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Introduction

The rising rate of caesarean sections (CS) in the UK has prompted an evaluation of their impact on resource allocation, particularly about Category 3 procedures. Category 3 CS require early delivery without immediate threat to the mother or fetus, while Category 4 denotes elective procedures planned in advance [1]. The MBRRACE-UK report has highlighted concerns regarding the scheduling of Category 3 CS, noting that delays can lead to adverse outcomes [2]. We aimed to assess the frequency and classification accuracy of these categories to support the optimisation of patient care and resource management.

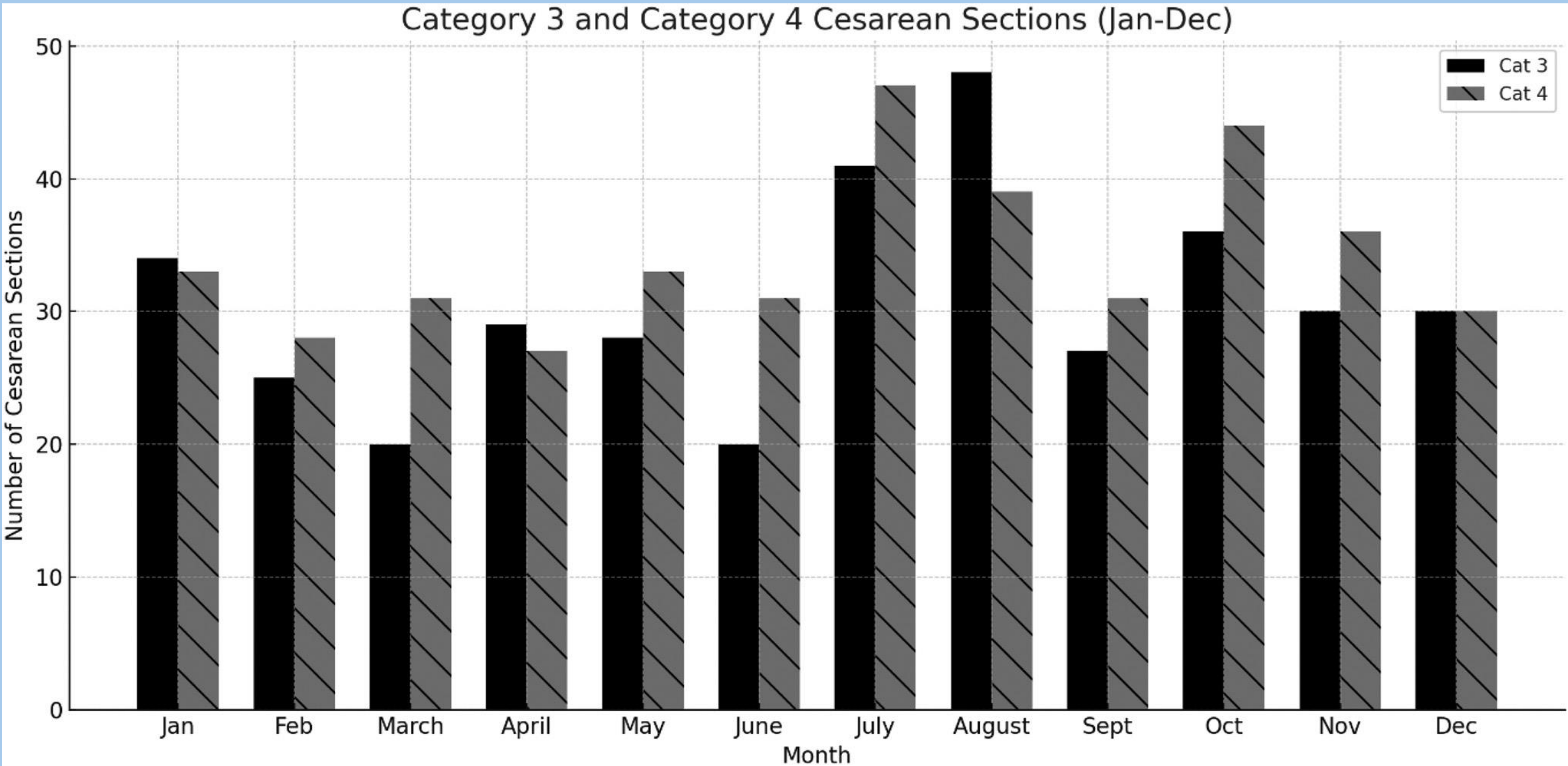
Methods

Following Caldicott Guardian approval, we conducted a retrospective analysis using data from the maternity information system, focusing on monthly figures for Category 3 and Category 4 CS over one year. Each case's indication for CS was reviewed to ensure correct classification. Instances where procedures were inappropriately classified as Category 4 were reclassified to Category 3.

Results

Our analysis revealed that the numbers of Category 3 and Category 4 CS performed each month were nearly identical. However, we identified several cases initially classified as Category 4 that met the criteria for Category 3, indicating a need for improved accuracy in classification.

Figure 1: Proportion of category 3 and category 4 CS per month



References

1) Lucas DN, Yentis SM, Kinsella SM, Holdcroft A, May AE, Wee M, Robinson PN. Urgency of caesarean section: a new classification. J R Soc Med. 2000 Jul;93(7):346–50. doi: 10.1177/01410768000930070 3. PMID: 10928020; PMCID: PMC1298057.
2) MBRRACE-UK. Saving Lives, Improving Mothers’ Care State of the Nation Themed Report: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths from haemorrhage, amniotic fluid embolism and anaesthetic causes and morbidity following repeat caesarean birth 2019–21. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2023.



Discussion

The near equal monthly numbers of Category 3 and Category 4 CS highlight a significant aspect of resource allocation in maternity. Currently, Category 4 CS are assigned dedicated theatre time and staff, whereas Category 3 CS lack such structured support. The MBRRACE-UK report emphasises the importance of managing operating teams for urgent and planned CS separately to ensure safe and timely care. To address this, the expansion of elective services should incorporate many Category 3 cases, providing them with dedicated theatre time and staffing similar to Category 4 CS. This approach would align with national recommendations and enhance patient safety and outcomes.