

Risk of Second-Stage Cesarean Delivery by Station of the Vertex among Nulliparous Women in Labor at Term

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Abstract



Objective: To estimate in a cohort of nulliparous women in labor at term whether the minus stations in dilatation 8-9 Cm is an independent risk factor for cesarean delivery in second stage.

Materials and methods: Nulliparous women recruited to the prospective Screening for Pregnancy Endpoints study who went into labor after 37 weeks of gestation were categorized according to the station of presenting part in dilatation 8-9 Cm. Non float station was the referent. Multivariable analysis, adjusting for known confounders for cesarean delivery, was performed to estimate if being float station associated with an increased risk of cesarean in second stage labor.

Results: Of 148 participants, 100 (67.57%) had plus stations, 36 (24.32%) had minus stations, and 12 (8.10%) had float stations in dilatation 8-9 Cm. Second-stage cesarean delivery was increased in float (n_10 [83.33%]) and minus stations (n_3 [8.33%]) compared with plus stations (n_6 [4.05%]; $P < .001$). was an independent risk factor for cesarean deliveries with adjusted odds ratio (OR) of 1.34 (95% confidence interval [CI] 1.07–1.67) and 2.51 (95% CI 1.94–3.25), respectively.

Having minus station in dilatation 8-9 Cm (adjusted OR 1.39; 95% CI 1.09–1.79) was associated with increased cesarean delivery during the second stage.

Conclusion: Among nulliparous women in labor at term, having minus station in dilatation 8-9 Cm is an independent risk factor for cesarean delivery in the second stage of labor.

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