GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CLASSIFICATION Of CAESAREAN SECTION GUIDELINE

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Version No:	Date of EqIA:	Approved by:	Date Approved:	Date made active:	Review Date:
3	Pending	Obstetric Written Documentation Review Group	18/03/2022	13/04/2022	18/03/2025

Brief Summary of Document:	Classification or urgency of caesarean birth.
Scope	To be used by midwives and obstetricians to ensure the appropriate classification of Caesarean Section in line with NICE guidance
To be read in conjunction with:	NICE Caesarean Birth [NG192] 2021 https://www.nice.org.uk/guidance/NG192

Patient information	• https://www.rcog.org.uk/globalassets/documents/patients/patientinformation-leaflets/pregnancy/pi-birth-options-after-previouscaesarean-section.pdf • Caesarean Section Consent Advice (No.7) • Birth Options after Caesarean Section
Owning group	Obstetric Guideline, Audit and Research Group

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New guideline	14.9.17
2	Guideline Update with the addition of the following: Communication Record Keeping Auditable Standards References updated	11.12.2020
3	Guideline Update with the addition of the following: Decision to birth interval in line with NICE guidance	18.03.2022

Glossary of terms

Term	Definition
CPD	Cephalopelvic disproportion
CS	Caesarean section
DDI	Decision to delivery interval
LSCS	Lower segment caesarean section
LWF	Labour Ward Forum

Keywords	Caesarean, breech presentation, decision, communication

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1. INTRODUCTION

The traditional classification of caesarean section into ‘elective’ and ‘emergency’ is of limited value for data collection and audit of obstetric and anaesthetic outcomes. This is because the spectrum of urgency that occurs in obstetrics is lost within a single ‘emergency’ category

A target DDI for caesarean section is an audit tool that allows testing of the efficiency of the whole delivery team and has become accepted practice; however:

- certain clinical situations will require a much quicker DDI than 30 minutes and units should work towards improving their efficiency
- undue haste to achieve a short DDI can introduce its own risk, both surgical and anaesthetic, with the potential for maternal and neonatal harm

Once a decision to deliver has been made, delivery should be carried out with an urgency **appropriate to the risk to the baby and the safety of the parent.**

2. AIMS AND OBJECTIVES

- To standardise the urgency of caesarean section to represent the continuum of risk using the Lucas classification system
- To ensure that all staff are aware that, within each category, the degree of risk in individual cases can vary
- Once a category is applied to an individual caesarean section, all members of the team can have a common understanding of the degree of urgency of the procedure for that specific case
- To reiterate that consideration of the degree of risk requires an individual, case-by-case approach in deciding the specific decision-to-delivery interval (DDI)

3. COMMUNICATION

Good communication is central to timely delivery of the fetus, while avoiding unnecessary risk to the parent. The time taken for a patient to reach the operating theatre is a critical predictor of the DDI

All members of the multidisciplinary team must be informed of the need (or likely need) for caesarean delivery as early as possible, as well as specific instructions on the degree of urgency

Communication must ensure that all tasks and preparations for caesarean section that can be performed concurrently should be done so and that, where appropriate, roles are interchangeable

Communication could be more effective using a classification that confers a more precise and individual approach to degree of urgency

- Categorisation of risk should be reviewed by the multidisciplinary team when the parent arrives in the operating theatre
- The term ‘crash caesarean section’ and ‘code red’ are not to be used as they are nonspecific terms that cause confusion

4. CLASSIFICATION OF CAESAREAN SECTION

When communicating with the Anaesthetic Team and Theatre staff, the following criteria should be used in all cases:

CATEGORY	DEFINITION	DECISION TO DELIVERY *NICE Auditable Standard*
1	**Immediate threat to life of woman or fetus: abruption, cord prolapse, severe fetal distress**	**30 mins**
2	**Maternal or fetal compromise which is not immediately life threatening**	**75 mins**
3	**Early delivery indicated but no maternal or fetal compromise**	**24hrs**
4	**Elective or planned at a time to suit the woman and the maternity team as scheduled list**	

5. TIMING OF CAESAREAN SECTION

- **Category 4 Planned Caesarean section:** The risk of respiratory morbidity is increased in babies born by caesarean section before labour, but this risk decreases significantly after 39 weeks. Therefore, planned caesarean section should not routinely be carried out before 39 weeks
- **Timing of unplanned caesarean section**: Perform category 1 and category 2 caesarean sections as quickly as possible after making the decision, particularly for category 1.
- Perform category 2 caesarean section in most situations within 75 minutes of making the decision.
- Take into account the condition of the woman and the unborn baby when making decisions about rapid delivery.

  Remember that rapid delivery may be harmful in certain circumstances. Use the following decision-to-delivery intervals to measure the overall performance of an obstetric unit: ○ 30 minutes for category 1 caesarean section ○ 30 and 75 minutes for category 2 caesarean section

6. RECORD KEEPING

The justification and classification of each caesarean section must be clearly documented in the Labour and Delivery Record on the Caesarean Section proforma by the senior obstetrician undertaking the caesarean section

The classification and justification for each caesarean section must be clearly documented in the Birth Register and on WPAS

All women who have given birth by caesarean should have a “Information Following a Caesarean Birth” complete and this should be accompanied by a discussion by a senior obstetrician.

7. AUDITABLE STANDARDS

The monthly number of each caesarean section classification category.

Decision to delivery interval of category 1 and category 2 caesarean sections.

8. REFERENCES

- NICE Caesarean Birth [NG192] 2021
- https://pathways.nice.org.uk/pathways/caesareansection#path=view%3A/pathways/caesarean-section/performing-caesareansection.xml&content=view-node%3Anodes-assess-urgency-and-establishtiming
  NICE: Performing a Caesarean Section

- https://www.google.com/search?client=safari&rls=en&q=caesarean+section+rcog+consent&ie=UTF-8&oe=UTF-8
  Caesarean Section Consent Advice (No.7)