**Could we improve the Caesarean section categorisation system? Outcomes of an audit of category 2 and 3 Caesarean deliveries**

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Background

In order to differentiate between category 2 and 3 Caesarean sections (CS) the clinician is required to decide whether there is maternal/fetal compromise or merely a need for early delivery. Categorisation leads to a recommended time to delivery.

Departmental guidance gave an audit standard of 60 minutes decision to delivery interval for category 2 CS, and no specific time for category 3 CS. Appropriate categorisation of is needed to guide method of anaesthesia and for workforce deployment.

Method

A retrospective casenote audit of 49 cases of category 2 and 3 CS from August to December 2015 at a District General Hospital. Standards were taken from local and national guidance.

Results

Only 56% (23/41) of category 2 CS had a decision to delivery interval under 60 minutes. A 75 minute decision to delivery interval was achieved in 85.3% (35/41) of cases.

39% (16/41) of category 2 CS were perfdormed for delay in the first stage or failed induction of labour. These had a longer decision to delivery interval compared to category 2 CS with evidence of maternal or fetal compromise (mean 71mins vs 50mins, p<0.01).

84% (41/49) of procedures were performed under regional anaesthesia, just missing the RCOA target of 85%. This included a category 2 CS for failed induction of labour with a failure to site a spinal.

Discussion and conclusion

It seems that obstetricians do judge the urgency of CS as a continuum, and accept a longer decision to delivery interval in less urgent category 2 deliveries, such as those performed for delay in the first stage. However, our categorisation system does not account for this. By over- categorisation of CS we risk reducing the regional anaesthesia rate, and taking staff from places of greater need. Is it time to re-think our CS categorisation?