

A Retrospective Study on Emergency Caesarean Sections (An Audit) in University Hospitals Birmingham

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Aim & Objective

- With the rising number of emergency caesarean sections done which has been reflected in the CQC report our aim was to review and analyse the emergency caesarean section notes across two hospital sites (Birmingham Heartlands & Good Hope Hospital).
- To assess any difference in practice and recommend/implement changes to provide better quality of care to women

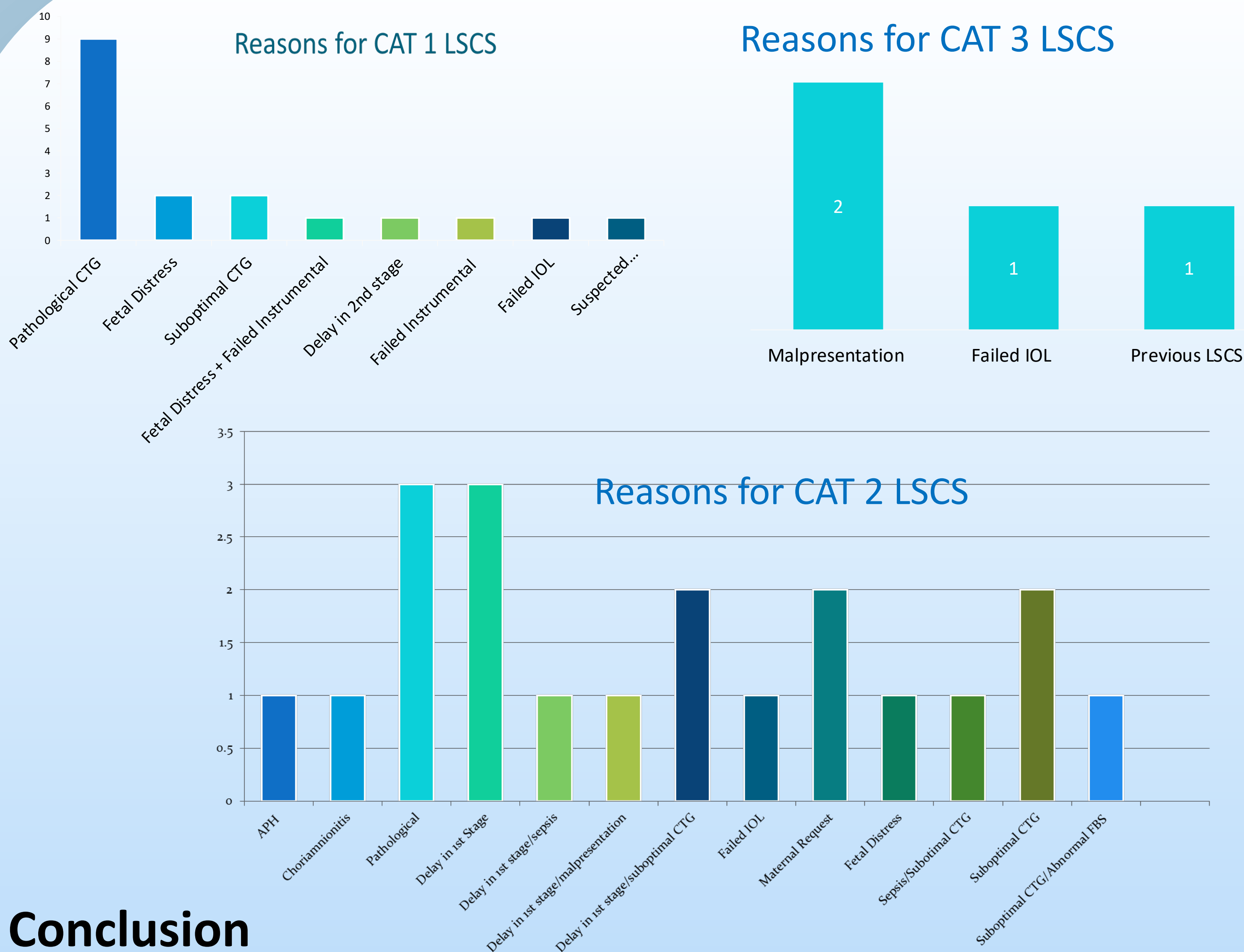
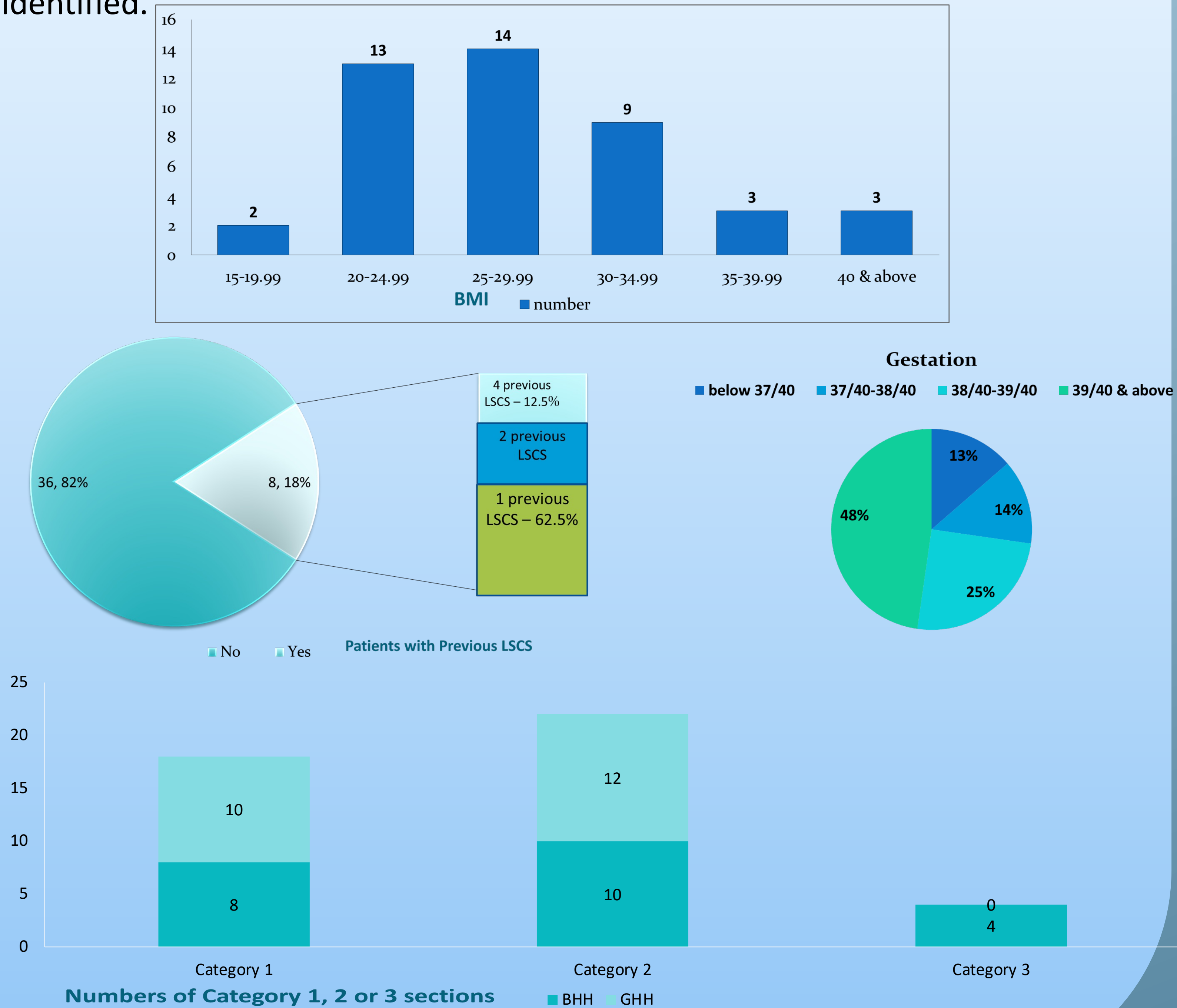
Methodology

- Data from 44 cases of emergency caesarean sections (category 1/2/3) was selected at random from an electronic maternity software called “Badgernet” over a 3 month period (June – August 2021).
- The procedures were performed at both sites: Birmingham Heartlands & Good Hope Hospital.
- The data was tabulated on a Microsoft Excel sheet and cases were reviewed in a fortnightly multidisciplinary meeting to assess and focus on the decision making process of delivery.

Results

- The average age of patient receiving emergency caesarean section is 31.59 years old, with an age range from 19-43 years old.
- 31.8% of patients were overweight (BMI 25-29.99), 20.5% of patients had Obesity I (BMI 30-34.99), 6.8% Obesity II (BMI 35-39.99) and 6.8% were obesity III (BMI >= 40).
- 48% had a gestation of 39/40 and above and 13% was below 37/40.
- 82% did not have a previous caesarean section.
- Out of the 18% who had previous sections, 12.5% has 4 previous caesarean sections, 25% has 2 previous caesarean sections and 62.5% had 1 previous caesarean section.
- 50% of the caesarean sections were category 2 (most common reasons were pathological CTG & delay in 1st stage with 21% done at 0cm and an 18.2% rate of postpartum haemorrhage),

- 40.9% were category 1 (most common reason was for pathological CTG – with 22% done at 10cm dilatation and a 16.7% rate of postpartum haemorrhage)
- 9.1% were category 3 caesarean sections (most common reason was malpresentation with 50% done at 1cm dilatation and 0% complication rate).
- Out of the 44 cases that were selected, 11 cases required further review of the individual intrapartum cardiotocograph (CTG).
- Out of the 11 cases, 88% (39) cases were managed appropriately and 5 (12%) cases could have been managed differently and learning points have been identified.



Conclusion

- We reviewed all 44 case notes in Badgernet as MDT
- Out of 44 cases , 11 cases we had to review CTG
- Out of 11 patients 5 cases could have been managed differently and learning points have been identified
- All 39 cases were managed appropriately (88%)

The five learning points derived from the cases that could have been managed differently are:

