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665 Impact of expedited discharge during the Coronavirus 2019 pandemic

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OBJECTIVE: Patients in our institution are discharged home 2 days after a vaginal and 3 days after a cesarean birth. We sought to assess whether expedited discharge after vaginal and cesarean births during the Coronavirus 2019 Pandemic was associated with an increase in postpartum readmission rates.

STUDY DESIGN: This is a retrospective cohort study conducted at our tertiary academic center during two different one-month time frames: mid-April to mid-May of 2019 (pre-pandemic period) and mid-April to mid-May of 2020 (pandemic period). Primary outcome was the rate of readmission after delivery. Eligibility criteria included women who were 18 years and older who delivered at our institution. Secondary outcomes included length of hospital stay following vaginal or cesarean delivery. Mann Whitney U test for non-parametric variables, Chi-square test and Fisher exact test for categorical variables were utilized. A value of $p < 0.05$ was considered statistically significant.

RESULTS: 303 women delivered at our institution in the pre-pandemic period and 275 in the pandemic period. There were no differences in postpartum readmission rates between the two cohorts (4.7% versus 3.3%, p=0.3). The most common indication for postpartum readmission during both periods was delayed-onset postpartum preeclampsia. During the pandemic period, the median length of stay was shorter for patients who had a vaginal birth (2 days, IQR: 1 vs. 2 days, IQR: 0, $p < 0.001$) and those who had a cesarean birth (2 days, IQR: 1 vs. 3 days, IQR: 0, $p < 0.001$). A significantly higher number of patients were discharged on postpartum day 1 after a vaginal birth (40.7% vs 12.9%, $p < 0.001$) and on postoperative day 2 after a cesarean birth (64.3% vs 14.9%, $p < 0.001$).

CONCLUSION: Postpartum women spent fewer days in the hospital after delivery, regardless of mode of delivery, during the pandemic period. Despite this decreased length of hospital stay, there were no differences in postpartum readmission rates. Decreased postpartum length of stay for routine care may lead to cost saving and improved patient satisfaction.