

# A Retrospective Study of Caesarean Sections Rates Secondary to Failure to Progress

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## Introduction

To investigate the incidence of Caesarean section in singleton pregnancies secondary to failure to progress and audit the diagnostic accuracy for failure to progress in 1st stage of labour using Friedman's and Zhang's partograms

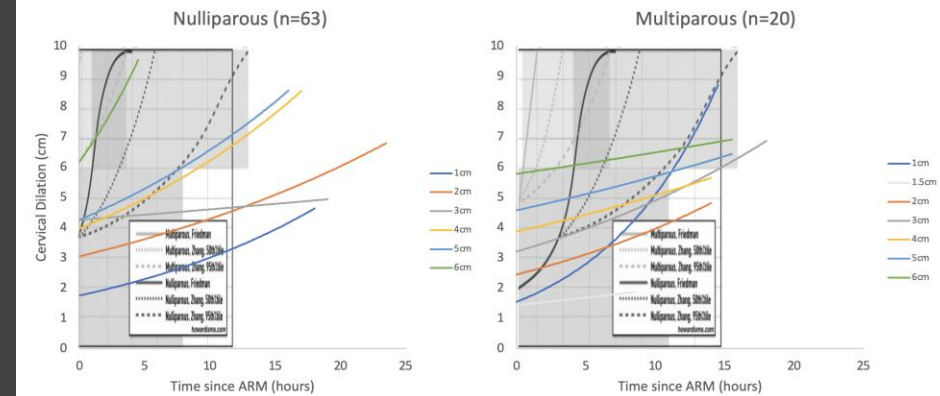
## Methods

A retrospective study at Ipswich Hospital of women with emergency Caesarean sections between 1st January to 31st December 2019. Singleton pregnancies who delivered via emergency Caesarean section for failure to progress were included. Progress of labour (spontaneous or induced) were compared using both Friedman's and Zhang's partograms

## Results

116 women with an emergency Caesarean section met the inclusion criteria; of which 109 (94%) had crossed the action line on Friedman's partogram and 7 (6%) that had not crossed the action line. In the nulliparous group, more women were likely to cross the Friedman's partogram however less women were likely to cross Zhang's partogram (OR 0.5368, CI 0.1113 – 2.5904,  $p=0.4385$ ). The multiparous group of women were equally as likely to cross both Friedman's and Zhang's partograms (OR 1, CI 0.0171 – 58.4386,  $p=1.0000$ )

## Average Labour Progress



## Discussion

Our study suggests that defining the start of established labour from 6cm could potentially benefit nulliparous women by reducing Caesarean section rates and also to avoid a primary Caesarean section. This is consistent with Zhang's findings however our current guidelines define the commencement of established labour from 4cm. Further analysis with a larger cohort of patients needs to be conducted to improve the validity of these results.