

Early discharge after cesarean section – A clinical analysis

Soma Bandyopadhyay

Associate Professor, Obstetrics and Gynaecology, Jawaharlal Nehru Institute of Medical Sciences, Imphal, Manipur, INDIA.

Email: somapb@gmail.com

Abstract

Objective: To evaluate the issue of early discharge from the hospital after cesarean section. **Material and Methods:** One hundred cesarean section patient were studied. Uncomplicated cesarean from operative, medical and obstetrical point of view was included. Patient was discharged after 72 hours of caesarean delivery. For stitch removal either she attended hospital after 4 days or it was removed at the health centre nearby to her house. Her and her relatives' opinion about this early discharge was enquired at the time of discharge and during postpartum check up. **Observations and Results:** Ninety patient and her relatives were happy about this early discharge. **Conclusion:** Early discharge helps the patient and her relatives in many ways – hence it is welcomed by them.

Keywords: Bed turn over; hospital stay; home care; patient's satisfaction.

*Address for Correspondence:

Dr Soma Bandyopadhyay, Tolly Twin, Block-C, 2nd Floor, B – 1, Kabardanga More, 327, M.G. Road, (Near Axis Bank ATM), Kolkata – 700104.

Email: somapb@gmail.com

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INTRODUCTION

Staying in the hospital is a troublesome matter for the patient relatives as well as for patient also. When any person gets admitted in the hospital the patient attendant has to search for their shelter. In a crowded govt. hospital, during peak season of delivery, sometimes one patient has to share bed with another one after cesarean section, once they are converted to the oral medicines and food, due to scarcity of the bed. To reduce this inconvenience this study was done by discharging the cesarean delivery patient after 3 days and analysing the patient and her relative's satisfaction.

MATERIALS AND METHODS

One hundred primipara patients who underwent elective cesarean section in my unit in a period of 6 months were

studied. These patients were clean cut cesarean without any operative, medical and obstetrical complication. Their babies (newborn) were also healthy. Informed consent was obtained. Intravenous fluid was stopped after 24 hours. Injectable medications (antibiotics and others) were given for 48 hours. After 48 hours oral medications were started. Oral diet was started after 24 hours. Early ambulation was advised. Patient is discharged from hospital after 72 hours. Hospital's normal schedule was to remove the stitch after 120 hours and discharge the patient. Early discharged patient was asked to attend gyne OPD after 4 days for suture removal or she could remove it at her nearby health centre. Patient and her relatives were enquired about their satisfaction regarding this early discharge. During postpartum visit again they were enquired about their feelings of this early discharge.

OBSERVATIONS AND RESULTS

Ninety three patients and her relatives were happy about this early discharge: 37 of them came to the hospital for stitch removal; rest had attended nearby health centre. Remaining 7 patients were not happy. Among these 7 patients, 5 patient's house was far from their health centre for which they have to call health nurse to remove the stitch. But this problem would not have occurred if they have informed us this matter before. We would not have discharge them before stitch removal. This was a shortcoming on our part (lack of communication).

Another 2 patients had fever for which one was readmitted in the hospital and treated conservatively; other one was treated at home.

DISCUSSION

Hospital is a place of ailing person – so staying hospital is not preferable by anybody. If anybody gets admitted in the hospital, he/she wants to return home as early as possible. This perspective is from the patient's point of view. Let's look at the relative's point of view. They face number of problems –

- I. Somebody has to be there in and around the hospital premises 24 hours or at least should attend the patient during visiting hours. So their working patterns need to be rearranged.
- II. If they have to stay and they are not local people, then either they have to find accommodation in the hospital's patient relatives' area or have to rent a room nearby to hospital.
- III. Getting proper food for relatives is sometimes an issue. If neat and clean area, good sitting arrangement etc. like home they sought, then the food may become costly which many people cannot afford. So they have to compromise with substandard food.

So, early discharge from the hospital is a welcome message. It helps them in different ways

1. For patient:
 - a) Going back to home sweet home
 - b) Taking care of a newborn is not an easy task. At home many people are there to help her.
2. For relatives:
 - a) Get rid of all the problems mentioned above
 - b) Monetary wise also beneficial – extra whatever days they have to stay those days money has been saved.
3. For hospital: in a busy govt. hospital the indoor beds have high demand. If one patient discharged, immediately that get fill up by the next patient. So bed turn-over incidence increases and more patients are getting benefit of the hospital.

French National Authority for Health recommends the maternal stay in hospital should be 72-96 h for normal delivery or 96-120 h for cesarean section (this is to ensure proper neonatal screening).¹ Most Italian hospitals discharge healthy, term neonates born after spontaneous vaginal delivery at 72 hours of age and after cesarean section at 97 hours.² To decrease the hospital stay after elective cesarean section 'Fast-track programme' was initiated in Iceland in 2008. It was

observed that median hospital stay decreased significantly from 81 hours to 52 hours between 2007 and 2008-9. Nulliparous women ≤ 25 years were more likely to stay > 48 hours.³ To further decrease the hospital stay after cesarean delivery Bayoumi YA *et al* 2015⁴ has done a prospective study for discharge at 24 hours and 72 hours. It was seen that hospital readmission for neonatal jaundice was more for 24 hours group. In 72 hours group, initiating breast feeding was significantly higher and mood swings was significantly lower. In our study 90% patient and her relatives were happy regarding discharge after 72 hours. It shows that people are accepting this home care strategy. If sub-cuticular stitches were applied, then the matter of stitch removal would not have been there. The problem with sub-cuticular skin closure technique is it requires more time. That's why during busy operative hours the obstetrician does not want to apply this technique. More and more practice may reduce the time required to do this suturing technique and then it can be applied frequently. This study is small, though showing promising result which is inspiring us to go for bigger study.

CONCLUSION

Sending home early after cesarean section makes the patient and her relatives happy as it reduces their inconvenience of hospital staying as well as save their money. It is also good for the hospital as it increases the bed turn over incidences and more patients can be served. So, early discharge (72 hours) after caesarean delivery may be followed.

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