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LETTER

Decision to Delivery Time and Its Predictors Among Mothers Who Underwent Emergency Cesarean Delivery at Selected Hospitals of Northwest Ethiopia, 2023: Prospective Cohort Study [Letter]

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Dear editor

We have read the paper written by Beker Ahmed Hussein et al about Decision To Delivery Time and Its Predictors Among Mothers Who Underwent Emergency Cesarean Delivery At Selected Hospitals of Northwest Ethiopia, 2023: Prospective Cohort Study.[1] We congratulate all authors who have provided important information regarding delivery timing decisions and their predictors in women undergoing emergency cesarean delivery. This is interesting because the morbidity and mortality rates for mothers and newborns are relatively high in developing countries and one of the influencing factors is the distance between decision-making to perform an emergency caesarean section.[2]

The study conducted by Beker Ahmed Hussein et al used a prospective cohort study conducted in a Northwest Ethiopian hospital on women who underwent emergency cesarean delivery, the method used was appropriate, but it is necessary to pay attention to other variables that can influence the results to be achieved, namely demographic variables, patient transfer time, anesthesia time, operation time, decision to delivery interval, and maternal and perinatal outcomes were recorded in a standard proforma.[3] In this research, Beker Ahmed Hussein et al found that only 21.8% of women gave birth during the decision. Recommended delivery time (DDT) is under 30 minutes. One of the factors that causes this is that the interval between decision-making and delivery varies from patient to patient, where decision-making and delivery at night have a higher risk of delay that can have an impact on the baby being born. This indicates the need to target increased provision of services in a timely manner.[2] Another factor is the referral of a mother from a health service where the unavailability of a caesarean section at a sufficient distance can cause complications on arrival, where an emergency caesarean delivery would be indicated without monitoring delivery, even though a caesarean section is an emergency obstetric intervention to save the lives of the mother and baby.[4]

In conclusion, we agree that the overall decision regarding the time of delivery in women undergoing emergency caesarean section at certain hospitals is longer than the recommended time.[1] So it is necessary to develop and validate a model to predict the risk of cesarean delivery after knowing the mother's gestational age at term with or without medical indications based on maternal characteristics, chronic conditions and pregnancy complications. Optimal predictions will be useful in identifying women at very low or very high risk of cesarean delivery. In addition, there is a need for urgency categorization to be applied to non-elective caesarean sections because it helps in identifying and prioritizing cases with higher risk, thereby providing wider space to reduce perinatal mortality rates. Some indications that can cause emergency cesarean delivery are umbilical cord prolapse and fetal malpresentation.[2,5]

Disclosure

The author reports no conflicts of interest in this communication.

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