RANZCOG SYMPOSIUM 2024 Sunshine Coast

Review of Fully Dilated Caesarean Sections

Northern Health

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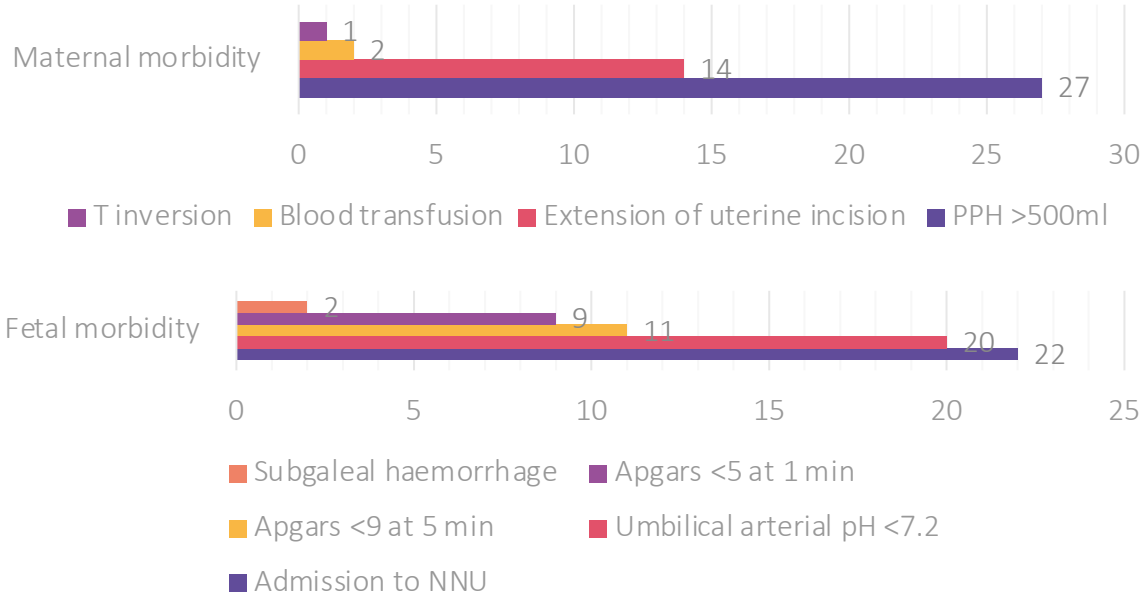
INTRODUCTION: Rising incidence of second-stage caesarean sections (CS) raises concerns for increased maternal and neonatal morbidity, and impacting future pregnancies.

AIM: Evaluate (i) second-stage CS incidence, (ii) delivery indications (iii) maternal and neonatal outcomes, thereby (iv) identifying improvement areas.

METHODS: Retrospective study of fully dilated CS performed between July 2022 to June 2023 at Northern Hospital. Inclusion criteria: term, cephalic and singleton.



RESULTS:

Of 741 emergency CS, 61 (8.2%) were fully dilated CS. Of these, 74.8% of women (n=45) were primiparous, 16.4% had previous vaginal births (n=10) and 9.8% had previous CS (n=6). Induction: 45% (n=32), spontaneous labour: 29.5% (n=18), augmentation: 18% (n=11).

The most common indication for CS was obstructed labour (n=37), followed by fetal distress (n=13) and failure to progress (n=9). Two women declined vaginal delivery.

44.2% of women had a postpartum haemorrhage ≥ 500 mls (n=27). 7.4% of these required blood transfusions (n=2). Unplanned nursery admission was seen in 36.1% of the neonates (n=22). There were 2 cases of subgaleal haematoma (see graphs).

68.9% had consultant present (n=42). 75.4% underwent CS without operative delivery trial (n=46). A fetal pillow was used in 70.5% of cases (n=43). Presence or absence of signs of obstruction were documented in 16.4% (n=10). Comprehensive documentation of cervical dilation, fetal station and position was observed; there were gaps in abdominal palpation, caput, and moulding.

DISCUSSION: High neonatal morbidity in fully dilated CS necessitates improved management and documentations. Utilising standardised electronic medical records can enhance recording accuracy.

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