



## Robson Classification and quality audit

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### ABSTRACT

World Health Organization has recommended Robson Classification from baseline obstetric characters to assess, monitor and compare Cesarean Section rates by the quantity analysis. Incorporation of real time labor related factors requires quality audit for both maternal and perinatal outcome.

**Keywords:** audit, cesarean, classification, indication, quality, robson

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Received: May 1, 2021

Accepted: May 15, 2021

### Citation:

Baral G. Robson Classification and quality audit  
Nep J Obstet Gynecol.  
2021;16(32):1. DOI:  
<https://doi.org/10.3126/njog.v16i1.37407>

### COMMENTS

Robson Classification was recommended by WHO as a common tool to assess, monitor and compare Cesarean Section (CS) rate within and between facilities. The variables used in this classification system are related to antepartum or intrapartum obstetric characteristics for all women admitted for delivery.<sup>1</sup> Thus it covers all pregnancies till the delivery with no account on fetal outcome. It doesn't cover entire perinatal period and its end point is mode of delivery only.

Primary intervention like induction of labor is taken for the ultimate mode of delivery only. Intrapartum factors that determine the mode of delivery like arrest of labor, disproportion, obstructed labor, maternal or fetal distress as the final indications are disregarded. Baseline data on obstetric factor for Cesarean section will be well classified with this classification but not the objective evaluation of indications. Relative indications or optional (obstetrically not indicated) CS that is determined by circumstances and expertise or experience may skew the rate. Group contribution of CS may also differ by Total Fertility Rate (TFR) of population, proportion of confirmed menstrual date, distribution of available facility and varying indications of CS. Unclassifiable group due to missing variables is not the limitation of this classification but an indicator of data quality.<sup>2</sup>

Mere quantity audit of CS rate doesn't slow down the current rate but a quality/ neonatal outcome to justify the mode of delivery.<sup>4</sup> Thus to address the present concern the need of the day would be Robson Classification for baseline quantity data and a separate criteria for the quality audit of obstetric action and fetomaternal outcome.

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