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Establishing caesarean section surgical site infection surveillance as a patient safety initiative

Lillian Chiwera

Guy's & St Thomas' NHS Foundation Trust, UK

Background: Despite cesarean section (CS) procedures being associated with a higher morbidity than vaginal delivery their rates continue to increase significantly worldwide. In the UK, women who request CS in the absence of a medical indication can have the procedure provided risks and benefits are fully explored and psychological support is provided where necessary. However, at least 10% of women in England develop a CS Surgical Site Infection (SSI). Similarly, CS SSI rates are reported to be high in other countries; up to 24% in Brazil, about 11% in Tanzania and at least 20% in some other African regions. High SSI rates inevitably result in poor patient outcomes and significant financial burden to healthcare organizations.

Methods: Guy's & St Thomas' successfully set up a robust CS SSI surveillance programme and demonstrated the efficacy of SSI surveillance in reducing SSI incidence. The surveillance of approximately 2000 CS per annum; an extension to current mandatory orthopedic SSI surveillance, commenced in 2010. We used a multidisciplinary team (MDT) collaboration to collect data using surveillance forms, postal questionnaires and telephone surveys. We utilized patient feedback to improve care, undertook asepsis training for midwives and changed antibiotic prophylaxis regimes.

Results: Our SSI incidence declined significantly from 13.3% (n=64) in 2013 to 6.8% (n=38) in 2015, $p < 0.001$, without any significant notable patient demographic or risk factor changes. Telephone surveys identified most SSIs, $p = 0.001$, followed by postal questionnaires $p = 0.048$; in comparison to those identified during the inpatient and readmission episodes. We achieved at least 79% 30 days successful follow-up; detected more than 85% SSIs after hospital discharge; at least half of these infections presented after 10 days postoperatively and more than 80% were superficial incisional infections.

Conclusion: The sustained growth and success of SSI surveillance have been achieved in part through the use of effective collaborating MDTs which is an effective way of tackling current financial constraints. Using postal questionnaires and telephone surveys facilitated patient participation and involvement in improving their own safety through SSI surveillance.

lillian.chiwera@gstt.nhs.uk