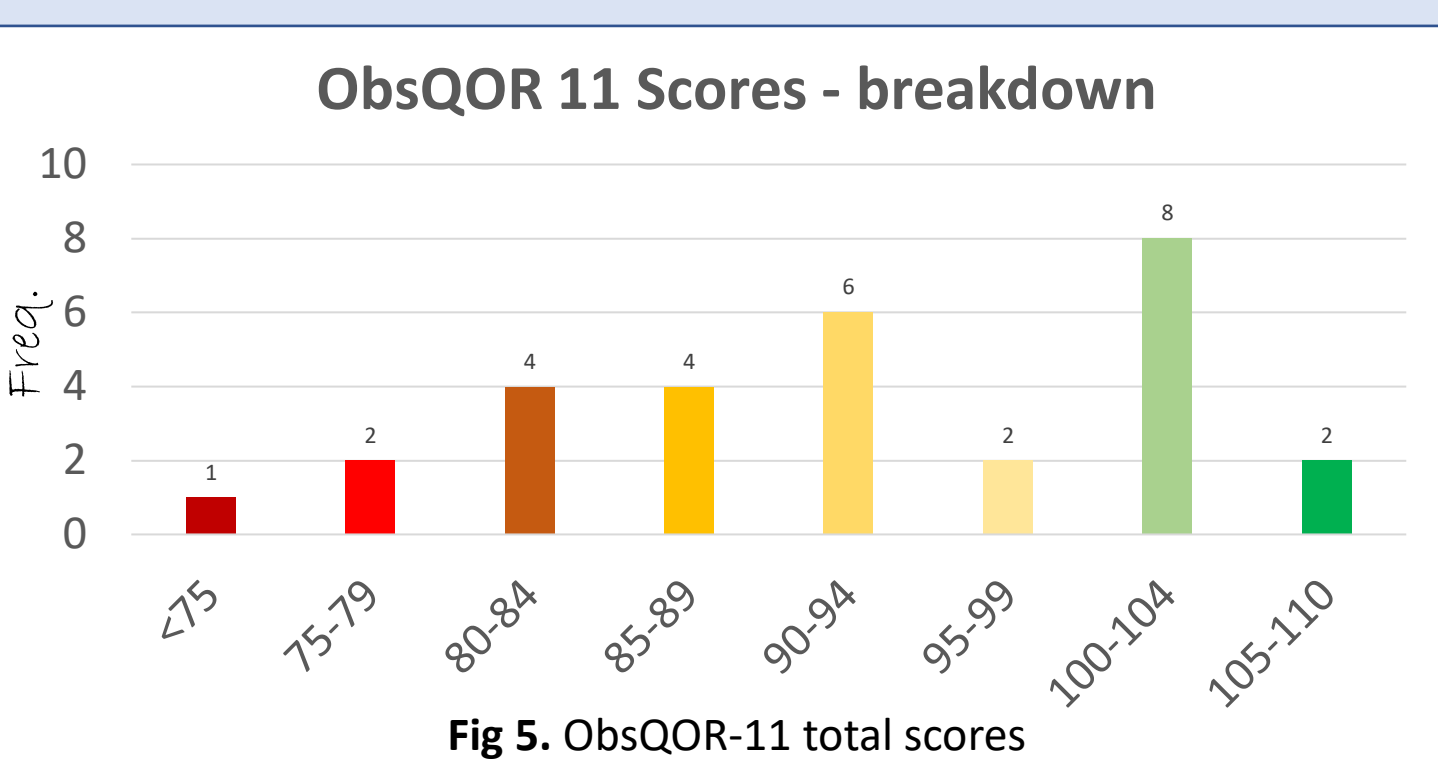


Fig 5. ObsQOR-11 total scores

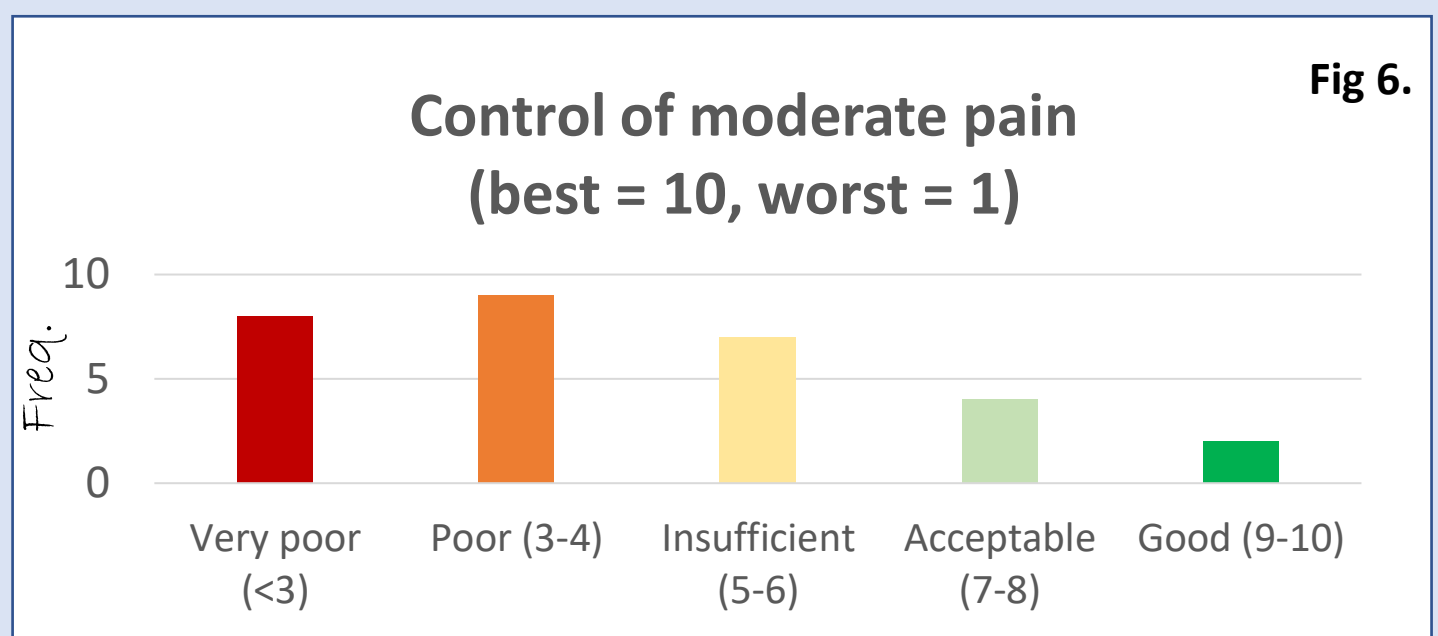


Fig 6.

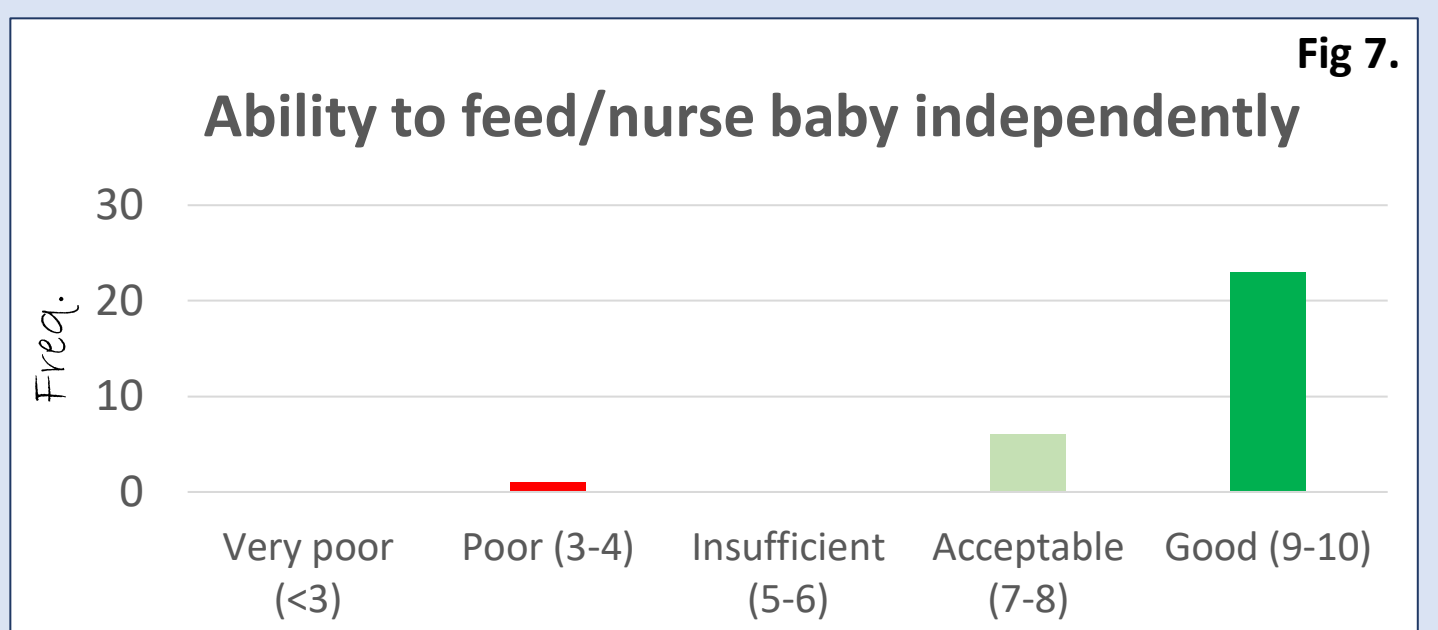


Fig 7.

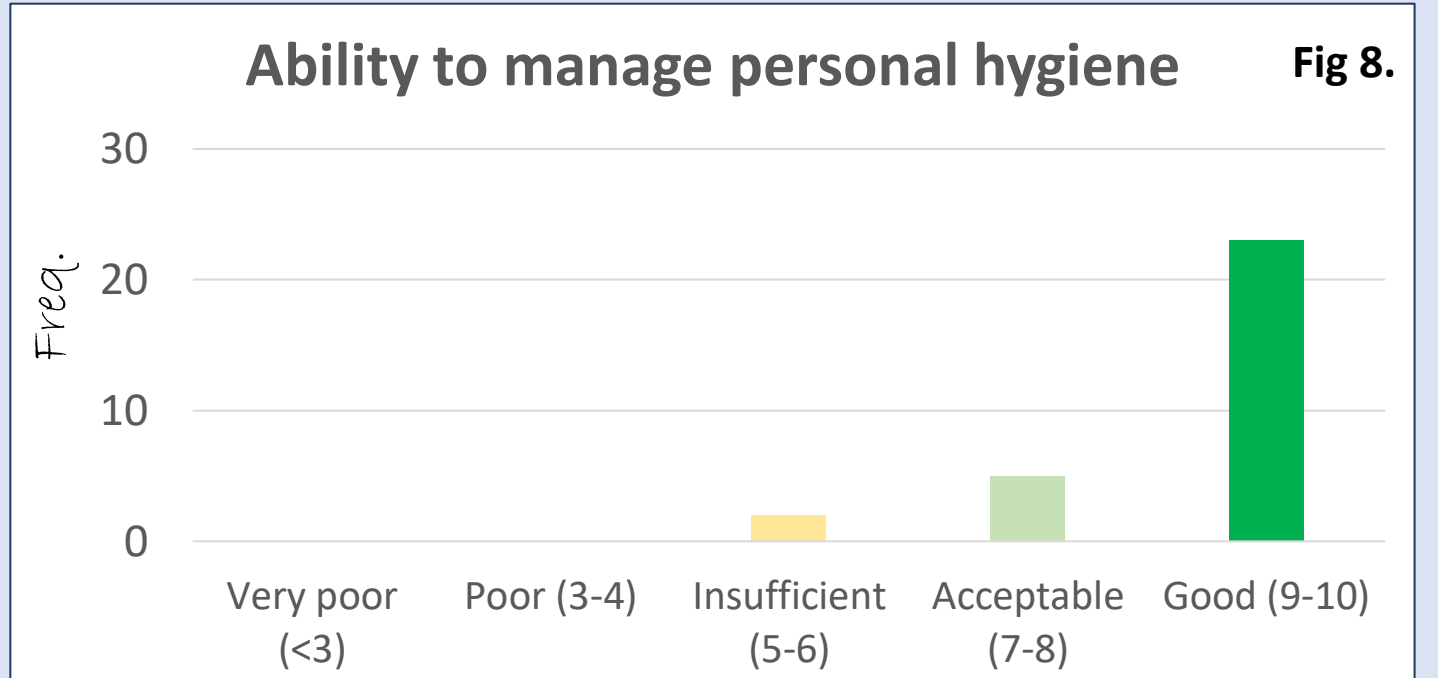


Fig 8.

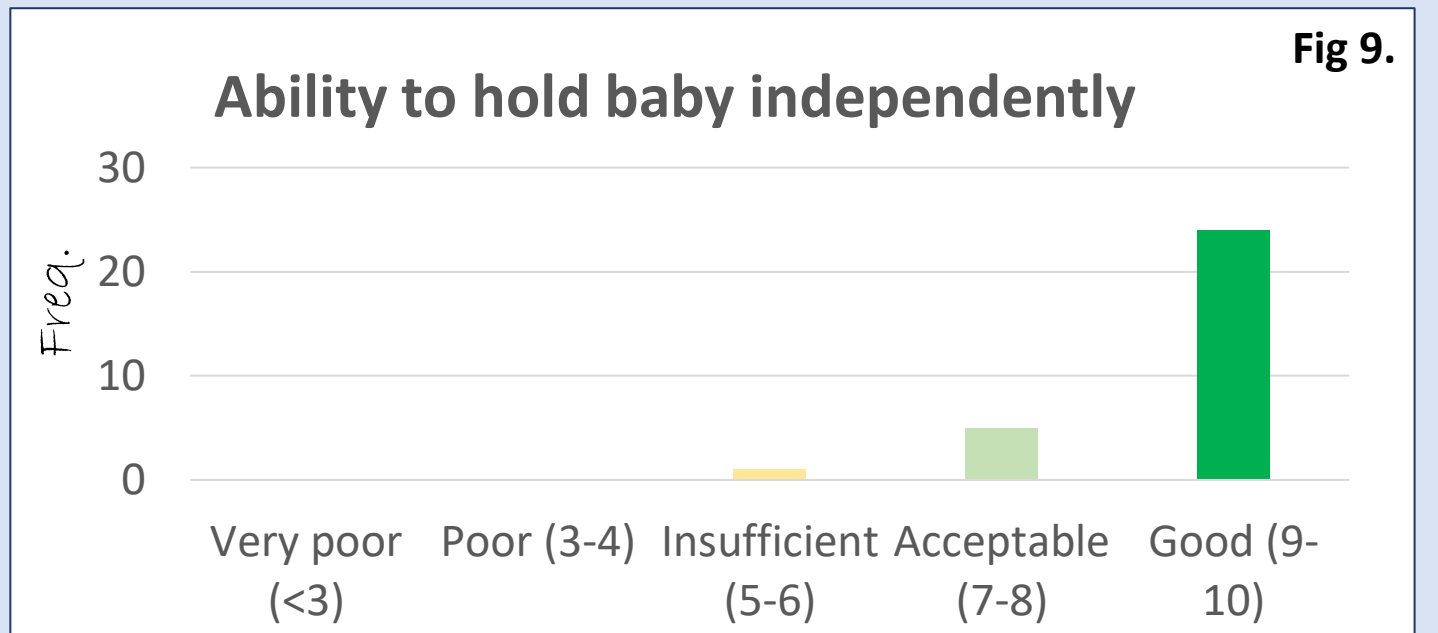


Fig 9.

Figs 6-9. Selected individual domain score breakdowns



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