

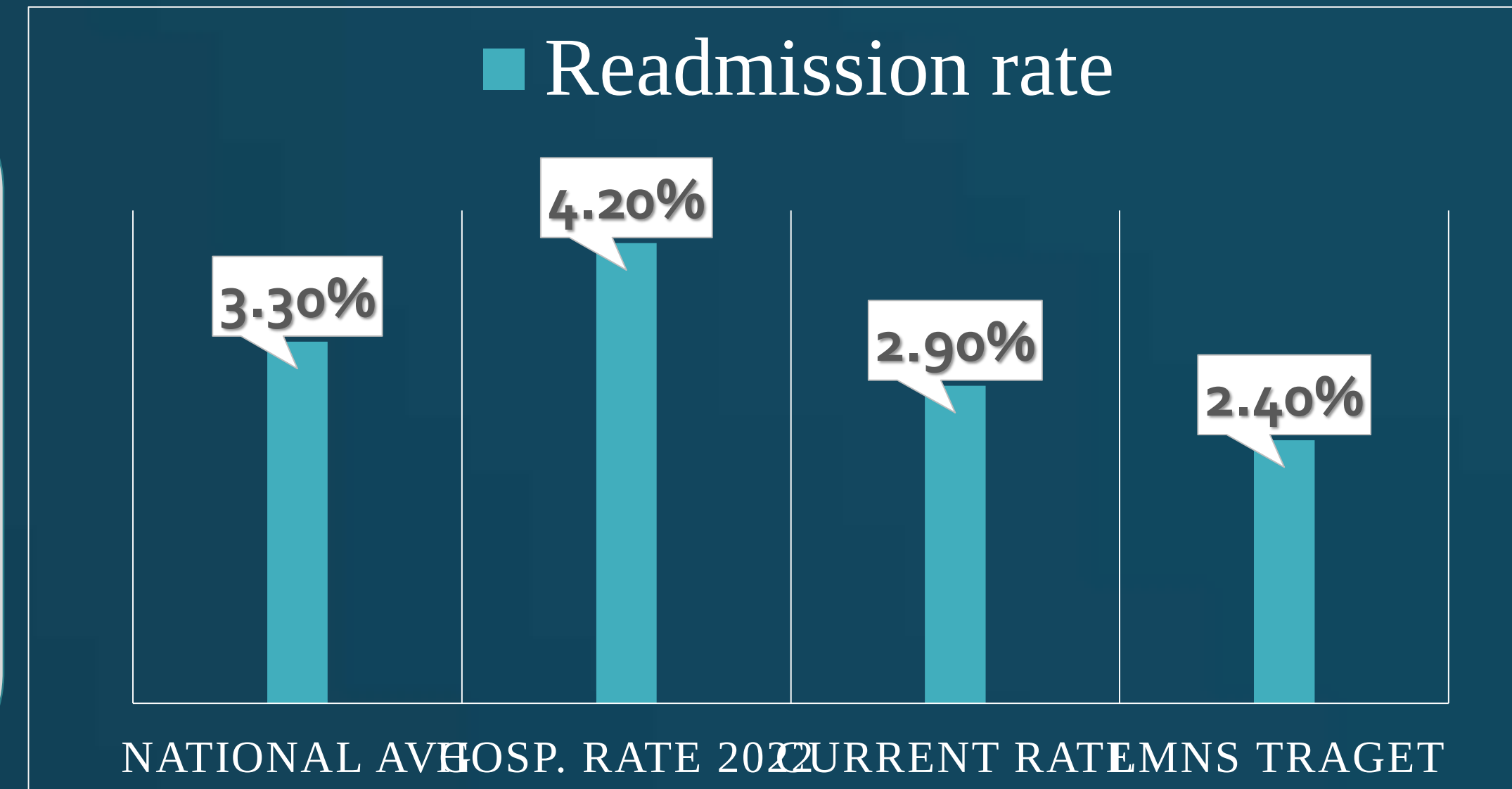


Enhancing Postnatal Care : Key Interventions to Prevent Readmissions - An Audit cycle

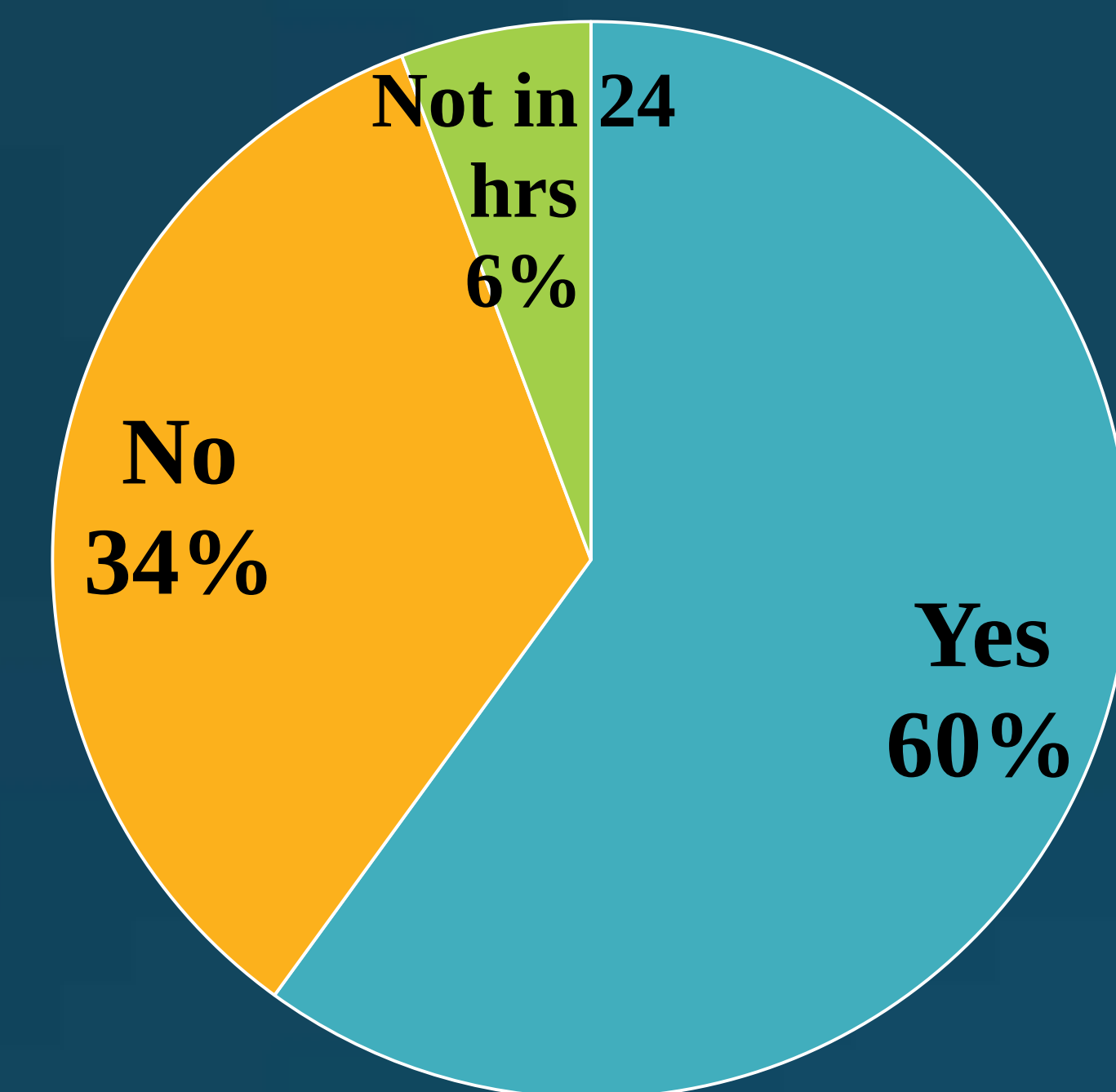
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Background

- ✦ The NMPA 2022 reported a maternal postnatal readmission rate of 4.2% at our hospital, higher than the national average of 3.3%.
- ✦ Readmissions are more frequent post-Caesarean (4.3%) than vaginal birth (2.9%).
- ✦ The LMNS aims to reduce this to <2.4%.

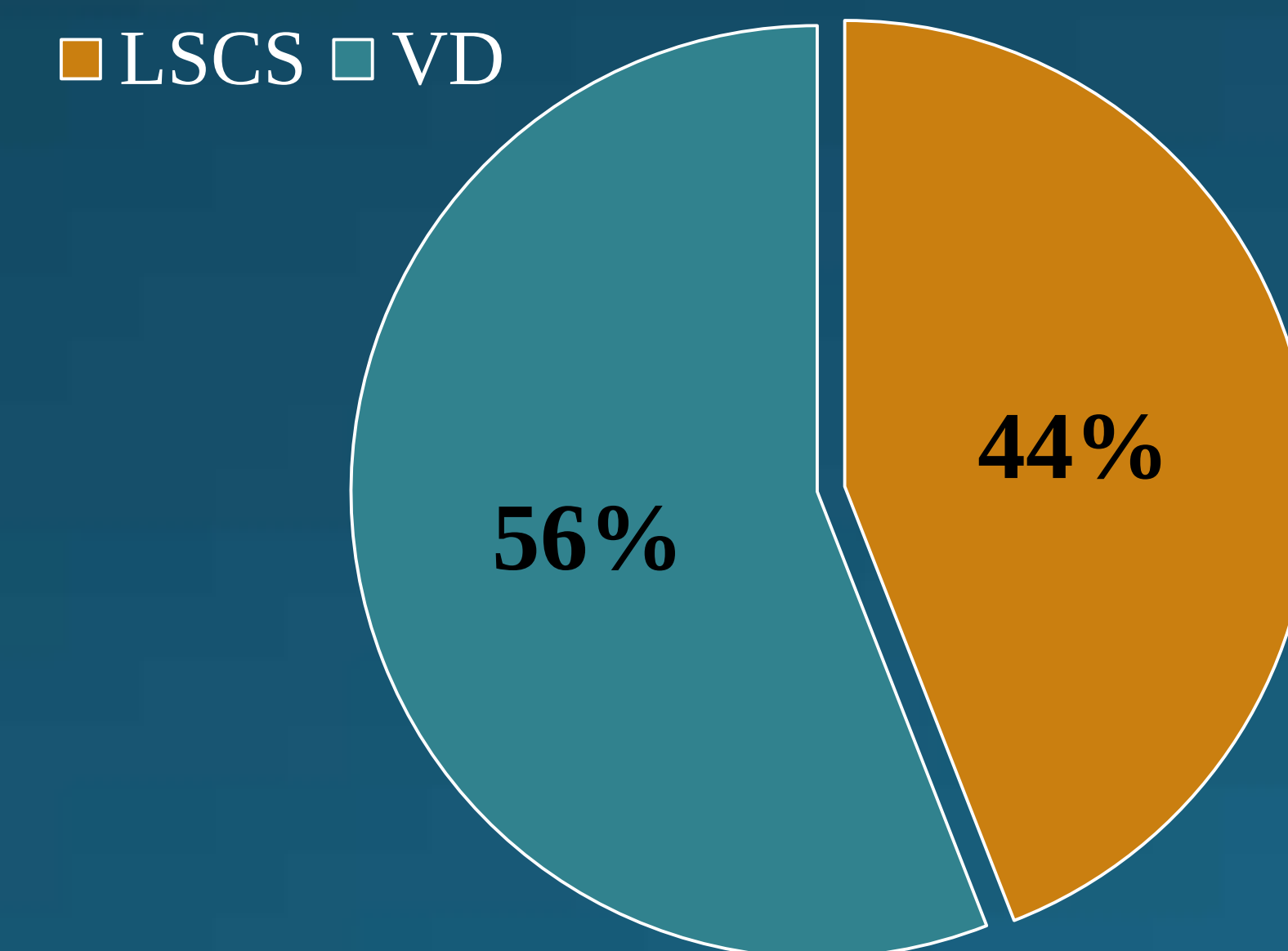


CONSULTANT REVIEW IN 24 HRS



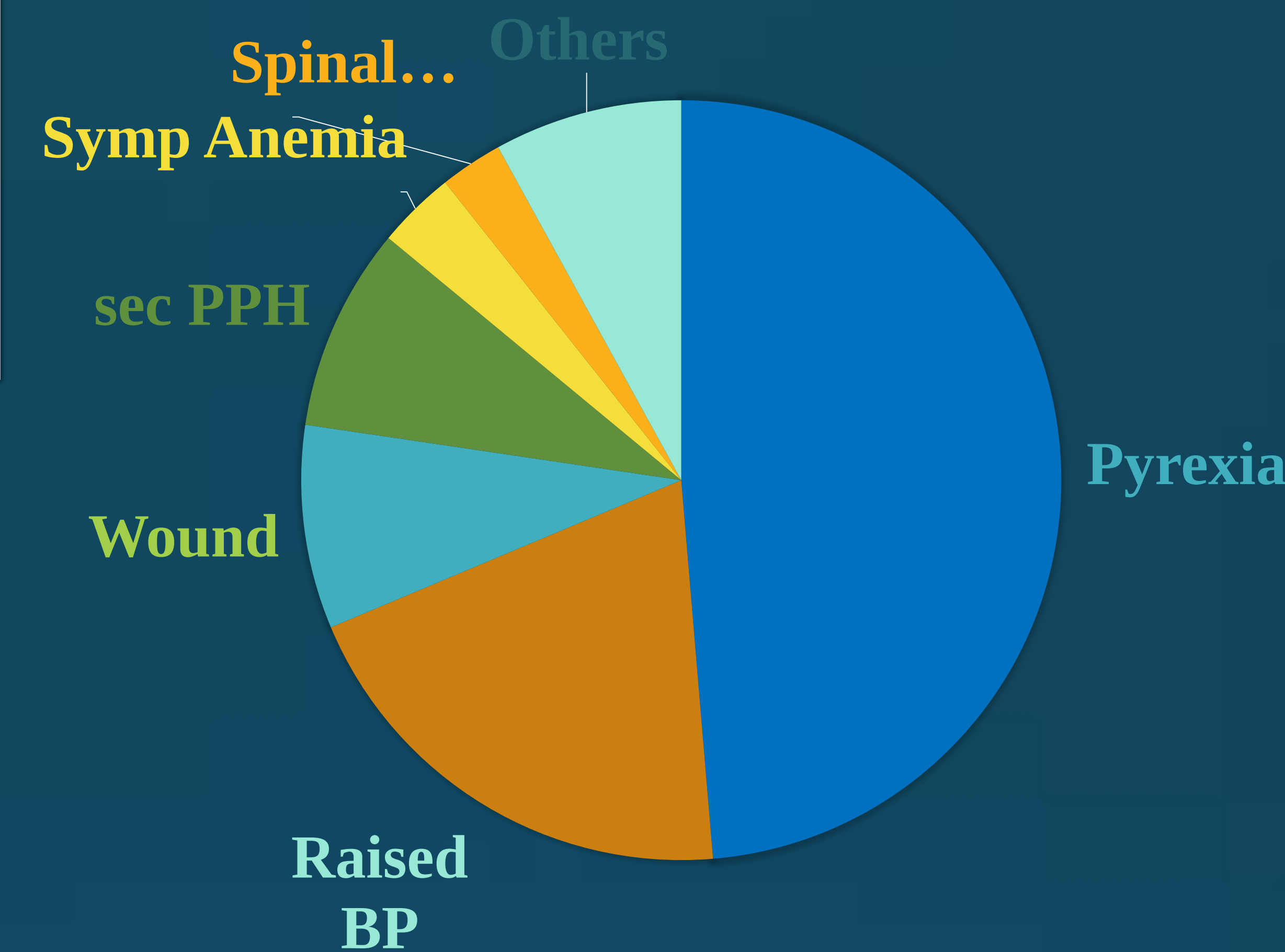
Yes No Not in 24 hrs

MODE OF DELIVERY



LSCS VD

REASONS FOR READMISSION



Readmission rates for 2022: 4.2%

- Changes Implemented :
- BP control at discharge,
- Treat anaemia at discharge,
- Consultant review within 24 hours ,
- Clinical care to include minimising infection risks

Readmission rates post implementation:2.9%

Conclusion

- Our audit shows improvement in reducing readmissions from 3.3% to 2.9%, though still above LMNS targets.
- Timely consultant input, clearer guidelines for RPOC and pyrexia, and stricter discharge criteria are key to improving outcomes and reducing postnatal readmissions.

Results:

Study Duration : 18 months (July 23-November 24)

Total Deliveries : 7076

Total Readmissions : 210

Readmission Rate: Dropped from 4.2 % to 2.9%

Top Causes :

1. Pyrexia: 87 (41%)
2. Raised BP: 45 (21%)
3. Wound infections: 20 (9.5%)
4. Secondary PPH: 19 (9%)
5. Other: 39 (18.5%)

RPOC in pyrexia/PPH: 20 cases (9.5%)

EVAC done in 16 (80%)

HPE sent in only 10 → 6 positive, 2 negative, 2 pending

No vascularity on scan in the 2 negative cases

Consultant Review Rates : 66 % reviewed by consultant, 60 % within 24 hours

Recommendations :

- ✓ Improve Discharge Criteria: Lower target BP from 150/100 to 140/90 , optimise medications
- ✓ Standardize Pyrexia/Sepsis Protocol : septic screening including antibiotics and ultrasound in indicated cases
- ✓ Pathway for RPOC Management: Ultrasound to assess Vascularity + histopathological examination