Patient variables which lead to election of early vs. late post cesarean section discharge

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Abstract

BACKGROUND: The hospital course for post cesarean delivery care at Aultman hospital is either 2 or 3 nights and in uncomplicated situations the patient has the right of their own decision for this length of stay. This study aims to determine the reasons for length of stay decisions. This will allow our institution to focus on what aspects of postpartum care our patients value most. The information could allow our providers to collaborate with patients to design a safe, effective, and timely discharge.

METHODS: We conducted a qualitative research study which surveyed participants regarding their expected length of stay and their decision-making process for actual length of stay following their cesarean section delivery.

RESULTS: Twenty-six patients participated in filling out the survey on the day of discharge. Of those twenty-six patients, eighteen expected to stay 2 nights and eight expected to stay 3 nights. Seventeen of the patients who expected a 2 night stay in fact stayed 2 nights. A single patient who expected a 2 night stay ultimately stayed for an additional third night. Two patients expected a 3 night stay and in fact stayed 3 nights. Six patients who expected a 3 night stay only stayed for 2 nights.

The most frequent response for desiring early discharge was a “desire to be home or near family” with thirteen patients selecting this choice. This was followed by eleven patients responding that they had a “desire to get back to a normal routine”. Less common responses for early discharge were “inconsistent sleep”, “risks involved in prolonged hospital stay”, and “a physician/nurse encouraged me to be discharged” with 3, 2, and 2 responses respectively.

Patients who stayed 3 nights responded, “I was in pain”, “a physician/nurse encouraged me to stay”, “unexpected news about infant”, and “desire for a break from home life responsibilities” with 2, 2, 1, and 1 response respectively.

CONCLUSIONS: Most patients who expected to stay for 2 nights did, in fact, stay for 2 nights and elected to not have an additional night of hospital stay. Most patients who expected to stay 3 nights elected to forego the additional hospital night and stayed for 2 nights. The most common reasons for early discharge were desires to be at home or with family and to re-establish their daily routines. Only two patients were guided by concerns of perceived risks of a prolonged hospital stay. Of the 3 patients who elected to stay for 3 nights, responses were varied.