j. Diet Advancement for Cesarean Section Patients in Postpartum Unit

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Diet Advancement for Cesarean Section Patients in Postpartum Unit

PSJH SoCal Regional Nursing Research Research Day
September 17, 2020

Fereshteh Pirayesh, Joan Gahan & Ari Meyers,
Why this is important

How long after cesarean section surgery can patients eat??

- TIPS
- New Grad

MD Orders
- Per RN Discretion

RN Assessment
- Bowel Sounds
- Passing Flatus

Outcomes
- Long delays in eating
- Patient dissatisfaction
Clinical Question Refined

EBP IN ACTION!

2017
TIPS EBP
Initial inquiry

2018 UBC
Feedback from women’s Health
UBC Members and Department leaders

2019 UBC
Literature Review
Significant research supporting change in practice
Title: A randomized comparative trial of early initiation of oral maternal feeding versus conventional oral feeding after cesarean delivery.

Study type: Prospective randomized comparative trial

Setting: Multiple tertiary care hospitals in Sindh, Pakistan, from March 2010 to May 2012.

Sample: 1174 women (n = 587 per group) with uncomplicated cesarean delivery under spinal anesthesia

Primary outcomes: Time to ambulation and patient satisfaction.

Secondary outcomes: Time to discharge and maternal complications.

Intervention: Early feeding (EF) group given liquids 2 hours after surgery. If tolerated, solid food 4 hours after surgery. Conventional feeding (CF) group given clear fluids 12 hours after surgery and solid food 18 hours after.

Findings:
- EF ambulated sooner, 53.8% within 15 hours of surgery, compared to 27.9% of CF group.
- IV and indwelling urinary catheter discontinued sooner.
- No difference in GI complications.
Title: Early Versus Delayed Oral Feeding after Uncomplicated Cesarean Section under Spinal Anesthesia: A Randomized Controlled Trial.

Study type: Randomized, controlled trial

Setting: Academic teaching hospital, Nigeria

Sample: 152 women with uncomplicated cesarean section with spinal anesthesia.

Time frame: January 2014.-June 2014

Intervention: Early feeding group: Liquids at 6 hours post op, full liquid diet at 12 hours. Standard care group– NPO 24 hours post operative

Primary outcome measured: symptoms of paralytic ileus

Secondary outcomes measured: time to bowel sounds, length of hospital stay, patient satisfaction.

Findings:
- No significant difference in occurrence of Ileus
- EF group shorter time to: development of bowel sounds; 7.3 h versus 11.5 h ($P = 0.005$), shorter length of stay and higher level of patient satisfaction.
Literature Review in Summary

Early feeding of postoperative cesarean patients even before presence of bowel sounds or passing flatus

- No increased rate GI complications,
- Decrease time to:
  - Indwelling catheter & IV removal
  - First ambulation
- Increased patient satisfaction
- Reduced protein store depletion
- Positive psychological impact on patient

Systematic review and meta-analysis of research studies

Recommended regular diet 2 hours after cesarean delivery based on high level of evidence
Method

Implement Newest Evidence Based Practice Pre-Post Design Started February 2019

- Create standard work CS diet advancement
- Standard approval by department OB/GYN
- EMR audit prior to interventions
- Intervention Bundle implemented
- EMR Audit post interventions
New Diet Advancement Standard

- New standard work for diet advancement created from existing research and approved by the Department of OB/GYN

<table>
<thead>
<tr>
<th>#</th>
<th>MAJOR STEP</th>
<th>KEY POINT/DISCUSSION</th>
<th>DIAGRAM/VISUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diet order</td>
<td>• Only for &quot;Advance diet as tolerated per RN discretion&quot; diet orders</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Always follow MD diet orders</td>
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<tr>
<td>2</td>
<td>PACU</td>
<td>• No nausea</td>
<td></td>
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<td></td>
<td></td>
<td>• Start ice chips/sips water prior to discharge from PACU</td>
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<td></td>
<td></td>
<td>• Document intake in I&amp;O</td>
<td></td>
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<tr>
<td>3</td>
<td>Transfer to MB</td>
<td>• No nausea</td>
<td></td>
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<td></td>
<td></td>
<td>• Clear liquid diet as tolerated</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Document clear liquid diet—OB PCS→EPIC Nutrition</td>
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<td></td>
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<td>• Document fluid intake in I&amp;O</td>
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<tr>
<td>4</td>
<td>6 hrs. post-op</td>
<td>• No nausea</td>
<td>For patient at night→ order meal prior to 1830 to save for 6 hour time.</td>
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<tr>
<td></td>
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<td>• Regular diet as tolerated</td>
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<td>• Small meals</td>
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<tr>
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<tr>
<td>5</td>
<td>Tolerating regular diet</td>
<td>• Regular diet per patient</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Document general diet—OB PCS→EPIC Nutrition</td>
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Goal: 50% cesarean patients advanced to a general diet by 6 hours after surgery

BEFORE
EMR audit 2 out of 14 pts

FOOD! 14%

Goal AFTER

FOOD! 50%
## Disseminate, Educate, Advocate!

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                          For patient at night order meal prior to 1800 to save for 6 hour time.    |                |
| 5  | Tolerating regular diet | - Regular diet per patient  
                          o Document general diet—OB PCS—EPIC Nutrition                               |                |

**Implementation started March 2019**

**Emails to RNs**  
**In Huddles**  
**Clinical Educator**  
**Diet Champions**

Compassion | Dignity | Justice | Excellence | Integrity
CELEBRATE!

101 cesarean patient electronic medical records from May to October 2019.

47.52% [48] of patients were advanced to general diet by 6 hours after surgery.

Patients anecdotally expressed increased satisfaction with early feeding.
Limitations

No food at night!

Charting!

Measure other outcomes?

Fear!
Conclusion

- PSJH ERAC launch Aug. 2020
- Components already being discussed
- ERAS® Society protocols for other surgeries
  - Guidelines
- Initiated education patients.
- Posters in rooms

• Continuous Improvements
• Measure additional Outcomes
When can I eat??

It's True! Studies show giving patients regular food by 6 hours after surgery helps them pass gas and start walking sooner!
So.......

It's been 6 hours since surgery? I'm tolerating fluids?
Advance me to REGULAR FOOD!

I haven't been nauseous? I'm not vomiting?
Advance me to REGULAR FOOD!

My bowel sounds aren't back? I haven't passed gas?
It's ok!!! I will if you...
ADVANCE ME TO REGULAR FOOD!

(Sorry for screaming. I'm just really hungry.)


Thank you for letting us share our project!

- Ari Meyers, MSN, RN, IBCLC, Providence Little Company of Mary Torrance.
  - Graduated from UCLA MECN program in 2016. Started in postpartum unit at PLCMT as new grad. Bachelors degree in philosophy, previous work with youth in foster care and video production. Dog lover and proud newly certified IBCLC.
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  - Graduated from CA State University of Dominguez Hills MSN-CNL 2008. Started working in L&D same year. Bachelor degree Midwifery from Iran. Work as Midwife and RN for 25 years in different countries.
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