



A service evaluation project: who really needs a double elective slot?

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The problem

Elective section slots are **75 minutes** long

Allocation of double slots was not evidence-based (**clinician opinion** only)

For common parameters (**BMI, no. of previous caesareans [CS]**) we sought data, to evaluation the effect of BMI and CS parity on total elective theatre time

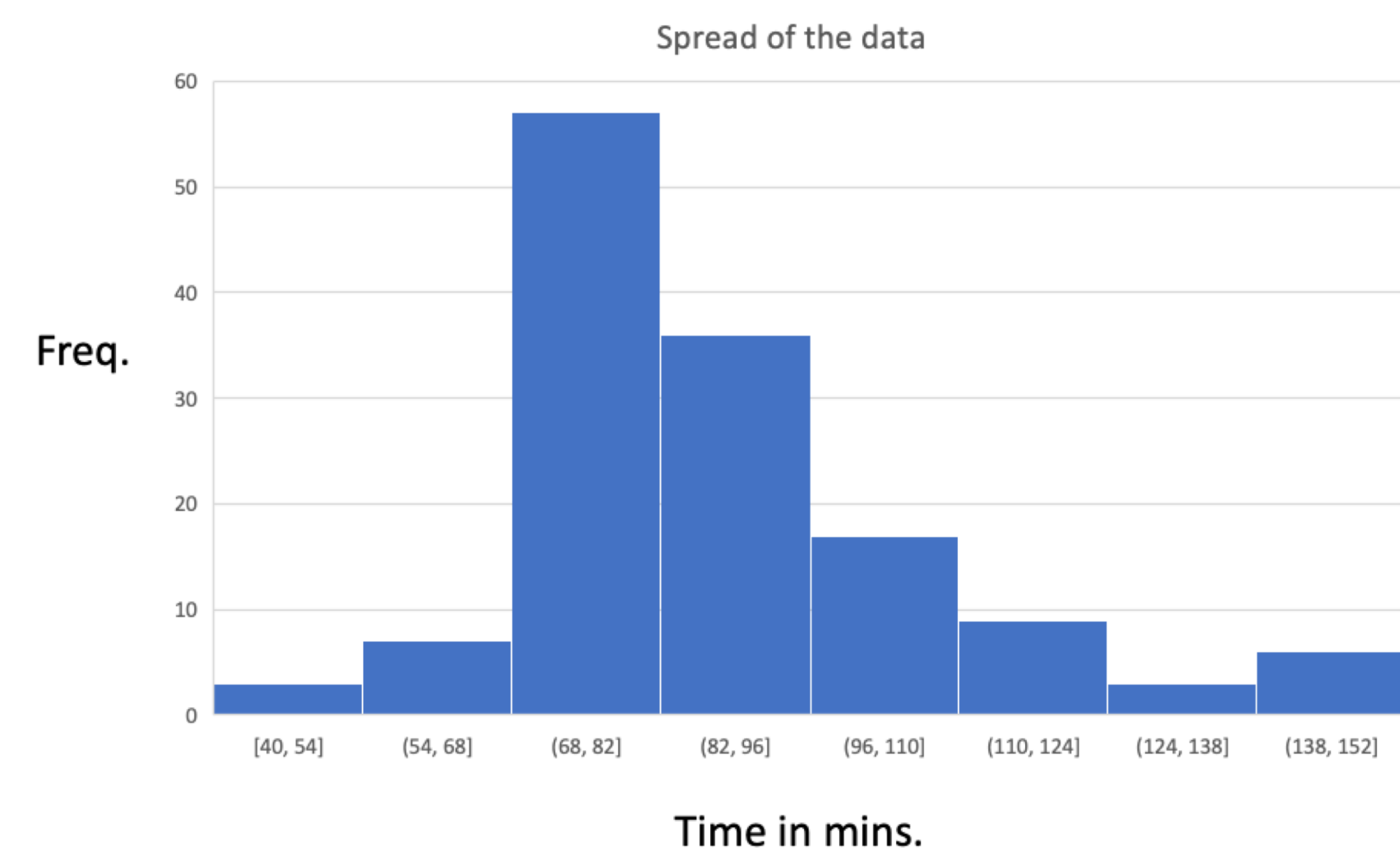
The method

Comparison of differences in total elective theatre times by BMI and CS parity

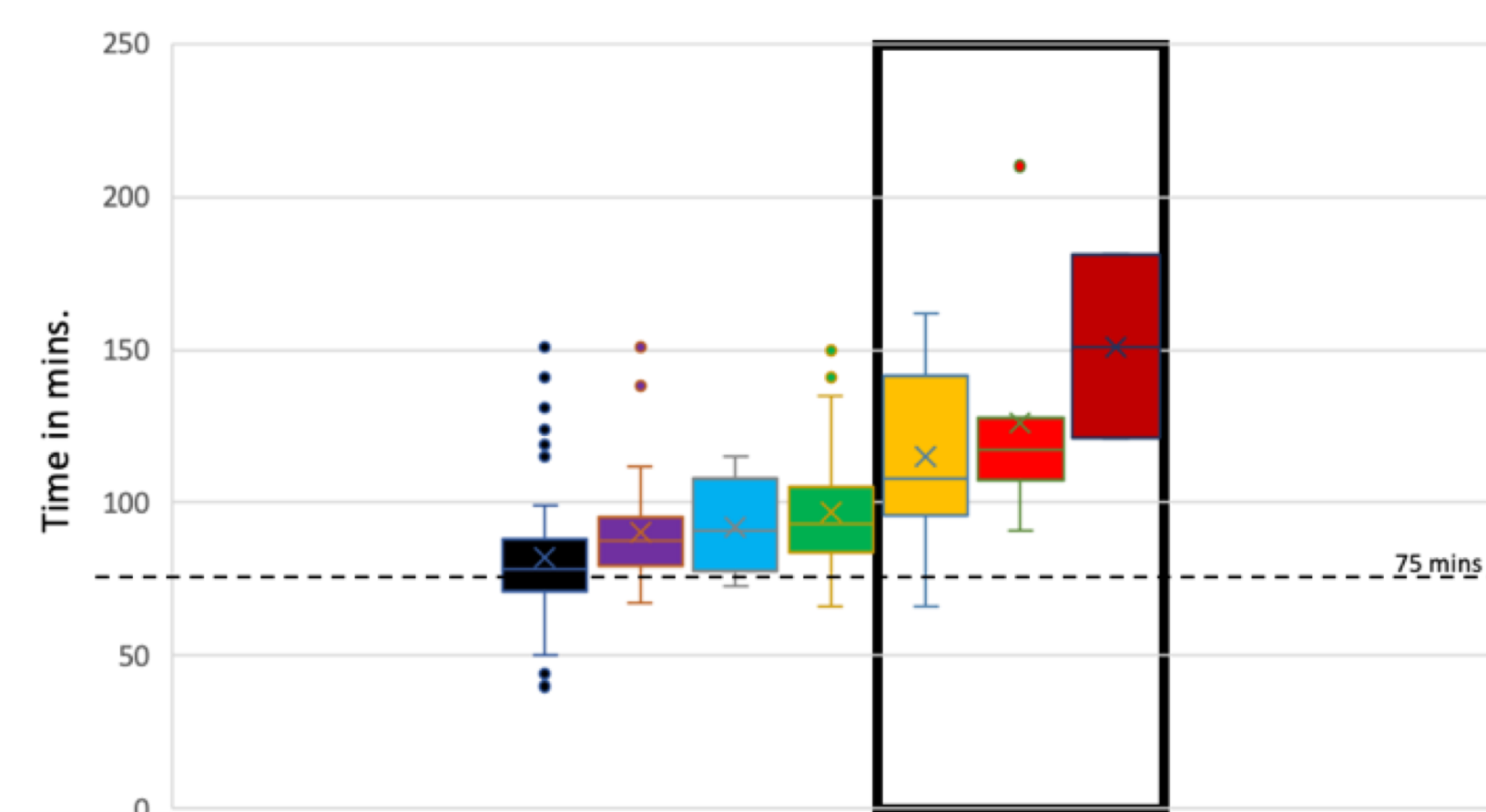
- Baseline review of 6 weeks/~10% of all 2024 elective sections (n=138)
- Focused review of all BMI 40+ (n=102) and ≥ 3 previous CS (n=29) in 2024
- Statistical analysis to prove correlation



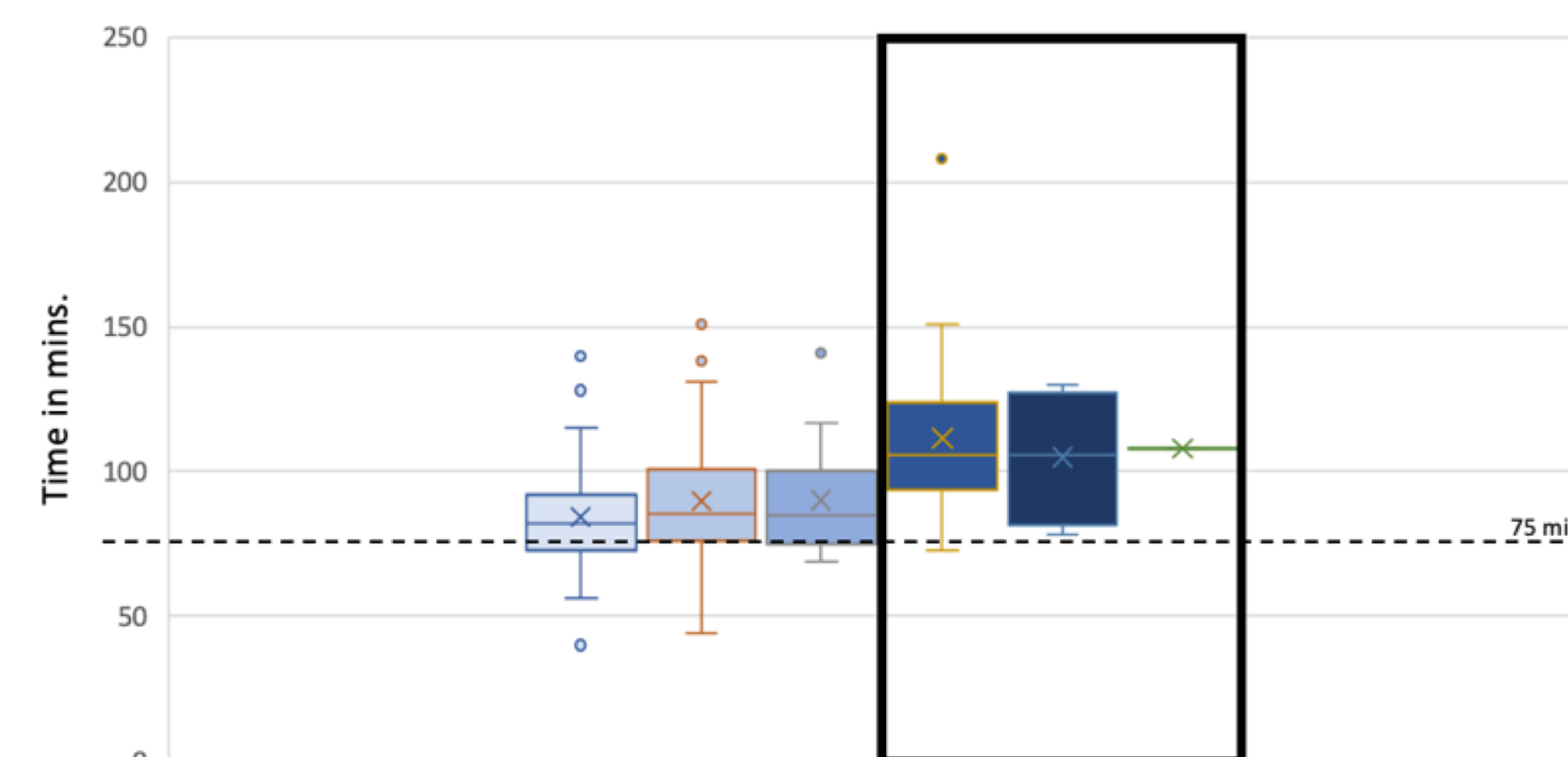
n	median time	minimum time	maximum time
138	84	40	151



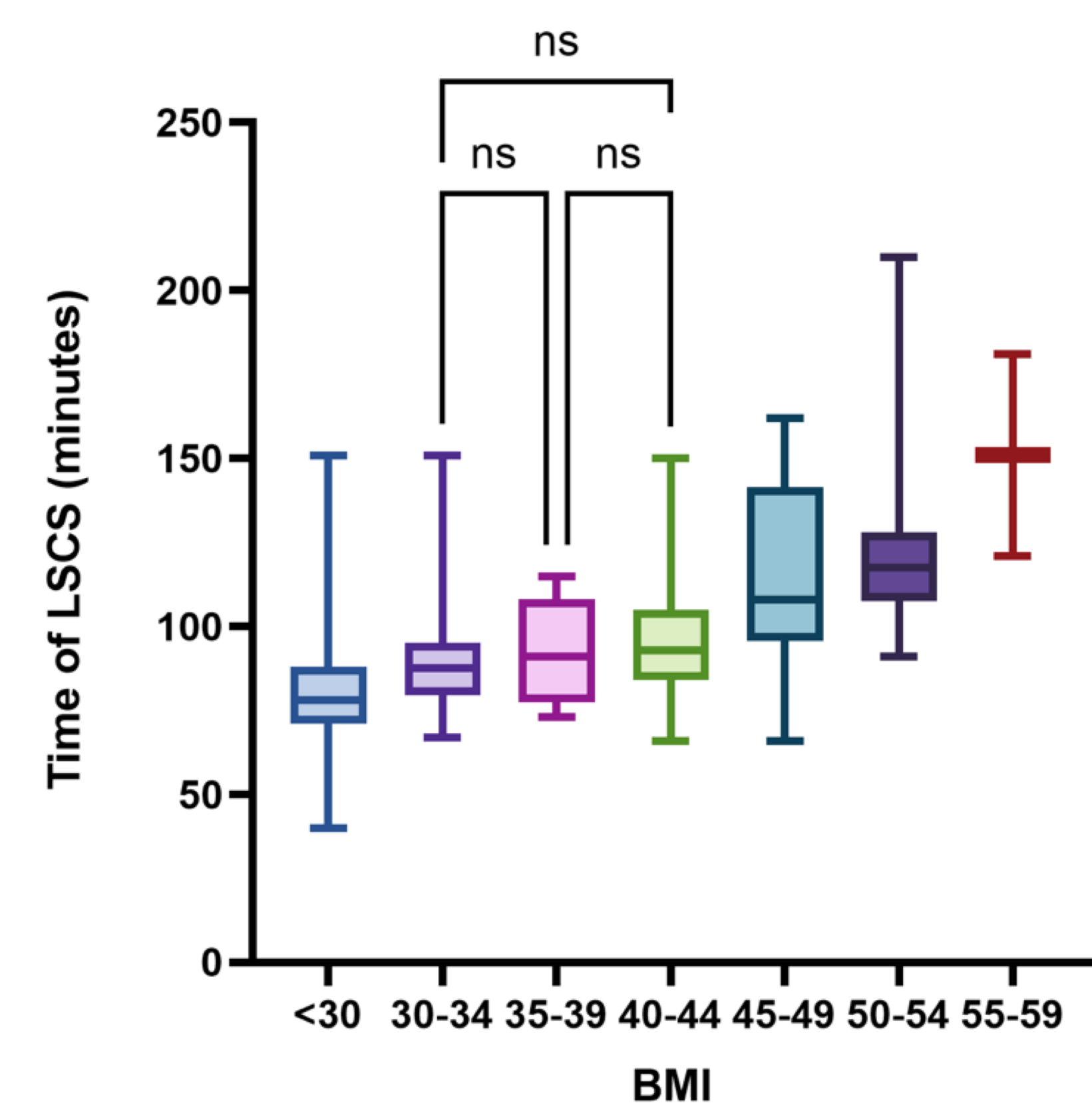
BMI	Median time	Factor of 75 mins
<30	78	1.0
30-34	88	1.2
35-39	91	1.2
40-44	93	1.2
45-49	108	1.4
50-54	118	1.6
55-59	151	2.0



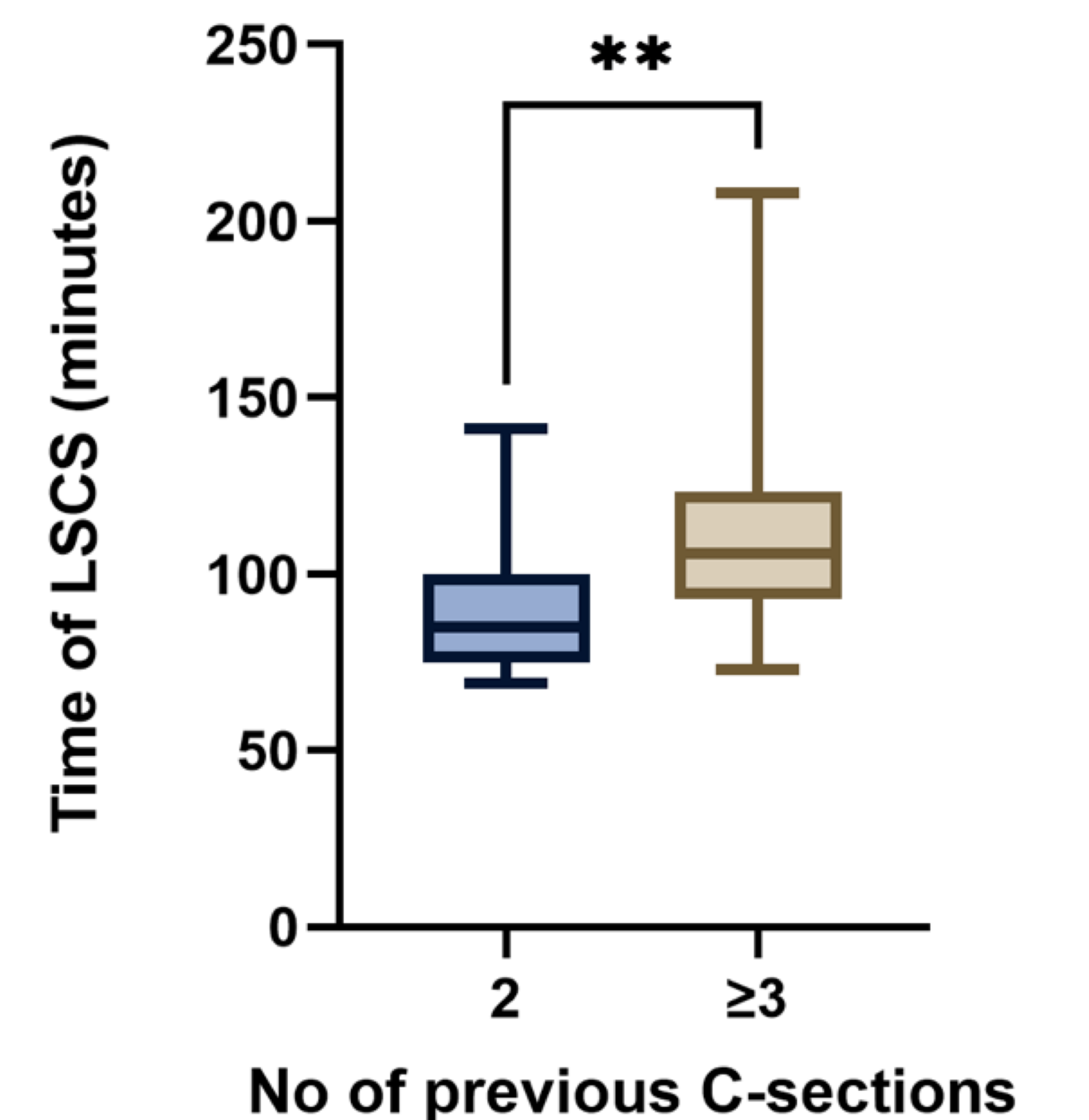
Previous CS	Median time	Factor of 75 mins
0	82	1.1
1	86	1.1
2	85	1.1
3	112	1.5
4	105	1.4
5	108	1.4



$P \leq 0.05$ for all others, except ns.
using non-parametric ANOVA (Kruskal-Wallis trend)



$**P \leq 0.01$ [0.0035], using Mann Whitney



The solution

Where BMI or previous CS is the only indication, as of Jan 2025, we offer a double elective CS slot, to **BMI 45+** and **3 or more previous CS**