INPLASY PROTOCOL

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Early oral feeding within two hours compared with delayed oral feeding after cesarean section: a systematic review and meta-analysis

Chen, SM[1]; Lang, BC[2]; Wu, L[3]; Zhang, WS[4]; Zhou, SP[5]; Cheng, SP[6].

Review question / Objective: P (cesarean delivery, cesarean section, abdominal delivery); I (early oral feeding, early feeding, postoperative early feeding, early postoperative feeding, early drinking, early intake water, solid, fluid); O (gastrointestinal function, gastrointestinal complication, bowel function, bowel activity, bowel mobility, ileus, postoperative complications, nausea, vomiting, hospital stay, discharge, milk secretion, lactation).

Condition being studied: Cesarean delivery is an abdominal surgery, and postoperative care in hydration and nutrition is a main concern for women with abdominal surgery. There is controversy about the time of eating after cesarean section.

INTRODUCTION

Review question / Objective: P (cesarean delivery, cesarean section, abdominal delivery); I (early oral feeding, early feeding, postoperative early feeding, early postoperative feeding, early drinking, early intake water, solid, fluid); O (gastrointestinal function, gastrointestinal complication, bowel function, bowel activity, bowel mobility, ileus, postoperative complications, nausea, vomiting, hospital stay, discharge, milk secretion, lactation).

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surgery. There is controversy about the time of eating after cesarean section.

METHODS

Participant or population: Women who underwent cesarean delivery.

Intervention: Oral intake after 2 hours of cesarean delivery.

Comparator: Oral intake later than 2 hours of cesarean delivery.

Study designs to be included: RCT.

Eligibility criteria: 1) women recovering from cesarean delivery; 2) early oral intake within 2 hours after cesarean delivery; 3) published in English or Chinese; and 4) study design included randomized controlled trials or nonrandomized trials.

Information sources: PubMed, Embase, Google schooral, cochran, wanfang yixue.

Main outcome(s): Outcomes of gastrointestinal function were categorized as: time to return of bowel function (ie, bowel sounds, passing flatus, time to bowel evacuation) and gastrointestinal complications (ie, ileus symptoms, vomiting, nausea, abdominal distention, anddiarrhea).

Additional outcome(s): Hospital stay, milk secretion.

Quality assessment / Risk of bias analysis: Refer to the requirements of Cochran.

Strategy of data synthesis: Two investigators abstracted all the articles using a standardized form, including study title, location of study, study design, sample size, participant characteristics, type of anesthesia, initial time to early oral intake.

Subgroup analysis: Type of anesthesia.

Sensitivity analysis: Refer to the requirements of Cochran.

Country(ies) involved: China.

Language restriction: English.

Keywords: cesarean section, early oral intake, gastrointestinal function, Meta.

Contributions of each author:
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Author 2 - bingchen lang.
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Author 4 - wen'sheng zhang.
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