



Emergency sections - how fast?

By Jean Robinson

[AIMS Journal 2001, Vol 13, No 2](#)

How long does it take to do an emergency caesarean? Two doctors in Leicester looked at records for 142 emergency sections to see how long it took from the time the decision was taken to do a section and the actual time of delivery. [\[1\]](#)

Only 26% were started within 30 minutes of the decision. There were no differences in fetal outcome between those delivered within 30 minutes and those where it took longer. However for the 41 sections done for fetal distress, more rapid delivery made a difference. Those babies who had to wait more than 30 minutes were five times more likely to need intubation and were twice as likely to be admitted to intensive care.

They suggest a prospective study of adequate size.

AIMS Comment

Our thanks to the authors for adding to the literature on this important topic, although unfortunately their work is published only in summary. It does, however, beg the question of why outcomes were apparently measured only in plus or minus 30 minutes, and not in smaller units of time.

The last Confidential Enquiry into Stillbirths and Deaths in Infancy [\[2\]](#) found there was a problem in communication as to how urgently a section was needed and this had led to some deaths.

Ten years ago Oxford researchers looked at outcomes of 104 emergency sections for fetal distress. 41% of the labours had been induced. They found that 10 minutes was the ideal time for babies to be in the best condition, and every additional 10 minutes increased their risk of needing special care for asphyxia [\[3\]](#). Over 40 years ago another study suggested delays of more than 15 minutes added to the risk of asphyxia. [\[4\]](#) Despite those findings there has been an (un)surprising lack of enthusiasm from obstetricians to do further research.

References

1. Akad A and Bosio P, Decision-delivery interval for emergency caesarean section in term pregnancy, J Ob Gyn, 2001; 21(Suppl): S44.
2. CESDI 7th Annual Report. Maternal and Child Health Research Consortium, 2000 p.47.

3. Dunphy C, et al, Caesarean section for fetal distress, the interval from decision to delivery and the relative risk of poor neonatal condition, J Ob Gyn, 1991, 11: 241-244.
4. Choate J and Lund C, Emergency caesarean section. An analysis of maternal and fetal results in 177 operations, Am J Ob Gyn, 1968; 100: 703-14.