

Decision to delivery interval in emergency caesarean section and its association with maternal and fetal outcome

Dr Pooja Munjal, Dr Lauren Donovan, Mr Mohamed Elnasharty
Prince Charles Hospital

Background

- It is well established that prolonged decision to delivery intervals (DDI) can result in poor outcomes for both mother and infant in emergency caesarean section.
- According to NICE guideline, DDI target is 30 and 75 minutes for category 1 and 2 caesarean sections respectively.
- If these guidelines are not adhered to, then it can result in litigation if there is poor outcome.

Aim

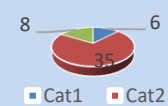
- To check the adherence to guidelines
- To find out the reasons for delay
- To find out association with maternal and fetal outcomes

Method

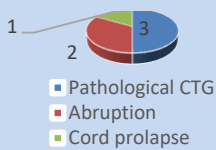
- Data was collected prospectively for October and November, 2020 from case notes.
- Information gathered included category of caesarean section, time of decision, knife to skin time, delivery time, neonatal and maternal outcome, reason for delay in meeting the target and if the procedure was performed out of hours.

Results

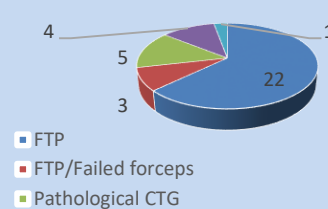
Distribution of Caesarean sections



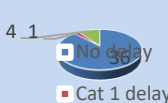
Indications for cat 1 C.S



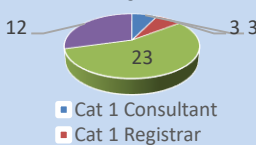
indications for cat 2 C.S



Delay by category of C.S



consultant involvement in decision making



Outcome

Maternal outcome- 4.87% of total patients had postpartum haemorrhage and breach in the guidelines.

Fetal outcome- 2.43% baby (cat 1) required admission to special care baby unit due to prematurity with normal blood gases (35+4).

Reasons of delay

Reasons of delays included delay in getting into theatre, anaesthetic delays and delay in consenting due to patient factor and communication errors amongst the staff.

Conclusion

Failure to meet the current recommendations was associated with adverse maternal outcomes, but not with adverse neonatal outcome.

Recommendations

- Training and education of staff.
- Improving communication.
- Re-audit.