Annexure 1: Details of traditional and ERAC protocol through perioperative period with common components for both the pathways

	ERAC protocol	Tradition protocol	Both
Preoperative			
Day before surgery	Counseling for enhanced protocol included details of ERAC program; its goals and benefits, spinal anesthesia, early skin to skin contact and breast feeding. Evening head to toe bath with chlorhexidine scrub, Glucose drink (100 gm in 800 ml of water) at 10 pm	No educational material or formal pre-operative counseling or visit NBM after 10 pm	VAS score was explained to all the patients in both the protocol for post-operative pain assessment.
On the day of surgery	Fasting for solid 6 h prior to surgery and clear liquid was allowed till 2 h before surgery. 50 grams of glucose dissolved in 200 ml of water 2 h before surgery.	Nothing by mouth continued till surgery .	Anti-hypertensive agent morning dose with sips of water (if on medication) Thyroxin morning dose with sips of water (in case patient is on medication)
Immediate pre-operative preparation	External genital parts preparation, surgical site preparation with chlorhexidine and vaginal toileting with Povidone-iodine was performed in each and every case 1 hr before surgery: Inj. Ranitidine 50 mg slow IV, Inj. Metoclopromide 25 mg slow IV, Inj. Ceftriaxone 1 gm slow IV; AST	Surgical site preparation and vaginal toileting with Povidone-iodine. IV Ringer lactate at a rate 20 ml/kg/h is started at 7:00 am in the morning 1 h before surgery: Inj. Ranitidine 50 mg slow IV, Inj. Metoclopromide 25 mg slowIV, Inj. Ceftriaxone 1 gm slow IV; AST	18 gauge intravenous cannula was inserted in non-dominant upper limb
Intraoperative			
Inside theatre	Inj. Ondansetron 4 mg iv stat, Inj. Dexamethasone 8 mg iv stat. Rectal suppository (PCM 250 mg) was inserted intra-operatively after urinary catheterization.	Inj. Ondensetron 4 mg iv stat,	Standard ASA monitoring (Pulse oximetry, NIBP, ECG) Urinary catheterization: Foleys no- 16 under aseptic precaution
Anesthesia	SAB with Inj Bupivacaine 0.5% Heavy 1.5 ml + 25 mcg Fentanyl in L2-3, L3-4 subarachnoid space under all aseptic precaution Pre-warmed IV fluids: Ringer lactate @ 15-20 ml/kg/hour; with administration of Spinal anesthesia Infusion of phenylephrine @ 20 mcg/min was started immediately after giving spinal anesthesia and calibrated at 20-50 mcg/min according to blood pressure Boluses of 50 mcg phenylephrine was given further if episodes of hypotension recorded	SAB with Inj Bupivacaine 0.5% Heavy 1.5 ml + 25 mcg Fentanyl in L2-3, L3-4 subarachnoid space under all aseptic precaution Boluses 50 mcg phenylephrine was given for any episodes of hypotension	
Postoperative			
Postoperative Pain analyzed by visual analogue scale (VAS): Resumption of oral intake De-catheterization Ambulation	Inj. Diclofenac Sodium 75 mg IV slowly in 100 ml dilution; 8 hourly was resumed 3 h after the spinal anesthesia and Inj. PCM 1 gm (100 ml) IV; 6 hourly was resumed after 6 h of spinal anesthesia. (Given till 24 h) Tablet Diclofenac (50 mg) + acetaminophen (500 mg) P/o every 6th hourly was started 24 h after surgery	Inj. Diclofenac sodium 75 mg IV slowly in 100 ml dilution; and Inj PCM 0.45 gm IV slow in running drip; 8 hourly was resumed after 6 h of spinal anesthesia. (Given till 24 h) Tablet Aceclofenac (100 mg) + Paracetamol (325 mg) P/o every 8th hourly was started 24 h after surgery.	Inj. Tramadol 100 mg iv SOS was given as rescue analgesia if the VAS score was ≥3 along with Inj. Ondansetron 4 mg IV Total dose of rescue analgesic in 24 h was recorded

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	ERAC protocol	Tradition protocol	Both
	Chewing gum/Lozenges and sips of water at 2 h, Clear fluid/juices at 6 h, Semisolid at 8 h after surgery	Clear fluids after 6-8 h and semisolid after 24 h after surgery	Any difficulty in micturition or retention thereafter was to be noted
	Early de-catheterization within 6 h of surgery was done in ERAC protocol	Patients were de-catheterized after 24 h or more after surgery depending upon ease of ambulation	Any difficulty in ambulation was noted
	Within 6-8 h (mobilize from bed to chair in 6-8 h followed by walking with support (10-12 h) according to patient's comfort level and pain status)	Mobilization started after 12-24 h (start with mobilizing the patient from bed to chair first followed by walking with support)	

ERAC: Enhanced recovery after cesarean; NBM: Nil by mouth; VAS: Visual analogue scale; IV: Intravenous; AST: After sensitivity test; PCM: Paracetamol; ASA: American Society of Anesthesiology; NIBP: Non-invasive blood pressure; ECG: Electrocardiography; SAB: Subarachnoid block