INTRODUCTION
To assess whether blind assessment with ultrasound could improve the detection of emergency cesarean (ECS) in laboring women.

METHODS
Women presenting with symptoms of active labor or women in need of labor induction were invited to participate. Women were evaluated with ultrasonography for fetal biometry and vaginal examinations for Bishop score assessment. The main aim in this study was determining factors associated with ECS due to any indication and obstructed labor.

RESULTS
No fetal biometry variable was associated with ECS due to any indication in the univariate analysis. In multivariate analyses, biometry variables were adjusted for Bishop score at admission and only abdominal circumference percentile showed a significant association with the odds of ECS due to any indication (OR:1.02, 95%CI: 1.01-1.03). Biparietal diameter and abdominal circumference variables were associated with the odds of ECS due to obstructed labor in both univariate and multivariate analyses (p<0.05 for all). However, the predictive capabilities of biparietal diameter percentile (AUC:0.55, 95%CI:0.46-0.63) and abdominal circumference percentile (AUC:0.56, 95% CI:0.48-0.64) without adjunct variables were poor. Moreover, the addition of fetal biometry parameters to Bishop score did not improve the predictive capability of Bishop score.

Figure 1: Receiver—operating characteristics curves for biparietal diameter (a), abdominal circumference (b) and estimated fetal weight (c) models predicting emergency section due to obstructed labor. Straight lines in each figure represent the ultrasound alone model whereas dashed line and dotted line represent the Bishop score model and combined (Bishop score and ultrasound) model respectively. Addition of ultrasound variables to Bishop score did not significantly improve the area under the curve values of any model (p>0.05 for all).

Conclusion
The fetal biometry alone had poor predictive capability for ECS. Routine ultrasound assessment at labor admission appears to be ineffective for predicting ECS regardless of clinical indication.