

INTRODUCTION / RATIONALE - National Maternity and Perinatal Audit Clinical Report 2022:

- Postnatal readmission rates were higher following a caesarean birth compared with a vaginal birth in both England (4.3 % vs 2.9 %) and Wales (4.7 % vs 3.3 %).
- Recommendation: Review all cases of postnatal maternal readmission to understand common indications and identify changes in practice thar may decrease the chance of readmission, especially among those having a caesarean birth.

METHODOLOGY

- Retrospective review of electronic and paper medical records to retrieve the data.
- Inclusion Criteria: Postnatal patients (37 -42 weeks) delivered by Caesarean section or vaginal birth (Singleton). Unplanned overnight readmission within 42 days of birth.
- Study Duration: February 01, 2024 - May 31, 2024.

		February – May 2024
Number of women and birthing people included in analysis		977 (596Vaginal birth) (386 Caesarean birth)
Number of women and birthing people with unplanned maternal readmissions within 42 days	Total	21
	Vaginal Birth	9
	Caesarean Birth	12
Overall rate		2.14 %
Proportion among women and birthing people who had a vaginal birth		1.51 %
Proportion among women and birthing people who had a caesarean birth		3.10 %

Indications for Readmission within 42 days		Number of Cases (%)
Infection	SSI	6
	UTI	1
	Sepsis	2
	Endometritis	2
	Total	11 (52.4 %)
Hypertension		08 (38.1 %)
Deep Venous Thrombosis		01 (4.7 %)
Post Dural Puncture Headache		01 (4.7 %)
Grand Total		21

	Total Cases	Obesity	GDM	Anaemia	Smoking	None
Infection	11	5 (45.5 %)	2 (18.1 %)	1 (9.1 %)	4 (36.4 %)	3 (27.3 %)
Hypertension	8	4 (50 %)	-	-		4 (50 %)
DVT	1	-	-	-		1 (100 %)
PDPH	1	-	-	-		1 (100 %)

	Total Cases	Vaginal Birth	Caesarean Birth
Infection	11	2 (18.1 %)	9 (81.9 %)
Hypertension	8	6 (75 %)	2 (25 %)
DVT	1	-	1 (100 %)
PDPH	1		1 (100 %)

RECOMMENDATIONS:

- Optimisation of comorbidities in the antenatal time to reduce the infection rate and hence re admission including weight optimization by identifying the right cases and referral to Lifestyle clinics appropriately, optimal glycaemic control by referral to diabetes clinic, correction of anaemia antenatally and smoking caseation counselling.
- Strategies to improve BP control and hence reduction in preventable re admission i.e., medication optimisation before discharge, if two readings of borderline blood pressure >/= 140/90 mmHg, keep low threshold to start antihypertensive medication, and timely follow up.

ACTION PLAN:

- Referral to the Lifestyle clinic in accordance with the National and Local guidelines.
- Smoking cessation Counselling followed by appropriate referral to smoking cessation services.