

# Results of a 2-year Surgical Site Infection (SSI) Surveillance Program for Caesarean Sections (C-sections) at a Community Hospital

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## Abstract

C-sections are a common inpatient surgery in Canada. These rates have increased from 21.4 to 31 per 100 deliveries from 2000-2020(1). A common complication of C-sections are SSIs which can prolong hospital stays and are a burden on the healthcare system (2,3). Implementation of a surveillance program for C-section SSIs has shown to decrease SSI rates (4).

## Objectives

In order to identify the C-section SSI rate at our facility a surveillance program was established.

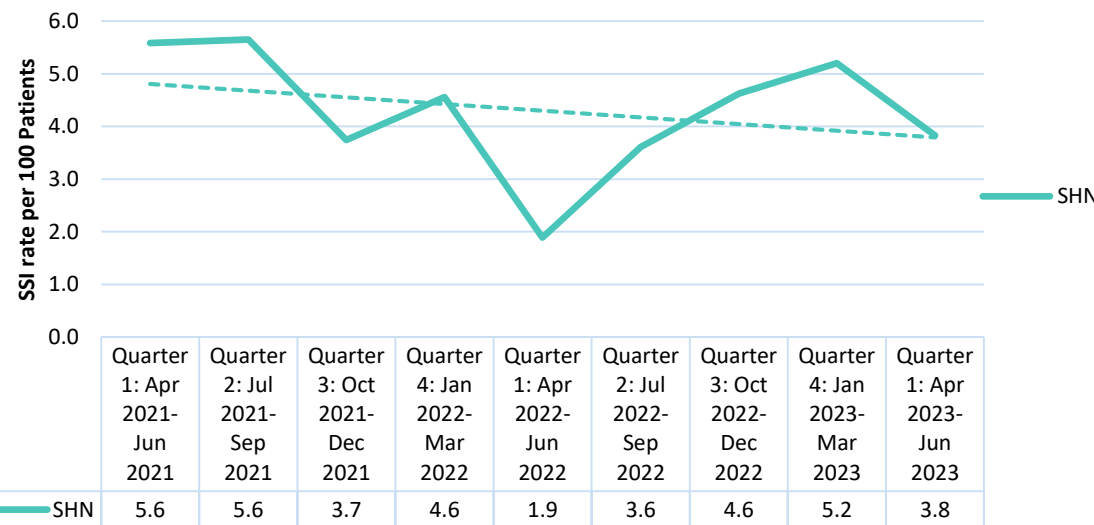
## Study Design

All patients undergoing a C-section between April 2021-July 2023 were included. Patients that missed their 6-week appointment or had missing forms were excluded. A 30-day C-section SSI form was created and the obstetrician/ midwife completed this form at the 6-week follow-up appointment. The Centers for Disease Control and Prevention definitions were used to identify an SSI. C-section SSI rate was calculated by dividing the number of infections by the number of C-sections.

## Results

There was 3,752 C-sections performed of which 1,147 patients were excluded. A total of 2605 patients were included and 113 had SSIs reported. The C-section SSI rate was 4.3%. A downwards trend was noted for the 2-year period with the SSI rate decreasing from 5.6% to 3.8% from first to last quarter (April 2021-June 2021, and April 2023-June 2023).

Quarterly C-section SSI rate, April 2021- June 2023



## Disclosures

No disclosures noted. At the time of the project, all authors were part of SHN.

## Conclusion

The C-section SSI rate at our facility, 4.3%, was similar to rates at other Canadian hospitals 2.5-5.9%. During the study period the SSI rate was shared with stakeholders on a monthly basis. The feedback of the SSI rate and the increasing study size over the 2-year period helped to trend the SSI rate downwards. Highlighting the C-section SSI rate allowed the obstetrics department to advocate to include C-sections in the National Surgical Quality Improvement Program (NSQIP) that was already in place at our facility.

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