Introduction
PD is used to assess fetal head descent in labor. Our aim was to assess its performance predicting CD in relation to degree of cervical dilatation, in both static & with uterine contraction & maternal pushing.

Methods
We included women in active first stage of labor for whom we obtained PD at rest & at uterine contraction with maternal bearing down using 2D ultrasound, then vaginal examination was performed & degree of cervical dilatation recorded. PD were compared between women with Caesarean delivery (CD) and those with vaginal delivery. Receiver–operating characteristics (ROC) curves were constructed to assess the accuracy in the prediction of CD. Further classification was done to compare PD performance measured with cervical dilatation ≤5cm & >5cm.

Results
119 women were included in the study. 90 (76%) delivered vaginally while 29 had CD (24%).

AUC for PD at cervical dilatation ≤5cm was 71%(95%CI, 62-79%)(P<0.0001) and 71%(95%CI, 58-85%)(P<0.04) for cervical dilatation >5cm.
While in dynamic assessment, AUC was 79% (95%CI, 67-91%) (P<0.0001) at cx dilatation <5cm & 67%(95%CI, 50-83%)(P=0.1) at cervical dilatation >5cm. Comparing ROC curves for early vs late assessment, the difference was not significantly significant P=0.2 both static & dynamic.

Conclusion
Performance PD in predicting CD, measured in first stage of labor static or dynamic, is not dependant on degree of cervical dilatation.