

4th International Conference on Pediatrics & Neonatology & 5th International Conference on Gynecology and Obstetrics

<https://www.scitechseries.com/>

August 13–14, 2026 | Barcelona, Spain



Ovoke Egagifo

Somerset NHS Foundation
Trust, UK

Biography

Ovoke Egagifo is a Specialty Doctor in Obstetrics and Gynaecology at Somerset NHS Foundation Trust, United Kingdom. She has authored peer-reviewed publications and presented clinical, audit, and quality improvement work at local and regional meetings. Her professional interests include maternal medicine, complex pregnancy care, patient safety, and medical education. This presentation reflects her interest in uncommon medical disorders in pregnancy and multidisciplinary obstetric care.

Evaluation of decision-to-delivery interval performance, documentation, and causes of delay across caesarean section categories 1–3: a multi-site re-audit in Somerset NHS Foundation Trust

Abstract

Background: Decision-to-delivery interval (DDI) is a recognized measure of the timeliness of emergency obstetric care and an important indicator of maternity service performance. Regular audit supports identification of delays, monitoring of compliance with standards, and implementation of quality improvement initiatives.

Objective: To assess compliance with DDI standards for Category 1–3 caesarean sections, identify causes of delay, and evaluate changes following implementation of recommendations from a previous audit cycle.

Methods: A retrospective multi-site re-audit was conducted across Yeovil District Hospital and Musgrove Park Hospital using Badger Net data from 1 April to 30 June 2025. A total of 243 caesarean sections were analyzed. Standards included Category 1 DDI less than 30 minutes, Category 2 DDI less than 75 minutes, Category 3 delivery as clinically appropriate, and documentation of indication, delay, and consultant involvement.

Results: Category 2 caesarean sections represented the majority of workload (153/243; 63%) and accounted for most delays (34/39; 87%). Compliance improved from 73% to 86% for Category 1 procedures and from 76% to 78% for Category 2 procedures, while Category 3 performance remained at 100%. Delay documentation improved from 48% to 71%, and consultant involvement documentation improved from 50% to 53%. Overall delays occurred in 16% of cases (39/243). The commonest causes of delay were undocumented reasons (33%), theatre availability (26%), anaesthetic delays (15%), transfer delays (13%), and other operational factors (15%). All cases were appropriately categorized.

Conclusion: Improvements were observed in DDI performance and documentation following the previous audit cycle. Category 2 caesarean sections remain the principal source of delay and represent the greatest opportunity for service improvement. Targeted interventions addressing operational processes, escalation pathways, and documentation may enhance maternity care performance and patient outcomes.