



ERAS for cesarean delivery: Antenatal and preoperative care

Enhanced recovery after surgery (ERAS) has been shown to improve patient outcomes and save resources. Using ERAS Society principles, the following elements have been recommended under author consensus for “process-directed maternal care” for preoperative cesarean delivery (CD).

Antenatal pathway^a



Inform patients about procedures as best as possible before, during, and after scheduled or unscheduled CD

CD without medical indication should not be recommended without preadmission evaluation of harms and benefits to mother and baby

Preoperative pathway^b



Preanesthetic medications should include antacids and histamine H2 receptor antagonists to reduce risk of aspiration pneumonitis

Preoperative sedation should not be used for scheduled cesarean delivery

Preoperative bowel preparation should not be used

Fasting: A light meal may be eaten ≥ 6 hours before surgery; encourage clear liquids ≥ 6 hours before surgery

Oral carbohydrate fluid supplementation: offer nondiabetic women such supplementation ≥ 2 hours before surgery

Preoperative optimization of maternal comorbidities



Manage gestational weight gain in women with body mass index >40 kg/m²

Manage maternal hypertension during pregnancy

Manage gestational diabetes mellitus during preconception and pregnancy

Manage maternal anemia by identifying and correcting causes

Manage maternal smoking by stopping it before or in early pregnancy

^aOptimize antenatal care through preadmission information, education, and counselling.

^bThe preoperative cesarean care pathway begins 30 to 60 minutes before incision for scheduled and unscheduled surgery and ends at discharge.

Source: Wilson RD, Caughey AB, Wood SL, et al. Guidelines for antenatal and preoperative care in cesarean delivery: enhanced recovery after surgery society recommendations (part 1). *Am J Obstet Gynecol.* 2018;219:523.e1-523.e15.