

## **P169. Comparison of cesarean section rate and demographic risk factors between 2008-2016 at clinic university hospital of valencia**

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### **OBJECTIVES**

The World Health Organisation and scientific societies have called attention to the unjustified increase in the rate of caesarean section (RCS). The assessment of the quality of perinatal attention, therefore, has added RCS as a consistent indicator. There is interest in designing strategies to successfully reduce the RCS at all levels, but particularly in third level hospitals, where the referral of high-risk pregnancies strongly conditions higher RCS. We designed a program to reduce RCS in our centre, a tertiary hospital, and then analysed the interventions that obtained the highest success.

### **MATERIALS AND METHODS**

We initiated the program in 2014. Protocols and guidelines were reviewed and success strategies identified. We then reviewed our protocols and customised interventions, as a function of the particular conditions in our centre. The global impact in the RCS was assessed together with a detailed analysis of the changes induced by the new strategy in the main determinant associated with caesarean section. This allowed for conclusions regarding the variables associated with success and opened options for further interventions on areas that might be the object of further improvement.

### **RESULTS**

The total RCS had widely varied from 29.29% in 2008 to 22.21% in 2016. The global RCS drastically decreased during the first year of protocol modification from 28,95% (2014) to 22.43% (2015). The rate has stabilised since then, with RCS of 22.21% in 2016.

### **CONCLUSION**

The analysis of the evidence in the literature facilitated a crude reduction of 22% in the RCS in a tertiary centre. Due to the standardization at our hospital of CST indications, and its own proper execution, CST rate has been decreased, placing us as one of the tertiary hospitals in our region with less CST percentage.

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