

Extended Abstract

## Category 2 caesarean section: An audit.

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**Background:** Suri Seri Begawan Hospital in Kuala Belait is a District Hospital where the annual delivery rate is 951 and caesarean rate is 18.6% (mean of past 5 years). 65% caesareans are done as emergency and we follow the Lucas classification for categorization. The study aims to see the performance of obstetric unit in SSB hospital. NICE recommends using both 30 and 75 minutes of DDI (Decision to Delivery Interval) for category 2 caesareans.

**Method:** A retrospective audit of 50 cases of category 2 caesareans was done for various indications from February to August 2018. Data was collected from the computerized medical records of patients. The auditable standards are (1) Timing of DDI in category 2 caesarean, of 75 mins should be met in 100% cases (2) Strict adherence to categorization of caesareans-100% and (3) Cord pH should be taken in all fetal distress cases-100%.

**Result:** 56% of patients were Primigravida's. Most of them were done for fetal distress (32%) and failure to progress (26%). 96% of cases were justified to be category 2 caesareans. Only 86% met criteria of DDI of 75 minutes in category 2 caesareans. In 78% of fetal distress, cord pH was taken. Mean DDI was 58.78 minutes with least 29 minutes. Only 2% were done within 30 minutes. The audit was analyzed in different arms including, decision - arrival in OT interval (mean 25 mins), arrival in OT-induction of anesthesia (mean 12 mins), anesthesia-surgery start time (Mean 4 mins), surgery start time- delivery time (Mean 7 mins).

**Conclusion:** Major cause for delay in unmet DDI was dense adhesions which made difficult entry, delay in availability of blood and lack of dedicated maternity OT. Measures are needed to improve standards of current services with a re-audit in 1 year.

### Biography:

Dr. Shahin Qadri received her bachelor's in medicine degree in 2005 and post graduate degree in Obstetrics and Gynecology in 2009, both from the Rajiv Gandhi University of Health Sciences, India. She specializes in general obstetrics and gynecology, including prenatal care, gynecologic surgery, colposcopy, well women care, and contraceptive counseling. She has attained MRCOG in 2018 and currently working in Ministry of Health, Brunei Darussalam