Initiating Early Post-Cesarean Feedings is Best Practice!

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Purpose
To use evidence based practice to guide patient driven diet progression immediately following cesarean surgery.

PICOT
In Postpartum cesarean patients, how does advancing diet per patient preference, compare to advancing diet per nurse preference affect patient satisfaction using a likert scale, at time of discharge.

Background
Providence St. Vincent Medical Center delivers 4300 newborns per year and has a level three NICU. This work occurred on the Mother Baby Unit (MBU) & Postpartum Specialty Care Unit (PSCU), the postpartum units to which most moms are admitted post-delivery.

A review of literature recommends early initiation of oral feeding is safe for patients following a cesarean delivery. The evidence indicates that when patients autonomously advance their own diet following a cesarean delivery to general food within 4-8 hours of surgery (providing the patient is tolerating liquids first) is best practice and safe. Advancing the diet “Early” can lead to:

- Faster return of bowel function, less gas distension and faster return of a bowel movement
- Quicker patient ambulation
- Decreased length of stay, thus reducing medical costs
- Earlier breastfeeding
- Increased patient satisfaction
- Decreased pain medication

Advancing the diet “early” has no effect or increase on levels of nausea and no increased rate of an ieu

Baseline Assessment
Current diet progression/advancement practice on our unit is to advance the diet from NPO, Clear liquids, Full liquids and finally to a Baseline Assessment that consists of four questions as well as a section for comments.

To use evidence based practice to guide patient driven diet progression immediately following cesarean surgery.

Intervention
Following a cesarean delivery, patients were randomly assigned into 2 groups.

1. The Nurse directed feeding progression:
   - Nurse to advance diet as tolerated per her recommendations.
   - Increased patient satisfaction
   - Decreased length of stay, thus reducing medical costs

2. The Patient directed feeding progression:
   - Patient to choose any food item on the menu per their discretion.
   - Evidence based practice supports patients using their own
   - Full liquids and finally to a

Results
There was no significant difference between the two groups in terms of presence or duration of nausea. 32% of the nurse driven group reported that they ate too early or too late vs. 18% of the patient group who stated they ate too early or late (p<.11). See Figure 1.

Conclusions
Conclusion and Next Steps
Results of this evidence-based project were similar to those found in the literature. Advancing the diet “Early” did not have an impact on nausea symptoms. When patients were able to advance their diet autonomously following a cesarean delivery, they ate sooner and experienced a more satisfying recovery. Most of the patients who advanced their own diet felt they ate at the right time.

The next step of action will be to recommend applying this best practice initiative on our MBU & PSCU units. The authors will be teaching a 1.0 CEU class and proposing that EPIC automatically converts patients’ diets to general immediately following cesarean surgery.

References