

Identification and prediction of overdiagnosis of dystocia

Abstract

Background&Objective: The Failure progress of labor is the second indication for cesarean delivery after repeat section. It is generally agreed that dystocia leading to cesarean delivery is overdiagnosed in the world. Variability in the criteria for diagnosis is major determinant of the increase in cesarean deliveries for dystocia. This study was identified dystocia with comparison with the criteria obstetrics standards and determined the cause's effects of incorrect diagnosis.

Materials&Methods: A descriptive analytic case-control study was performed on 1212 women who experienced cesarean delivery in Yahyanegad hospital of Babol a city in North of Iran during 2004. We compared criteria of diagnosis of dystocia among 248 women whom were operated with dystocia with criteria that were proposed by American college of obstetricians and gynecologists. Also, we compared 118 women with correct diagnosis with 130 women with incorrect diagnosis to identify causes of incorrect diagnosis. Statistical test χ^2 , t-Test and multiple logistic regressions were used to analysis of data.

Results: Dystocia was diagnosed during latent phase, active phase and second stage respectively: %64.9, %29.8 and %5.3. The strongest predictor of incorrect diagnosis of dystocia was the lack of administration of oxytocine. Other independent risk factors for failure of labor to progress, using a multivariable analysis, were: performing of cesarean in morning (OR=2.8 %95 CI 2.1 -3.5), performing of cesarean in afternoon (OR = 2.6 %95 CI 1.3-3), nulliparity (OR=2.1 %95 CI 1.7-3.2), incorrect clinical estimation of fetal macrosomia (OR= 2.3 %95 CI 1.5-2.9).

Conclusion: %50 accuracy of failure of labor progress according to obstetrics standards implies that there is overdiagnosis in the dystocia. This study proposes that obstetricians should be managed conservatively protract dilatation in the patients to prevent of incorrect diagnosed dystocia cesarean. Active management of labor with accurate administration of oxytocine and amniotomy is another strategy that may be help to decrease cesarean with diagnostic dystocia.

Key Words: Dystocia- Cesarean- Overdiagnosis

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