# Article information:

Decision-to-delivery intervals and total duration of surgery for Caesarean sections in a tertiary general hospital - PubMed  
<https://pubmed.ncbi.nlm.nih.gov/27245862/>

# Article summary:

1. This study aimed to determine the decision-to-delivery intervals (DDIs), total duration of surgery and factors influencing these for Caesarean sections (CSs).

2. The study found that overall mean duration of surgery was 41.7 minutes, with a mean DDI of 23.9 minutes and 64.5 minutes for Category 1 and Category 2 CSs, respectively.

3. Factors influencing total duration of surgery included surgical experience, history of previous CSs and individual surgical styles and preferences.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article is generally reliable in terms of its methodology, as it is a retrospective study conducted at a single tertiary general hospital over a period of one year, which provides sufficient data to draw conclusions from. The authors have also provided detailed information about the data collected, such as maternal demographics, indications for CS, category of urgency, DDI, total duration of surgery, grade of first surgeon and number of previous CSs.

However, there are some potential biases in the article that should be noted. For example, the sample size may not be representative enough to draw generalizable conclusions from; this could be due to the fact that the study was conducted at only one hospital over a limited time period. Additionally, there may be other factors influencing DDIs or total duration of surgery that were not taken into account in this study; for example, staffing levels or availability of resources could have an impact on these variables but were not considered here. Furthermore, it is possible that some bias was introduced by the researchers when selecting which cases to include in their analysis; this could lead to results being skewed towards certain outcomes or conclusions being drawn that are not necessarily accurate or representative.

In conclusion, while this article provides useful insights into decision-to-delivery intervals and total duration of surgery for Caesarean sections in a tertiary general hospital setting, it should be read with caution due to potential biases present in its methodology and results.

# Topics for further research:

* Maternal demographics and caesarean section
* Impact of staffing levels on caesarean section
* Caesarean section decision-to-delivery intervals
* Total duration of caesarean section surgery
* Retrospective study methodology
* Bias in caesarean section research

# Report location:

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