



ERAC: Are we still maintaining our standards?



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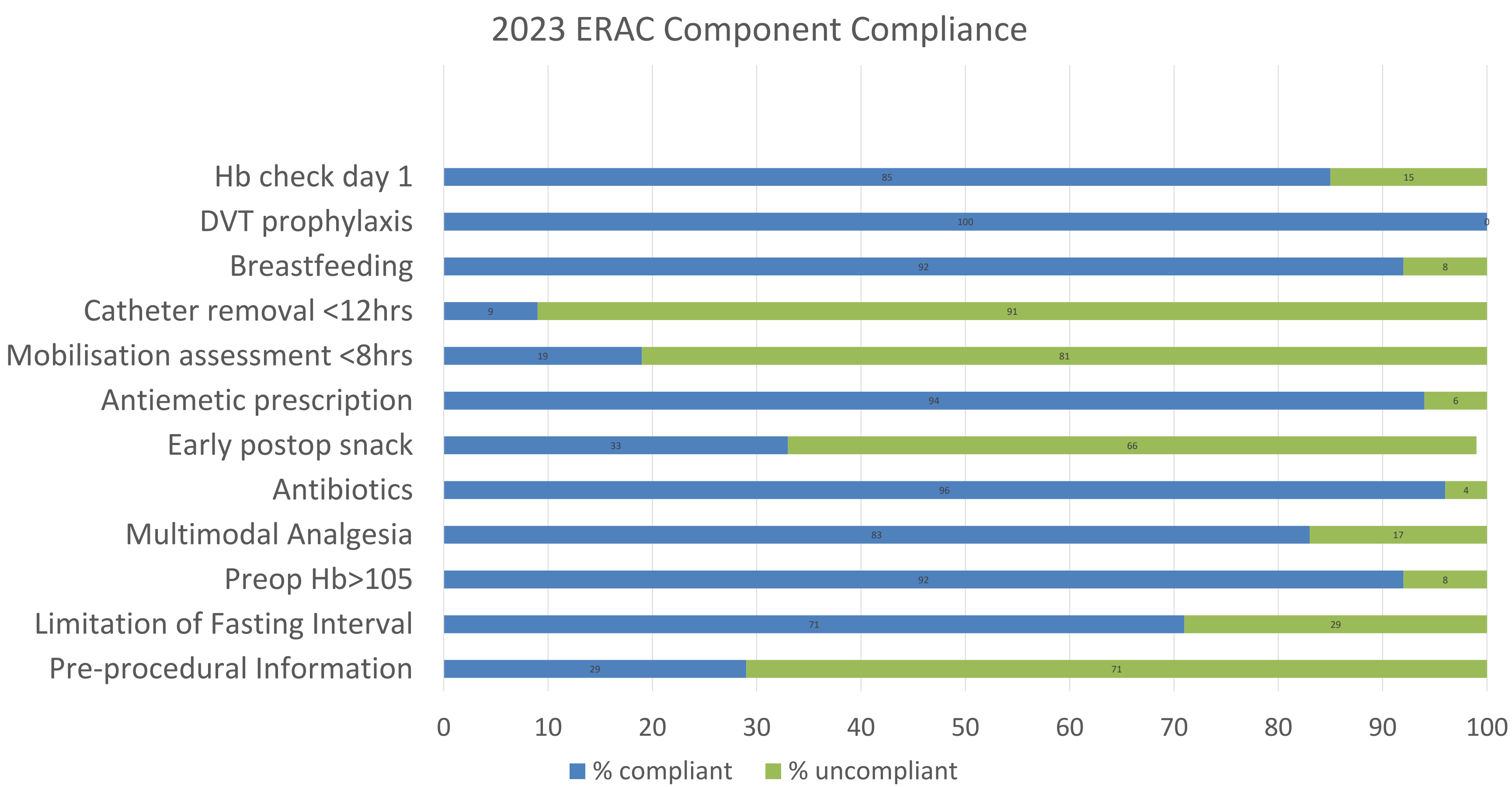
Introduction

- Enhanced recovery after caesarean delivery (ERAC) is an evidence-based, holistic approach that emphasizes faster functional recovery, maternal-infant bonding whilst seeking to improve maternal outcomes and experience [1].
- Components include pre-operative patient education, limited peri-procedural fasting times, promotion of early mobilisation and early catheter removal.
- ERAC protocols have been shown to improve both neonatal and maternal outcomes and reduce length of hospital stay [1].
- The aim of this before and after study was to compare compliance with ERAC protocols and length of stay over a prolonged (seven-year) period.**

Methods

- A single centre before and after study was performed at University College London Hospitals.
- Our **pre-ERAC cohort** (n=57), consisted of patients who underwent elective caesarean delivery from **October-December 2016**, prior to introduction of the first ERAC protocol in our trust.
- ERAC group 1** (n=119) was our first post-ERAC cohort from **March-May 2017**, shortly after ERAC introduction.
- ERAC group 2** (n=100) is our second cohort, from **April-October 2023**.
- Limited educational initiatives were performed in the interim, especially during the COVID and post-COVID era.
- Data was collected through electronic patient record and a concurrent patient survey.
- Five ERAC components were from the SOAP consensus statement were assessed for compliance [2].

Results



	Pre-ERAC(2016) n=57	ERAC 1 (2017) n=119	ERAC 2 (2023) n=100	P- value
Patient Education (%)	69	66	29	<0.001
Limitation of fasting interval (%)	15	100	71	<0.001
Early oral intake (%)	28	87	33	<0.001
Early mobilisation (%)	15	44	19	<0.001
Early removal of catheter (%)	11	59	9	<0.001
Total ERAC Compliance (%)	27.6	71.2	32.2	<0.001
Time Ready for Discharge, hrs (median, IQR)	33 (24)	24 (5)	36 (24)	<0.001
Length of Stay, hrs (median, IQR)	53 (24)	25 (28)	48 (21)	>0.05

Definitions of ERAC components as follows:

- Patient education: Preoperative education prior to the day of surgery, written or verbal
- Limitation of fasting interval: 8 hours food, 2 hours clear fluids
- Early oral intake: clear fluids within 1 hour
- Early mobilisation: Assessment of mobilisation or mobilisation attempts within 8 hours post-procedure
- Early removal of catheter: removal within 12 hours post-operatively

Discussion

- A total compliance similar to our pre-ERAC data has now been found, but for some components, our current data suggests that performance has declined from pre-ERAC days. The decline in compliance is statistically significant (p<0.001).
- The 3 components that performed worst have been shown in studies to correlate best with LOS, namely: antenatal information, early mobilisation and catheter removal.
- Studies have shown that ERAC is associated with a shorter LOS [3.] Our concomitant reduction in ERAC compliance and prolonged length of stay and time patients felt ready for discharge is concerning.
- Reasons for decline: high perceived clinical burden on labour ward, low staff confidence in ERAC, loss of key ‘ERAC champions’ from obstetric and anaesthetic staff, shift in priorities due to the COVID pandemic and loss of paper ERAC forms with the introduction of e-notes.
- Our data suggests that ERAC policies need to be actively applied over the years to ensure maintenance.
- Future plans: We plan to trial a novel mobile phone application (ERAC-App) as a strategy to improve compliance and patient engagement over the longer-term.

References

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