

Planned Caesarean Section patient education quality improvement study: Can we offer accurate and accessible information to avoid prolonged fasting?

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INTRODUCTION

Women undergoing Planned Caesarean Section (CS) can fast for long periods, which may have adverse effects on their peri-operative journey¹. Strategies to minimise this focus primarily on staff and patient education. In our unit, multi-disciplinary delivered ‘Section School’ provides education for women having a planned CS. Information leaflets also provide patient education through patients' online notes, which can be highlighted to women during their pregnancy journey. This project aimed to identify levels of hunger, thirst and fasting times for women undergoing planned CS. Interventions to improve outcomes focused largely on patient education, including creation of a new anaesthetic information leaflet. The number of women who accessed this was audited during the project.

METHODS

This study obtained Caldicott approval before commencement. Women were asked to participate in the study on the day of their CS. A survey collected levels of hunger, thirst, and fasting times before surgery. Survey data were collected at three points: pre-intervention and two points post-interventions.

INTERVENTIONS



Sip Till Send



Patient and Staff Education



New Anaesthetic Patient Leaflet

Education involved highlighting the hazards of prolonged fasting to staff and patients and promoting accurate fasting guidance. Leaflet data was gathered retrospectively.

RESULTS

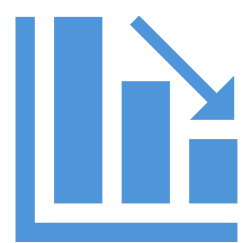
Each survey round contained 42 women.



Number of women fasting from food >12 hours reduced from 26 (62%) to 21 (50%)

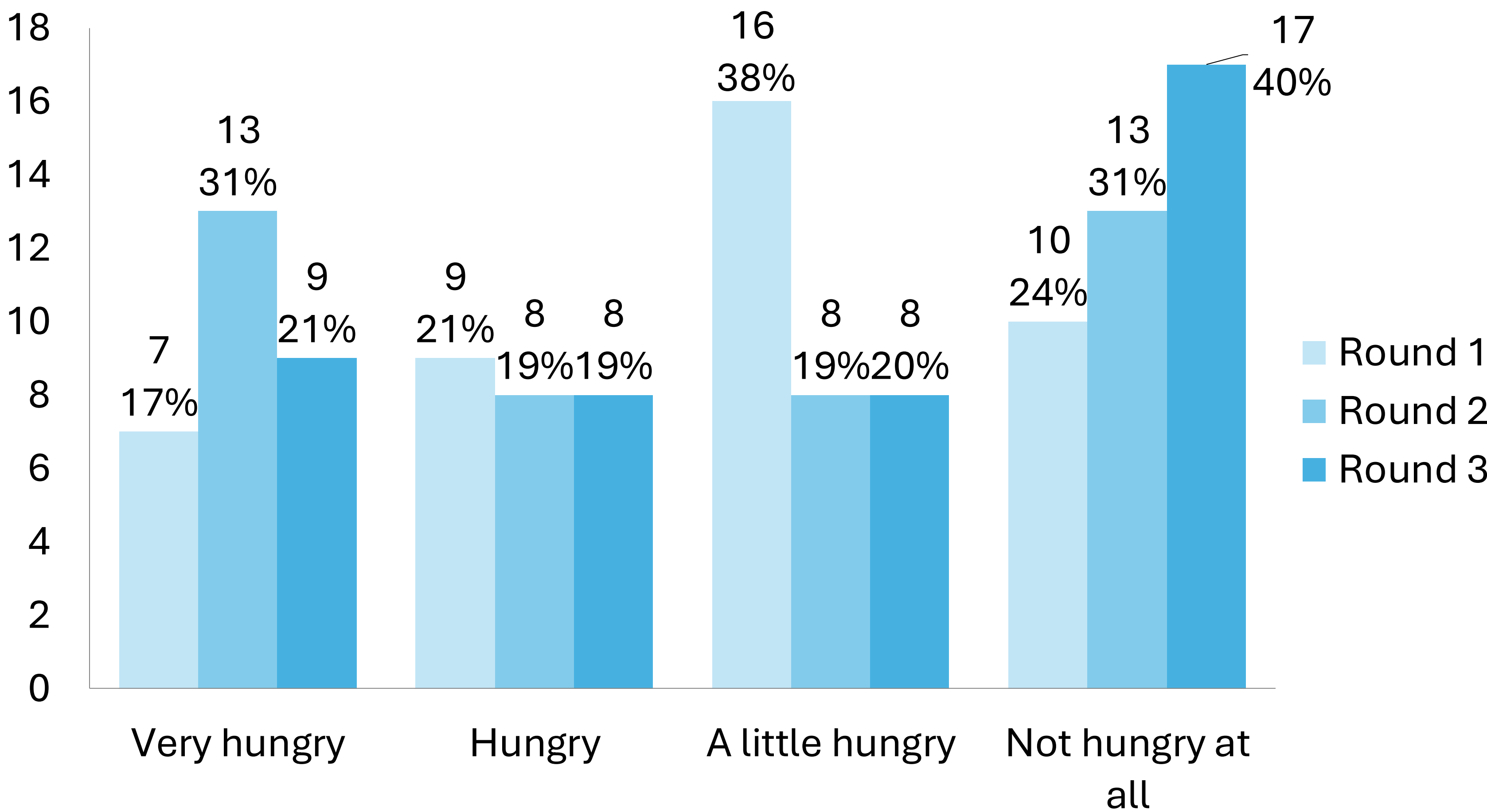


Average Drink fasting times remained static (6 hours)



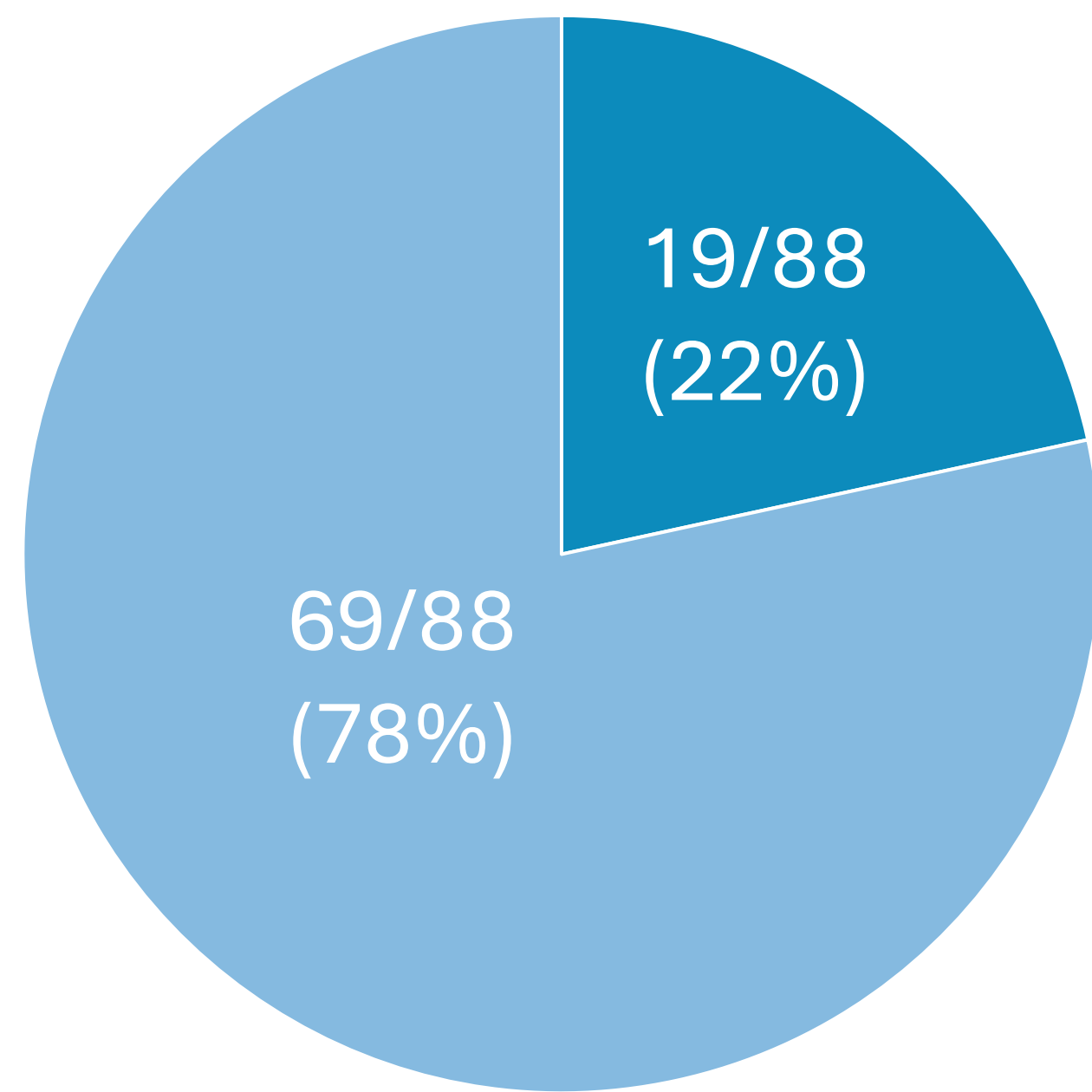
The number of women stating they were ‘very thirsty’ decreased from 9 (21%) to 4 (10%)

Figure 1: Levels of hunger throughout each survey round



LEAFLET DATA

Out of 88 women who had a planned CS, 63 (72%) had access to our local planned CS patient information leaflet. Of those 63 women, 19 (30%) accessed this information.



■ Not accessed
■ Accessed

Figure 2: Number of women who accessed the planned CS leaflet via online notes

DISCUSSION

We have shown that ‘Sip Till Send’ and multi-disciplinary educational initiatives can reduce levels of thirst, hunger and fasting times before planned CS. Despite these attempts, we still found that 1 in 5 women stated they were "very hungry", and women were still restricting food and fluid intake more than was needed. A significant culture shift in obstetric care is required to minimise the well-documented harm from excessive fasting. Women should receive standardised, simple and accessible fasting advice, focusing on the benefits of avoiding prolonged fasting.

Future Work

Online maternity notes offer a potentially powerful method for delivering this and other readily accessible information to patients; however, most of our patients are not utilising this. We note significant local challenges with accessing Badgernet "leaflets" via online notes, and systems to improve this are currently being reviewed. Recent evidence on the use of carbohydrate loading has been demonstrated in this patient population, which we plan to introduce in our department².

REFERENCES

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2. Sharma A, Singh U, Kaur G, Grewal A, Mainigi S, Tidy S. Role of preoperative carbohydrate loading for prevention of perioperative ketoacidosis in elective caesarean delivery. J Anaesthesiol Clin Pharmacol. 2024 Jul-Sep;40(3):439-444. doi: 10.4103/joacp.joacp_172_23. Epub 2024 Feb 8. PMID: 39391645; PMCID: PMC11463931.