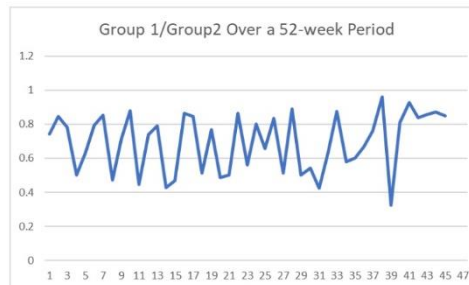


INTRODUCTION

Labour ward meetings are a forum for multidisciplinary discussion and debate on CTG interpretation and case management. Meetings also serve as an important forum for regular presentation of perinatal audit results.

For audit to be relevant it must be regular, and for it to be useful it must be standardized.

The application of the Robson Ten Group Classification System (TGCS) to the labour ward meetings is presented in our analysis of a year of labour ward meetings. Our objective was to demonstrate the use of the TGCS in assessing trends from weekly perinatal audit, with a focus on Group 1 and 2. The resulting rates of caesarean delivery (CD) were also audited.



METHODS

A year of labour ward meetings were reviewed. This included statistical analysis of 7056 consecutive deliveries, of which 2587 (36.6%) were term singleton cephalic nulliparous (TSCN) patients. Statistic evaluation of trends within Group 1 and 2 was undertaken using STATA.

RESULTS & DISCUSSION

TSCN deliveries are those in Group 1 and 2, which accounted for 36.6% of the overall deliveries. 1094/2587 of these were Group 1 (42.4%). Weekly, the size of Group 1 varied from 24% to 61% of TSCN. Group 2a accounted for 1318/2587 (50.9%), Group 2b 175/2587 (6.7%).

There was a trend toward increasing numbers of Group 2, reflected by the Group 1:2 ratio. This varied weekly from 1 : 0.62 to 1 : 3.07, as depicted in Figure 1. The overall ratio was 1: 1.45.

The CD rate for Group 1 averaged at 11.8% and 35.9% for Group 2a. There was no statistical correlation between the decrease in the Group 1:2 ratio and the corresponding CD rate in Group 1 or Group 2a. However, as the ratio decreased the CD rate for TSCN increased, $r(52)=0.44$ ($p<0.05$). This may be explained by the contribution of Group 2b.

Further insights can be gained from examining the size of Group 2a relative to Group 1. The ratio of Group 1:2a varied from 1: 0.6 to 1: 2.5. Again, this had no relationship to the rate of CD in Group 1 or 2a.

While weekly statistics reflect little more than a point in time, their incorporation into labour ward meetings allows for identification of trends and their timely presentation. Perinatal outcomes must be incorporated in addition to the trends within the TGCS. Early identification of changes in trends or in outcomes can allow intervention in a timely manner, prior to these trends becoming intractable.