Introduction
The angle of progression (AoP) is classically measured in labor by transperineal ultrasound in the midsagittal plane (MSP). A new software for automated measurement of AoP, that uses as a reference the parasagittal plane (PSP) image of the pubic bone, has been recently developed.

Objective
To assess the intermethod agreement between AoP as measured on MSP vs. those measured on the PSP

Materials and Methods
AoP was measured in 52 women in active labor, once in MSP and once on PSP. Intermethod agreement was analyzed by means of intraclass correlation coefficient (ICC) and Bland-Altman analysis and potential factors affecting the intermethod reproducibility were investigated (order of acquisition, fetal head station, stage of labor, maternal body mass index and use of epidural analgesia) using the ANOVA test to check for systematic bias and Levene's test for homoscedasticity.

Results
We found good agreement between MSP and PSP measurements of AoP (iCC, 0.905 (95% CI, 0.839-0.944)) and a systematic, small (average difference 1.99 +/- 6.35○), overestimation of PSP images in comparison with MSP ones (101.78 vs. 99.79○, P=0.03) in absence of any systematic bias.

Conclusion
There is a very good agreement between MSP and PSP acquisitions of AoP. PSP technique tends to overestimate AoP, although this systematic difference is unlikely to be clinically significant.