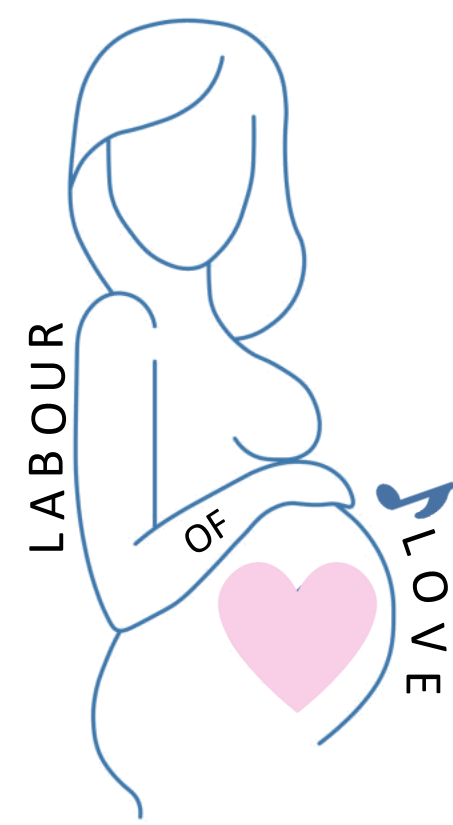




Labour of Love: A Quality Improvement Project

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Introduction

From a patient's perspective, the theatre is an unknown entity, a source of anxiety, and a place most women do not want to give birth in. This perioperative stress is further increased by the inhumane fasting times women endure. Aiming to humanise theatre births; 'Labour of Love' was born. We took inspiration from the highly successful 'new beginnings' project at St George's hospital in London, and our journey began with the 'sips til section' policy. Prolonged fasting not only contributes to women's anxiety in the perioperative period, but the corresponding dehydration also leads to metabolic stress, ketosis and haemodynamic instability before, and during, anaesthesia. Postoperative nausea and vomiting is also heightened by those fasted preoperatively for several hours. The primary mode of anaesthesia for women undergoing elective caesarean section is neuraxial anaesthesia anyway, so why do we continue to fast them?

Methods

We conducted an audit looking at pre-operative fasting from clear fluids times for women scheduled for elective caesarean section (n=30). The data was collected retrospectively by reviewing electronic health records. The time of last fluid intake to the time of theatre check-in was calculated and collated. Based on the results, our 'sips til section' policy was devised and introduced. Policy implementation included garnering buy in from the consultant body in the first instance. Having a clear evidence based vision for the project, with robust safety data to back it up, was crucial. Educating nursing and midwifery staff was next, followed by publicising and rolling out the policy to our women. We maintained adherence to the conventional solid fasting guidelines and proton pump inhibitor administration protocol as per best practice for enhanced recovery after caesarean section (ERAC)

Phase 1: Policy Development

Departmental consensus

Policy development

Policy implementation

How 'Sips Til Section' works: on arrival to the hospital patients are advised that it is safe to continue to drink water or water with clear squash only, until the time they are called to theatre. They are encouraged to drink up to one glass (160ml) of water (or water with clear squash) per hour while they wait.

Staff education at Daily huddles

Policy Posters , Newsletter

Updating Patient Information Packs

To ensure compliance and monitor the policy's safe and responsible implementation, 'Sips Til Section' cards have been introduced. In liaison with the clinical risk department, surveillance is in place to identify adverse events such as pulmonary aspiration.

Result

The pre-policy audit showed a mean fasting time of 11.5 hours, with a maximum fasting time of 19 hours and a minimum fasting time of 2.5 hours.

	PRE-POLICY	POST-POLICY
MINIMUM FASTING TIME	2.5hrs	17min
MAXIMUM FASTING TIME	19hrs	5hrs 15min
AVERAGE TIME	11.5hrs	1hr 14min

The second audit post-launch of the policy, demonstrated a new mean fasting time of 1 hour 14 min. The maximum recorded fasting time was 5 hours 15 min whereas the newly reported minimum fasting time was 17 minutes. To date over 500 patients have benefitted from our sips til section initiative, with no adverse events reported.

Phase 2: Next Steps

The next steps in our journey involve personalising each woman's birth experience by encouraging them to choose meaningful music to be played in theatre on an ipad with Spotify account. We are also commissioning calming paintings with reassuring words for the ceilings in theatre to create a reassuring atmosphere.



References

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- Bollag L, Lim G, Sultan P, Habib AS, Landau R, Zakowski M, et al. Society for Obstetric Anesthesia and Perinatology: Consensus Statement and Recommendations for Enhanced Recovery After Cesarean. *Anesth Analg*. 2020.