

ABCD Approach: A Simpler Way of Improving Elective Section Lists

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BACKGROUND
According to NICE guidance, 25% to 30% of women have a caesarean birth. Elective cases are usually performed between the 39th and 40th week of pregnancy. Consequently, there is a wide range of caseloads. An inadequately scheduled case mix leads to overrunning in theatre and an increased burden on the on-call team, which impacts patient safety. The ABCD (Table 1) approach is a method of categorising the complexity of the caesarean section, which the booking clinician can use to assess risk. The ABCD categorization tool was first introduced at NMGH when it was part of Pennine Acute Trust (NCA). Following the transfer to MFT and the introduction of new electronic patient records, this tool was revised and reintroduced. In this system, ‘A’ is the least and ‘D’ is the most complex. By doing this, non-clinical staff can schedule lists more appropriately, leading to improved outcomes.

AIMS
The purpose of this audit was to analyse the effectiveness of the ABCD categorisation by looking at

- Time overran (past 5pm)
- improving theatre utilisation – number of cases done per list

METHODS
Data was collected from a foundation trust comprising of three hospitals in Manchester. The population described were all patients having elective caesarean sections in July 2023 and July 2024 at North Manchester and St. Mary’s Hospital.

Description of Data measurements:
Data was obtained EPIC HIVE theatre schedules and from the spreadsheet used by the schedulers to plan elective list. All patients on the theatre schedule were used for this audit.

RESULTS:
The sample obtained contained 84 patients, who had had an elective in July of 2023 and 2024. In July 2023, 71% of cases overran past 5pm compared to July 2024 where 33% of cases overran. Furthermore, more cases were done in each list.

Table 1: ABCD Criteria for scheduling elective caesarean sections

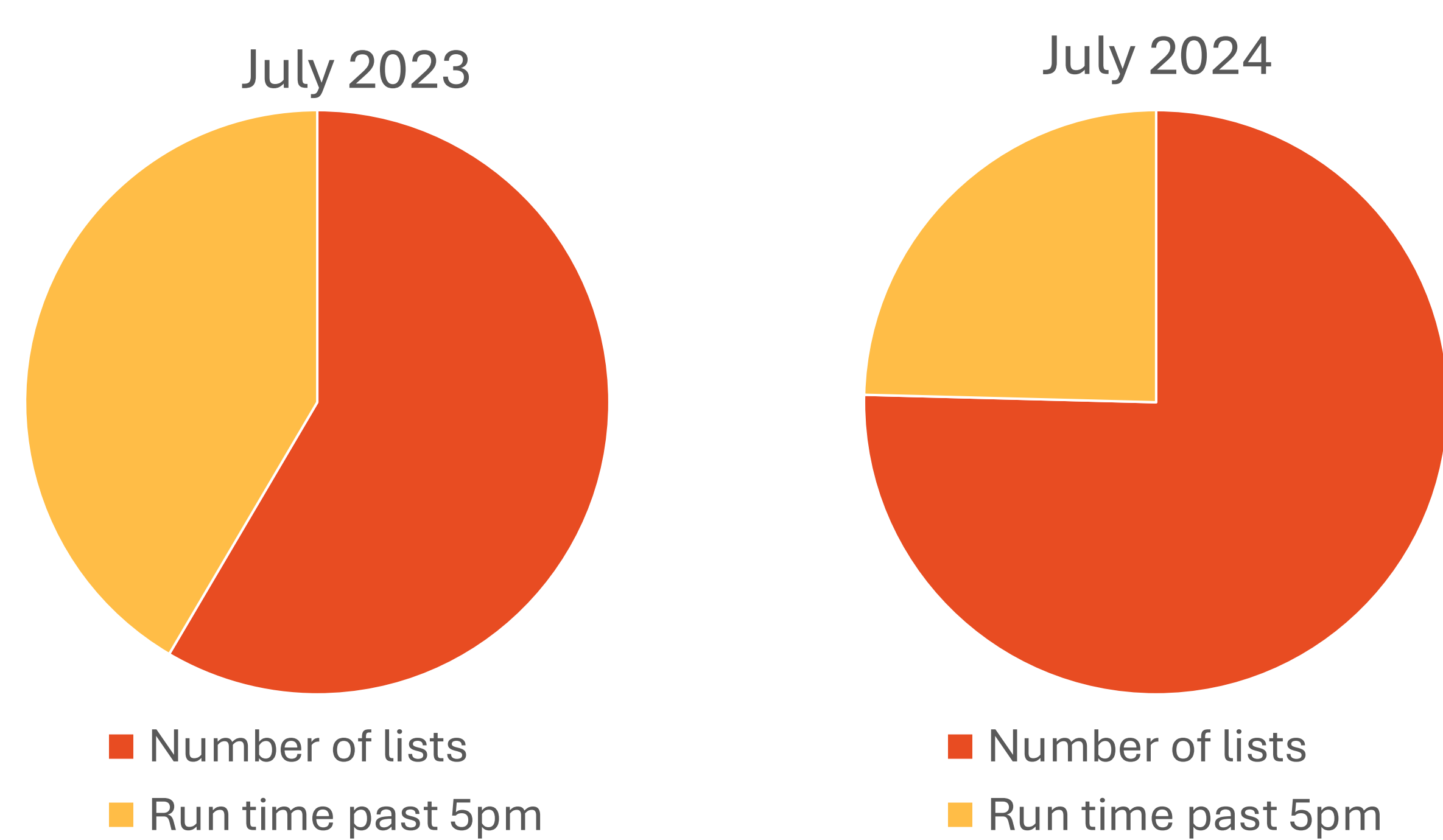
Category A (80 mins)	Category B (100 mins)	Category C (120 min)	Category D (200 mins)
Indications: maternal Request, previous traumatic delivery, previous perineal tear (with no medical problems or abdominal surgery) 1 previous CS Breech Unstable lie Diabetes Cervical Suture (45 mins) Interpreter required General anaesthesia	BMI @ 3 rd Trimester 40-45 2-3 previous CS Posterior placenta praevia Cell salvage required Multiple pregnancies Tubal ligation required. 3 or more risks to move Cat C	BMI 45-55 > 3 previous CS Anterior and lateral placenta praevia COVID positive Fibroids in lower segment Anticipated difficult regional anaesthesia Anticipated difficult airway with General anaesthesia required Complex mental health issues Discussed in Complex Maternal Medicine MDT 3 or more criteria from B	BMI > 55 Abnormally invasive Placenta Needing another speciality Needing another theatre High risk cardiac case Non-invasive ventilation 3 or more criteria from C

Table 2: Results

	Jul-23			Jul-24		
	A	B	Total	A	B	Total
Number of lists	9	29	38	14	32	46
Run time past 5pm	8	19	27	6	9	15
Percentage cases over run	88.9%	65.1%	71%	42.9%	28.1%	32.6%
Mean Number of cases per list	4	4.5		4	4.1	

References
National Institute for Health and Care Excellence (NICE). (2021). *Caesarean birth (NG192)*. Retrieved from <https://www.nice.org.uk/guidance/ng192/chapter/Recommendations>

Figure 1: Difference in run time of list prior to introduction of ABCD and after introduction of ABCD



DISCUSSION
The ABCD categorisation system was reintroduced to the Trust on 13th September 2023 to help clearly indicate the complexity of caesarean sections being requested. This system not only provided valuable guidance to non-clinical schedulers—allowing them to better anticipate the difficulty of each case—but also encouraged clinicians to proactively assess and plan for any additional support or resources that might be needed.

There was a significant improvement in the number of elective sections which were completed before 5pm with a higher number of patients being accommodated per list. Notably, during the review period, *no* cases required handover to the on-call team—highlighting the system’s effectiveness in improving both scheduling efficiency and overall clinical planning.