

Audits of the indications of caesarean deliveries

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Implementing guidelines in obstetrics

- * The development of guidelines for obstetric care has increased in recent years in many countries (WHO, CNGOF, SOGC, ACOG, NICE, etc ...)
- * Based on these guidelines, algorithms are useful for appropriate caesarean decision-making.
- * The challenge lies in increasing awareness and use of algorithms in clinical settings to reduce unnecessary c-section

WHO recommendations

RECOMMENDATION B.2: Implementation of evidence-based guidelines, caesarean section audits and timely feedback to healthcare professionals are recommended to reduce unnecessary caesarean section rates.

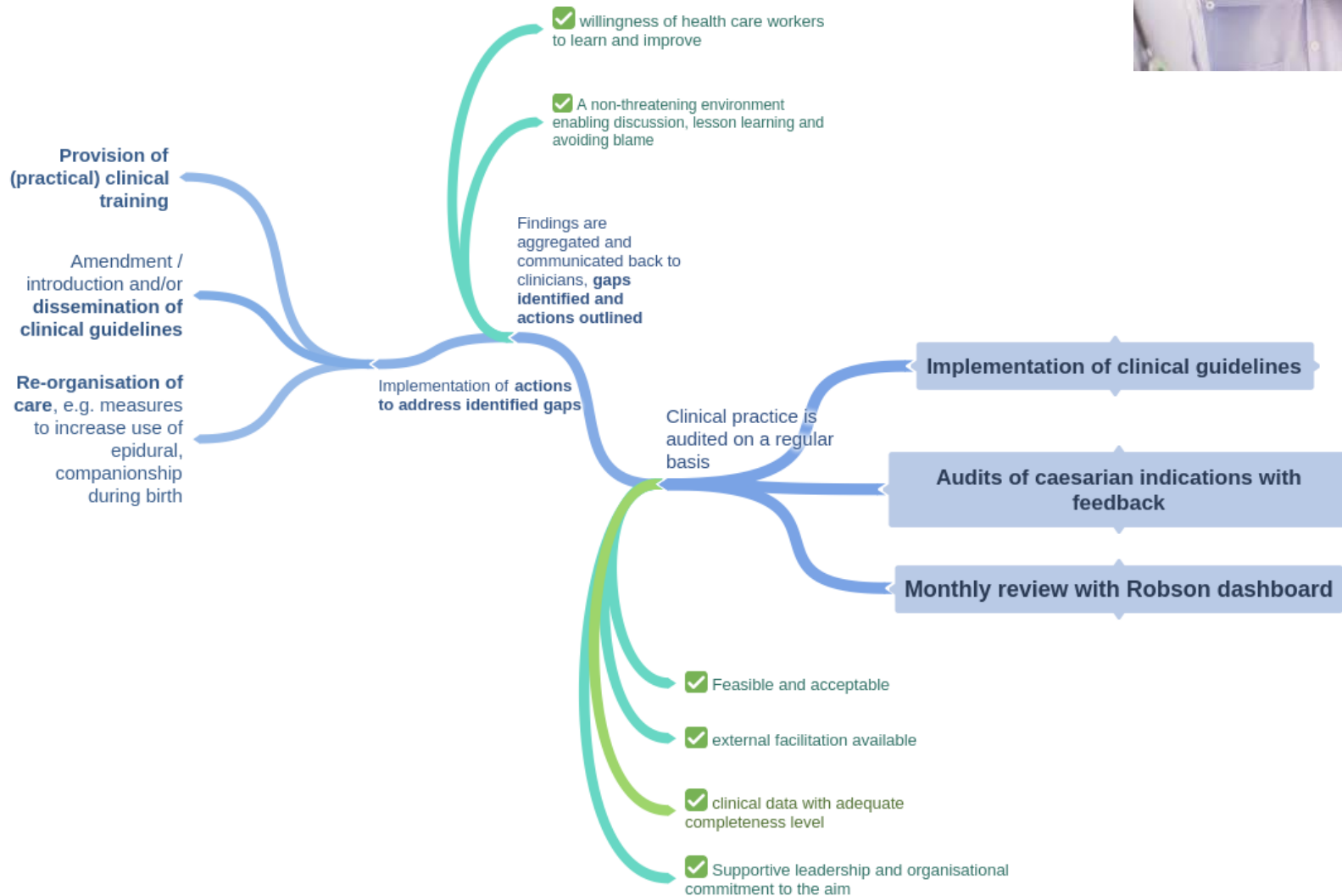
(Recommended)

Remarks

Components of guideline implementation include: onsite training in evidence-based clinical practice, facilitation by local opinion leader and supervision.

Evidence supported audits of indications of CS; however, the GDG emphasized the need to assess all aspects of CS in audits.

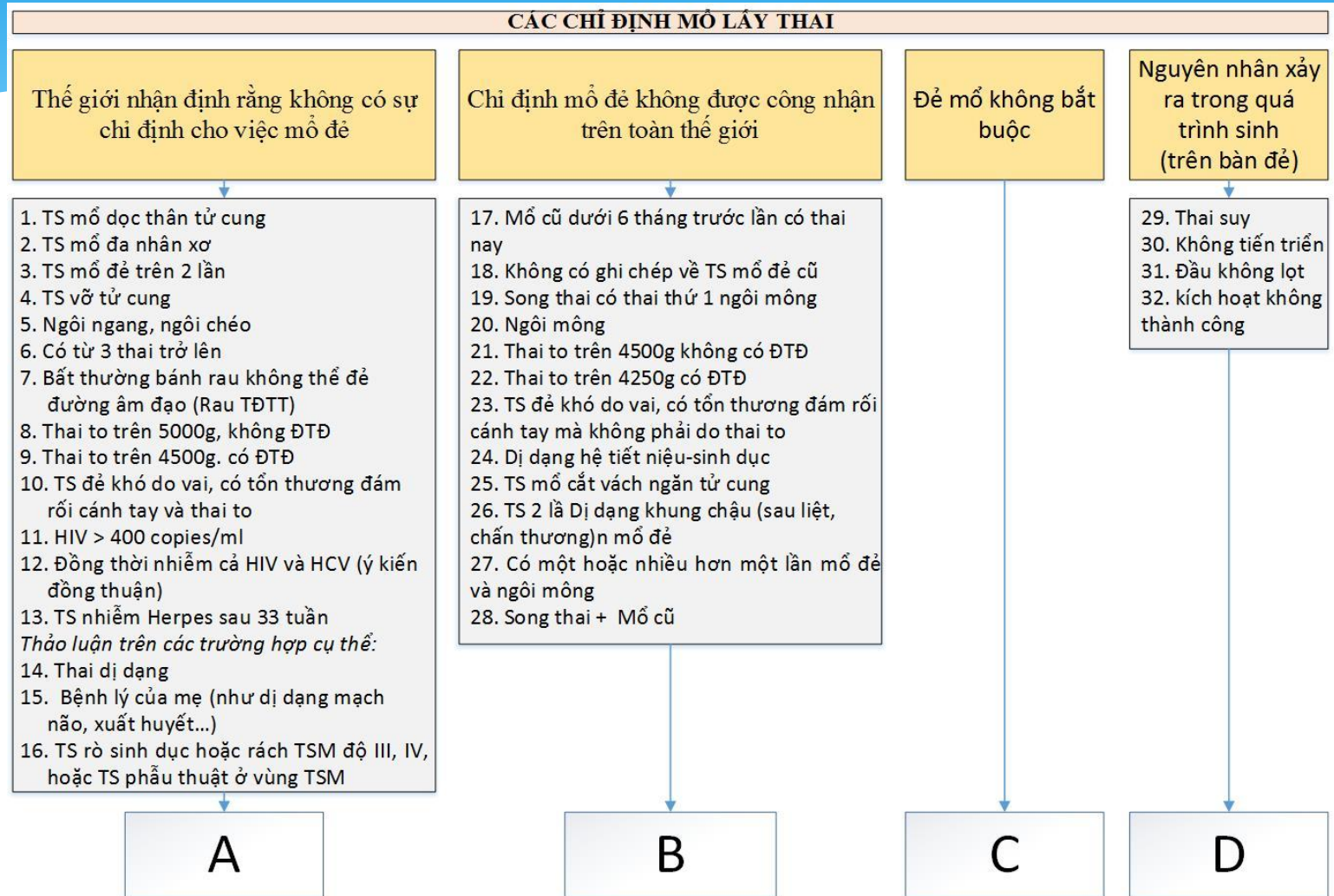
Barriers to change



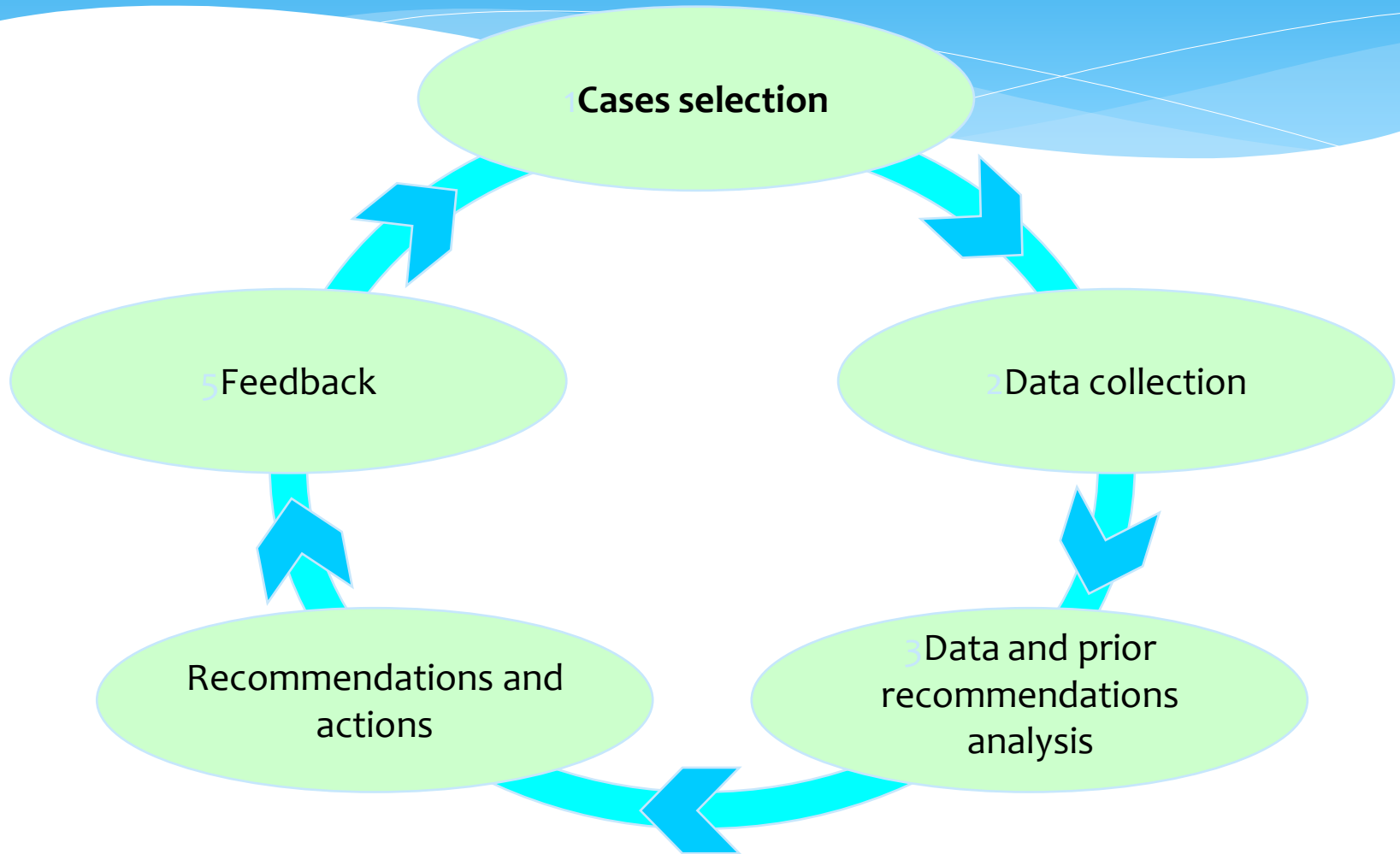
Steps-by-steps process

1. Identify a local opinion leader
2. Selecting the local audit committee
3. Agree on Algorithms to be used
4. Developing local expertise in conducting audits
5. Training on the use of algorithms
6. Lauching the audit cycles

Example of algorithm



Audit and feedback cycle



Example of Audit in NHGO (April 2017)

	C-sections	Women	CS rate	Relative contribution
Group 1 and 2	105	250	42%	23%
Group 2 and 4	56	214	26%	12%
Group 5	166	166	100%	36%
Group 6	19	22	86%	4%
Group 7	22	26	84%	4%
Group 8	55	59	92%	12%
Group 9	11	11	100%	2%
Group 10	32	89	36%	7%
Total	466	837	56%	100%

58% performed before the active stage of labour

Avoidability of prepartum C-section among low-risk women

	Group 1 to 2	Group 3 to 4	Total
Absolute CI for TOL	3 (5%)	15 (39%)	18 (19%)
Relative CI for TOL	2 (3%)	0	2 (2%)
Potentially avoidable if TOL was attempted	51 (91%)	23 (61%)	74 (79%)

Indications of perpartum c-section which could be avoided

IVF and suspected macrosomia represent 58% of non-medically indicated c-section



Indication	
In vitro fertilization	22
Suspected macrosomia	21
Short maternal height	5
Maternal request	5
Previous fetal death	4
Hypertension	
Other	18
Total	74

Feedback to health care professionals: The maternity Dashboard

	Goal	Red Flag	APRIL	MAY	JUNE
C-section rate					
Group 1 to 2	<20%	>30%	42%	34%	25%
Group 3 to 4	<10%	>20%	26%	17%	13%
Group 5	<60%	>80%	91%	89%	90%
Other Groups	-	-	-	-	-
Potentially avoidable CS					
Group 1-4	<10%	>30%	79%	28%	9%

Thank you!

