

# Maternal and neonatal outcomes based on appropriateness of indication and timing of surgery in red code caesarean section: a multicentre retrospective study

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**Objective.** A red code (RC) cesarean section (CS) is an emergency for maternal and/or fetal life. We evaluated maternal and neonatal outcomes in a series of RC CS, in relation to the level of maternal unit, indications and surgical times.

**Materials and Methods.** Multicentre retrospective study in 2 second-level university hospitals and 2 first-level community hospitals on all women who underwent RC CS between 2018 and 2021. An independent team of experts performed retrospective audits to assess appropriateness of indications, procedures and outcomes.

**Results.** Among the 25065 deliveries, 4783 were CS (19.1%), 168 of which (3.5%) were RC. The most frequent indication was non-reassuring fetal heart rate tracing (41.7%). Two indications were independently associated with worse perinatal outcomes: umbilical artery lactate > 7 mmol/L (P 0.023) and base excess (BE)  $\geq$  16 mmol/L (p = 0.016). Rates of appropriate indications were higher in the second-level hospitals (80.2% vs 65%, p = 0.036), as were rates of neonatal intubation (p = 0.001) and neonatal ICU admission (p = 0.001). Appropriate indications for RC CS correlated with higher maternal blood loss (p = 0.02), lactate values > 7 mmol/L (p = 0.001) and neonatal resuscitation (p = 0.02). After correcting for the appropriateness of indications, the time between decision and delivery (DDI-mean 21.0 minutes) was not associated with worse neonatal outcomes.

**Conclusions.** The DDI is not significantly associated with neonatal outcomes, as opposed to the appropriateness, which is associated with worse outcomes. First level maternal units guarantee safety comparable to second-level, but with lower rates of appropriate indications.

	APPROPRIATES	INAPPROPRIATES	MISSING	P-VALUE
Number of cases	119 (70.8%)	45 (26.8%)	4 (2.4%)	/
<b>Maternal anamnesis</b>				
Second-level hospitals	65	16	4	0.036
Maternal Age	32.8 (SE 0.5)	33.3 (SE 0.8)	4	0.599
BMI at delivery	28.8 (SE 0.5)	27.5 (SE 0.7)	22	0.168
Previous CS	14	8	4	0.315
Comorbidity	25	10	4	0.834
Gestational age < 37	27	6	4	0.274
<b>CS indications</b>				
Fetal heart rate alterations	44	24	4	0.075
Sentinel event	49	13	4	0.206
<b>Timing</b>				
Decision-to-incision interval (min)	15.4 (SE 0.9)	20.4 (SE 1.7)	5	0.006
Decision-to-delivery interval (min)	19.4 (SE 1.0)	25.7 (SE 1.8)	4	0.002
<b>Maternal outcomes</b>				
Hospitalization post-CS (days)	4.6 (SE 0.3)	4.5 (SE 0.4)	6	0.900
Blood loss (mL)	636.3 (SE 54.2)	418.9 (SE 44.2)	6	0.019
Blood transfusion	9	0	5	0.064
Surgical complications	2	2	5	0.305
<b>Neonatal outcomes</b>				
UA pH	7.160 (SE 0.015)	7.241 (SE 0.018)	11	0.002
UA BE > -12	14	2	9	0.2
UA Lactates > 7	39	4	16	0.001
UA pO <sub>2</sub> (mmHg)	19.4 (SE 1.4)	16.5 (SE 1.6)	34	0.259
UA pCO <sub>2</sub> (mmHg)	60.6 (SE 2.1)	57.2 (SE 2.5)	20	0.365
Apgar score at 5 min < 7	25	5	4	0.178
Neonatal reanimation	45	7	5	0.008
Neonatal intubation	21	3	5	0.086
Neonatal ICU access	28	2	4	0.030
Hypothermia	6	1	5	0.675