

## **IMPACT OF GESTATIONS $\geq 41$ WEEKS IN THE CESAREAN SECTION RATE**

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**OBJECTIVE** Systematic analysis of obstetrical results in  $\geq 41$  weeks gestation University Hospital Vall d'Hebron. Identify the subgroups with higher perinatal morbidity and mortality. **DESCRIPTION** Retrospective study of deliveries attended in Vall d'Hebron Hospital from January to December 2015. Identification of two subgroups of patients which were induced by post-term pregnancy (between 41+0 - 41+2 and between 41+3 - 42+0) and calculate the relative size of each group, caesarean section rate and main reasons for them. **RESULTS** 310 births of  $\geq 41$  weeks gestation were attended in 2015. 47.7% (148) were spontaneous labour, 48.7% (151) were inductions of labour and 3.5% (11) elective cesareans sections. The global caesarean section rate was 32.2%. In pregnant with spontaneous labour, only 18.9% were caesarean section. The reasons for caesarean section were SPBF, DPF and parked delivery. From the total inductions labour, 72.2% (109) were by post-term pregnancy. Of these ones, 35.8% (39) ended in caesarean section. In gestations between 41+0 and 41+2 weeks were reported 24.4% (10) of caesarean sections; and among the 41 + 3 and 42 + 0 weeks gestation, 42.6% (29) were caesarean section. The main reason for caesarean section, in the subgroup of 41+3 - 42+0 weeks of gestation, was acute fetal distress during induction (44.8%) and pelvic-fetal disproportion (24.1%). Caesarean section delivery antepartum  $\geq 41$  weeks` gestation were mainly by pathological nonstress test (36%) and breech presentation (27.2%). **CONCLUSIONS** The caesarean section rate is an indicator of quality in obstetrics. Post-term pregnancy induction between weeks 41+0 - 41+2 could reduce the rate of caesarean sections compared with induction between 41+3 - 42+0 weeks of gestation, with a decrease in perinatal morbidity and mortality.