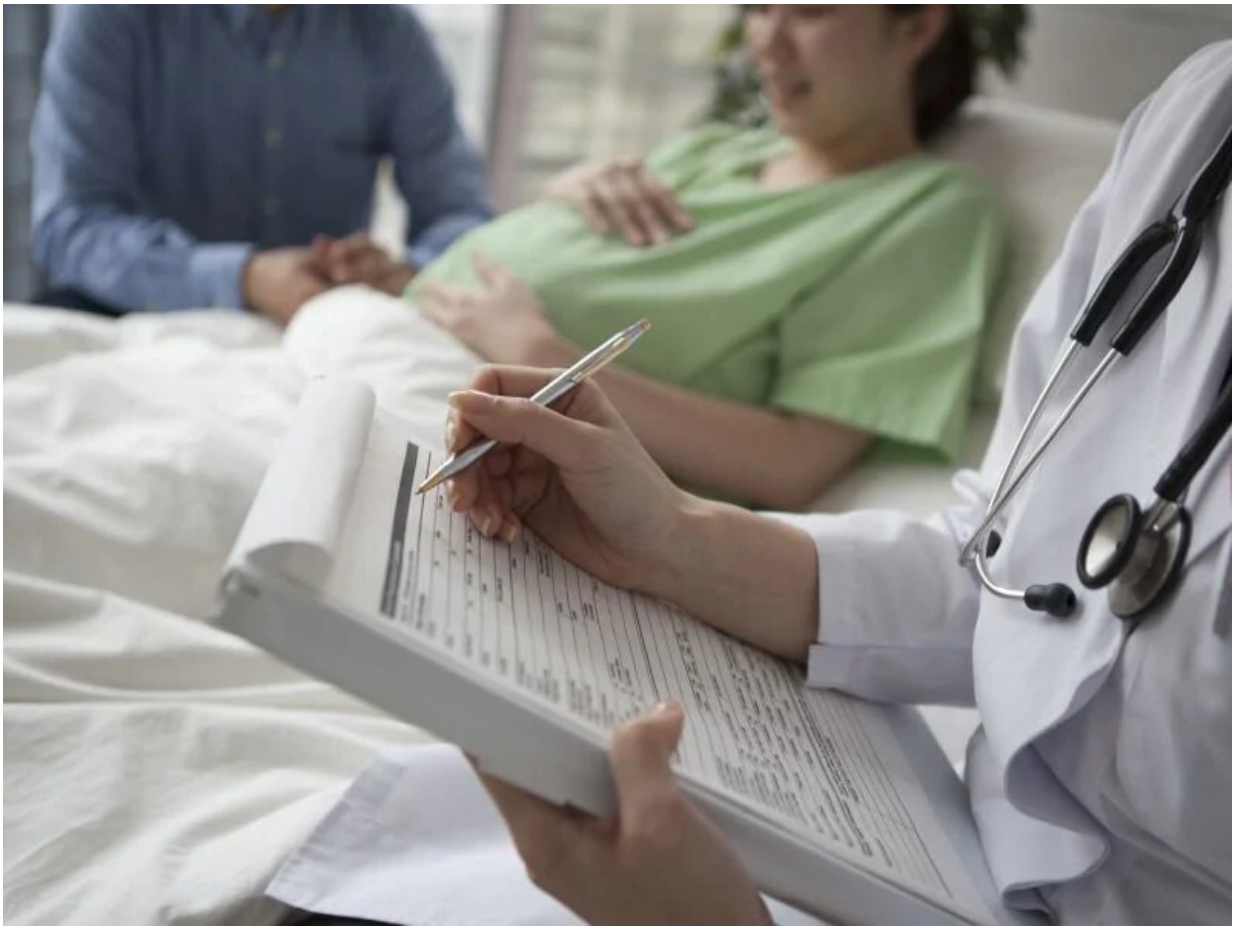
Medical Xpress

Enhanced recovery approach aids cesarean birth outcomes

September 11 2020



(HealthDay)—An enhanced recovery after surgery (ERAS) program for

cesarean delivery is associated with improved outcomes, according to a study published online Sept. 10 in *Obstetrics & Gynecology*.

Luciana Mullman, M.P.H., from the Saint Barnabas Medical Center in Livingston, New Jersey, and colleagues evaluated changes in opioid use, length of stay, and costs among all patients undergoing cesarean delivery before and after implementation of an evidence-based ERAS pathway (December 2018) for the preoperative, intraoperative, and postoperative management of patients. Analysis included 3,679 cesarean deliveries (scheduled and emergent) from Jan. 1, 2018, through Aug. 31, 2019 (2,171 occurred preimplementation and 1,508 postimplementation).

The researchers found that 84 percent of patients received opioids as inpatients after cesarean delivery during the preimplementation period versus 24 percent in the postimplementation period (odds ratio [OR] 16.8). Among patients receiving opioids, the total morphine milligram equivalents also significantly decreased (median, 56.5 versus 15). Patients in the postimplementation period had a shorter postcesarean length of stay (2.7 versus 3.2 days preimplementation), and lower median direct costs by $349, but no difference in the 30-day readmission rate versus patients in the preimplementation period.

"The ERAS model allows cesarean patients to go home faster and with less pain, but more importantly, it allows us to protect new and expectant mothers from exposure to these highly addictive drugs in the first place," a coauthor said in a statement.

More information: Abstract/Full Text (subscription or payment may be required)

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Citation: Enhanced recovery approach aids cesarean birth outcomes (2020, September 11) retrieved 10 May 2024 from https://medicalxpress.com/news/2020-09-recovery-approach-aids-cesarean-birth.html

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