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Commentary

WHO Statement on caesarean section rates

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WHO will guide and support countries in the use, implementation and interpretation of the classification so that we can start comparing CS rates in a meaningful, targeted, transparent and useful manner. By endorsing the Robson classification, this Statement should become a catalyst for action. The time has come to put the debate about the preferable rate of CS on hold. Let's start to collect data uniformly so that in the near future we will be able to move our focus from CS rates at population level to monitoring and discussing CS rates and outcomes in each group of the Robson classification. Only then will we have the data and evidence that will lead us more clearly to actions to improve care.[15] Ultimately, we hope the debate can recommence with more valuable, solid and informative data to support our discussions.

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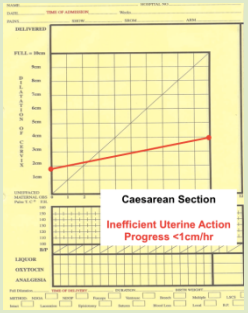
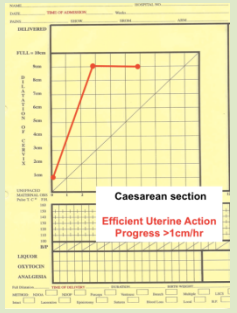
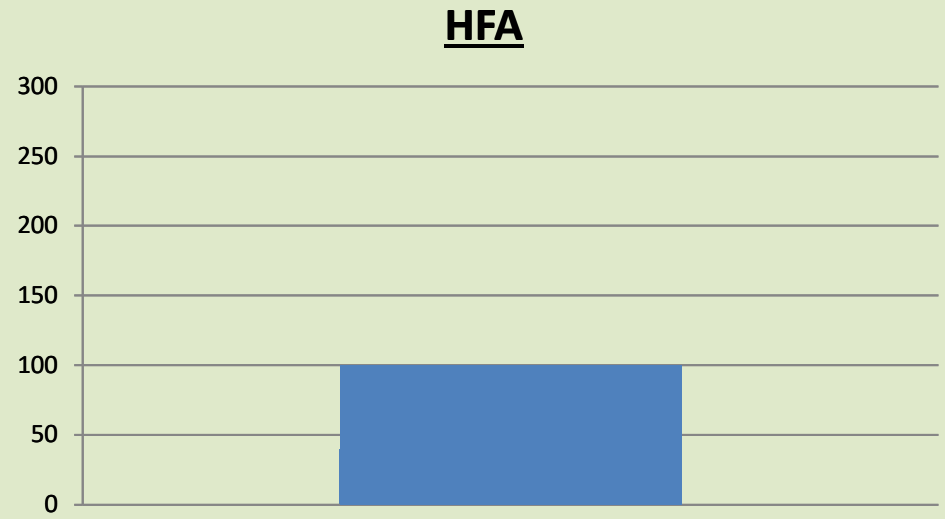
Classification of CS after spontaneous or induced labour

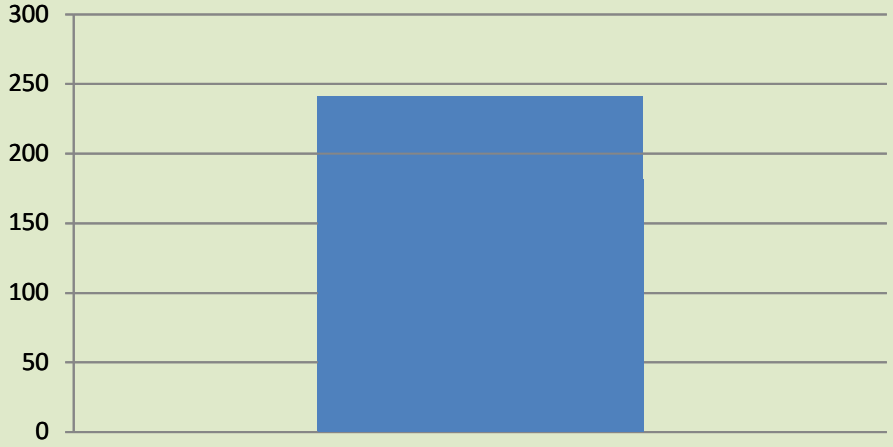
- Fetal (no oxytocin)
- Dystocia
  - Inefficient uterine action (IUA)
    - 

    - IUA Poor response
      - Error in diagnosis, induction
      - Intact membranes
      - Delay in oxytocin
      - Inadequate dose oxytocin
      - Appropriate dose but hesitant use
    - IUA Inability to treat overcontracting
    - IUA Inability to treat fetal intolerance
    - IUA No oxytocin given
  - Efficient uterine action (EUA)
    - 

    - EUA Persistent malposition
    - EUA CPD (obstructed labour multips)

Före





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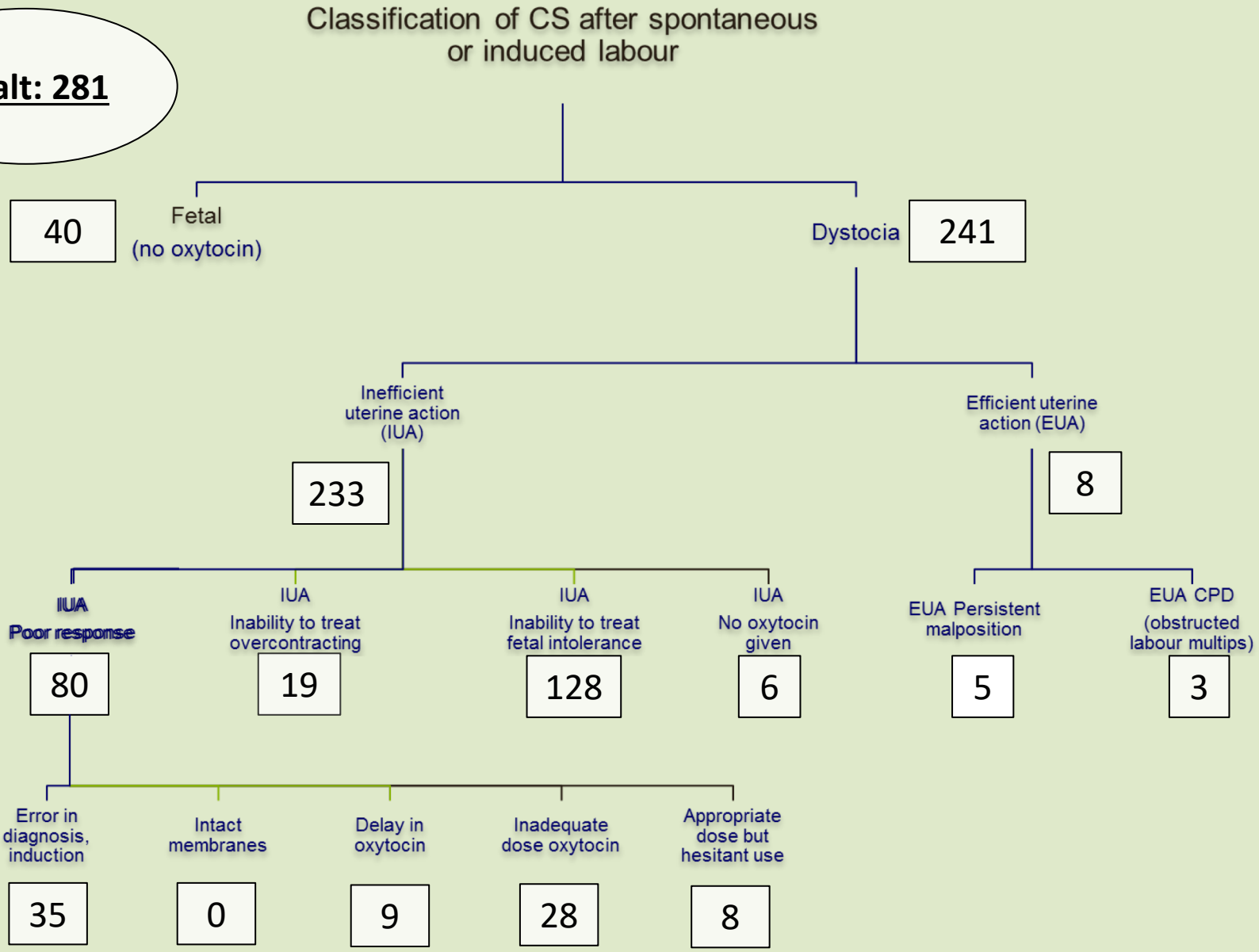
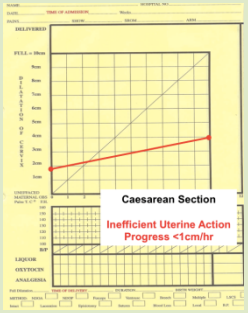

Classification of CS after spontaneous or induced labour
40
Fetal
(no oxytocin)
Dystocia
241
Inefficient uterine action (IUA)
233
Efficient uterine action (EUA)
8
IUA
Poor response
80
IUA
Inability to treat overcontracting
19
IUA
Inability to treat fetal intolerance
128
IUA
No oxytocin given
6
EUA Persistent malposition
5
EUA CPD
(obstructed labour multips)
3
Error in diagnosis, induction
35
Intact membranes
0
Delay in oxytocin
9
Inadequate dose oxytocin
28
Appropriate dose but hesitant use
8

Classification of CS after spontaneous or induced labour

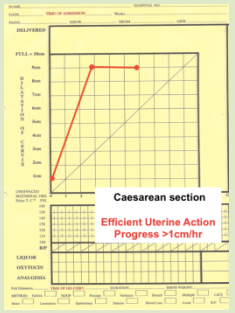
Fetal



Dystocia

Inefficient uterine action (IUA)

Efficient uterine action (EUA)



IUA
Poor response

IUA
Inability to treat overcontracting

IUA
Inability to treat fetal intolerance

IUA
No oxytocin given

EUA Persistent malposition

EUA CPD
(obstructed labour multips)

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Intact membranes

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