



## **Decision-Delivery Interval for Emergency Caesarean Section at the Rivers State University Teaching Hospital**

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### **Authors' contributions**

*This work was carried out in collaboration among all authors. Author SE designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors DGBK and ADJ managed the analyses of the study. Author ADJ managed the literature searches. All authors read and approved the final manuscript.*

### **Article Information**

DOI: 10.9734/JAMMR/2020/v32i1630618

**Received 24 June 2020**

**Accepted 29 August 2020**

**Published 11 September 2020**

**Conference Abstract**

### **ABSTRACT**

Decision-Delivery interval when carrying out emergency caesarean section (EmCS) cannot be over-emphasized especially with regards to maternal and fetal outcome.

There are variety of factors that may contribute to these intervals such as logistics, personal delay, delay in obtaining of informed consent, lack of blood, and availability of theatre space.

**Aim:** To determine the decision-delivery interval and causes of delay in EmCS at the Rivers State University Teaching Hospital (RSUTH).

**Methods:** It was prospective study conducted at the RSUTH between July 1, 2018 to January 31, 2019. Information was obtained using a self structured questionnaire and analyzed using version SPSS 25.

**Results:** There were 481 patients admitted into labour ward for the period under review of which 71(14.8 %) had EmCS. The mean age was 31 years. The commonest indication for EmCS was Cephalopelvic disproportion (CPD) represented by 23 (32.4%) of the subjects.

The average time for decision - delivery interval was 1 to 2 hours represented by 29 (40.8%). The shortest decision - delivery interval was less than 30 minutes 1(1.3%).The decision – delivery interval time greater than 5 hours were 9 (12.7%). The 3 commonest reasons for delay with

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respect to average decision – delivery intervals were personal delay 21 (20.8%), logistics 19 (18.8%) and lack of blood 13 (12.9%).

**Conclusion:** The study revealed that the average decision - delivery interval was 1 – 2 hours represented by 40.5% of the subjects. This was relatively long when compared to developed countries of the world. The commonest reason for delay in carrying out EmCS was personal delay (20.8%). The commonest indication for EmCS was CPD (32.4%). Addressing the reasons for the decision – delivery interval will help improve our practice and reduce adverse effects to mother and baby.

*Keywords: Decision; delivery; interval; caesarean; section.*

## **DISCLAIMER**

The abstract was previously presented and published in the following conference.

Conference name: AFEMSON 2019 Scientific Conference and General Meeting.

Dates: 10<sup>th</sup> to 12<sup>th</sup> July, 2019.

Location: Benin, Nigeria.

Web Link of the conference: <https://afemson.org/events/afemson-2019-scientific-conference-and-general-meeting-benin/>

## **COMPETING INTERESTS**

Authors have declared that no competing interests exist.

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