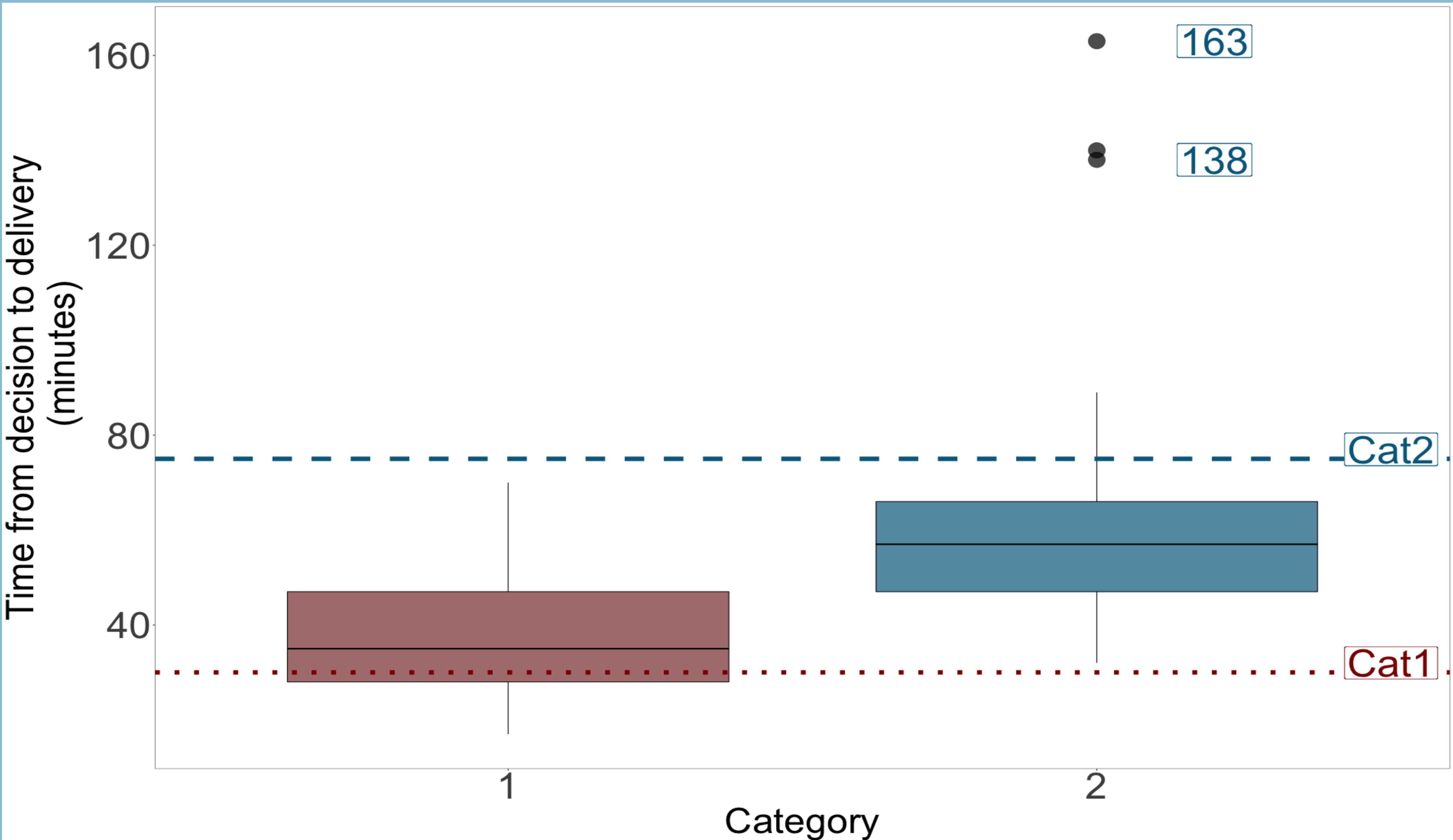


Introduction
- The classification of urgency of caesarean sections should guide 100% of operative births; both vaginal and abdominal¹. - Decision to delivery interval (DDI) should not exceed 30 minutes for category one (CAT1) and 75 minutes for category two (CAT2) births². - We assessed our 4500 births per year maternity unit's compliance with the recommended DDI for operative vaginal births.
Methods
- The audit was registered with local audit department. - Data for instrumental births in theatre between May & August 2021 were collected retrospectively. - Data included category of urgency, times for: active pushing, decision to deliver, arrival in theatre, anaesthesia start, procedure start, delivery, and mode of anaesthesia. - Reasons for delay were investigated. - Documentation of category was often incomplete and was postulated from the indication for instrumental birth. - Results were summarized using median and interquartile range (IQR) for numeric variables and percentages for categorical variables.

Results
- We included 54 Instrumental births, nine (17%) CAT1 and 45 (83%) CAT2. - Median (IQR) DDI was 35(28-47) mins and 57(47-66) mins for CAT1 and CAT2, respectively (Figure 1). - Six CAT1 births (66.67%) and five CAT2 (11.1%) births were non-compliant. - Main reasons identified: - delay in transferring patients 22(14-32) minutes - unavailable second theatre / theatre team

Figure 1: Decision to delivery interval by category of instrumental birth



Discussion
- MDT discussion attributed the poor documentation to lack of awareness of need for categorisation. Perception was that instrumental birth was not urgent. - Planned interventions : - Computer prompt that requires categorisation of every operative birth. - New standard operating procedure (SOP) that demands: - Category for each emergency obstetric theatre case to be communicated by tannoy bleep - CAT1 cases come to theatre as soon as possible following the bleep - Theatre staff actively collect CAT2 cases when theatre is ready - Clear documentation of a change in urgency whether an upgrade to CAT 1 or downgrade to CAT 2 , especially if second emergency team is needed. - Guidance on appropriate utilisation of second obstetric theatre have been drafted. - Reaudit is planned after changes are implemented