Introduction
We aimed to investigate if ultrasound measurements of fetal station and clinical assessment at the start of the active phase of labour could predict intrapartum cesarean section (CS).

Methods
Nulliparas with a singleton, cephalic fetus in spontaneous labour at term were recruited at Landspitali University Hospital, Reykjavík, Iceland. Head perineum distance (HPD) and angle of progression (AoP) were measured.

Results
The relationship between AoP and HPD is shown in Fig. 1. HDP predicted caesarean section with 74% (53-99%) and AoP with 79% (61-96%) under the ROC curve (Fig.2). Clinical assessment of cervical dilatation and station predicted CS with 57% (35-79%) and 65% (43-87%) area under the curve.

Conclusion
Ultrasound measurements of fetal station at start of active phase predicted intrapartum CS better than clinical assessments.