

Evaluating a new Elective Caesarean Section Pathway during the Covid-19 Pandemic

Introduction

The Covid-19 pandemic has required many specialties to adapt the way many core services are provided. Although many elective procedures were cancelled, due to the time sensitive nature of obstetrics, elective caesarean sections (ELCS) continued.

As a result, many trusts needed to develop new pathways to reduce the time patients spend in hospitals and ensure Covid-19 secure pre-operative assessments. In response to this need, a large teaching hospital in Imperial College Healthcare NHS Trust created and implemented a new ELCS pathway transitioning from:

- Clerking in-person to via telephone
- Timing pre-operative assessments 48hr pre-surgery to ensure Covid-19 swab results were available prior to surgery
- Staggering patient arrival on the day of surgery to reduce time spent waiting in hospital pre-procedure.

This study aimed to evaluate the implementation of this new ELCS pathway during the Covid-19 pandemic.

Methods

This project was a retrospective service evaluation during the second wave of the Covid-19 pandemic to assess compliance and effects of the new ELCS pathway.

A retrospective analysis of electronic health records was performed for 135 patients undergoing an ELCS during November 2020, December 2020, and January 2021. Information was collected regarding several key pathway standards.

Results

135 patients with an average age of 34 years old undergoing ELCS during 2nd wave were included; with gestational age varying from 34+4 to 42 weeks. 46% of patients had not previously had a caesarean section.

- ✓ 97% of patients had telephone clerking completed
 - 2% had been seen face-to-face in antenatal clinic
- ✓ 71% had been consented prior to the day of surgery
- ✓ 100% of patients had valid pre-operative bloods
- ✓ 100% of Covid-19 swab results available prior to the day of surgery
 - 3 cases of Covid-19 positive patients were identified allowing 2 to be appropriately postponed and 1 to be performed with appropriate infection control precautions
- ✓ 100% of lists had staggered arrival times for patients
- ✓ Reduction in total time from arrival to knife-to-skin when compared to data collected prior to the implementation of the new pathway



Conclusions

This service evaluation has demonstrated a feasible Covid-19 secure ELCS pathway which has been successfully implemented in a large teaching hospital for over one year.

- ✓ Pathway promoted the safety of both patients and staff by promptly identifying Covid-19 positive patients
- ✓ Reduced time patients spent waiting in hospital prior to their procedure

The principles of this pathway can be used to shape ELCS pathways in other hospitals post-pandemic and further evaluation of the service can help highlight future areas for improvement.

Average Total Time From Arrival To KTS (minutes)

