

# Rate of elective caesarean section prior to 39 weeks gestation – a retrospective clinical audit at a single centre

R Olivo<sup>1</sup>, S Rehmar<sup>1</sup>, J Cochrane<sup>1</sup>

<sup>1</sup> Department of Obstetrics and Gynaecology, Caboolture Hospital, Caboolture, Queensland, Australia.

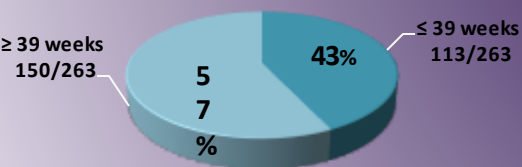
## Background

It is well established that the incidence of adverse perinatal outcomes increases with delivery prior to 39 weeks gestation. Additionally, there is evolving evidence of possible long-term adverse developmental consequences, such as poorer educational outcomes in childhood. It is recommended that elective caesarean section (CS) be carried out from 39<sup>+0</sup> weeks in women without medical or obstetric indication. At Caboolture Hospital, 43.0% of elective CS over a 12-month period were done prior to 39 weeks.

## Aim

To determine if elective CS conducted before 39 weeks had an appropriate clinical indication to support expediting delivery.

**Figure 1: Total number of elective CS performed from November 2019 through November 2020**



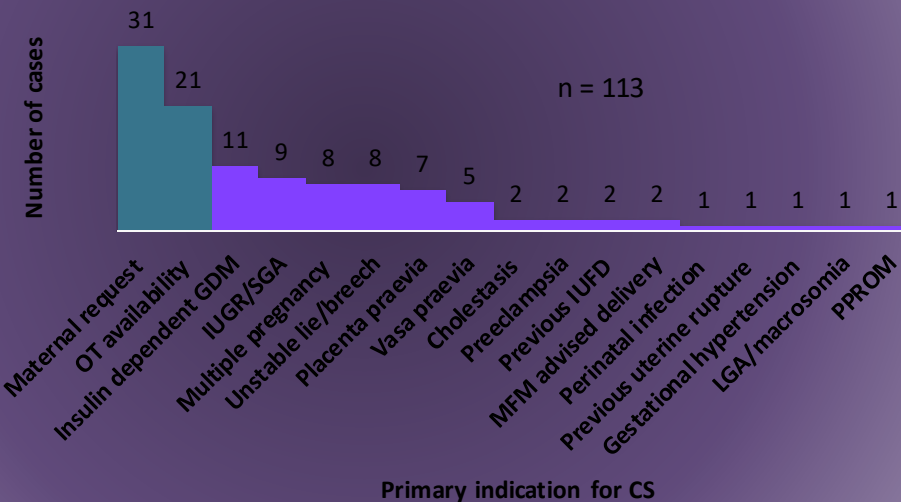
## Methods

A clinical audit was conducted for all patients who underwent planned elective CS prior to 39 weeks gestation over a 12-month period. Patient charts were reviewed and primary indication for CS was recorded.

## Results

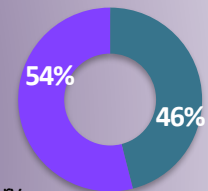
**Figure 2: Primary indication for elective CS performed prior to 39+0 weeks.**

OT: operating theatre, GDM: gestational diabetes mellitus, IUGR: intrauterine growth restriction, SGA: small for gestational age, IUFD: intra uterine fetal death, MFM: Maternal Fetal Medicine, LGA: large for gestational age, PPROM: preterm premature rupture of membranes



No clear indication for delivery <39 weeks

Appropriate to consider delivery <39 weeks per RANZCOG/RCOG



## Discussion

Based on clinical indication, nearly half of elective CS could have been performed after 39 weeks. Planned early birth is an important intervention in obstetric care, but the timing should be carefully considered to optimise perinatal and maternal outcomes. Maternal education of 'Every Week Counts'<sup>1</sup>, in addition to a more flexible elective CS booking system are reasonable solutions.

## References:

1. Every Week Counts. Women and Babies Research. The University of Sydney, Kolling Institute of Medical Research. 2020.