Pathway for Maternal Request for Caesarean birth.

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Need for local Guidance:

There are an increasing number of women are requesting birth via Caesarean Section in the absence of any clinical indication. An unbiased assessment of advantages and disadvantages should be held in what has become a contentious issue in modern obstetrics. There is a need for a clear and consistent pathway for obstetricians, midwives and women where this request is made (NICE 2021).

Content page

Maternal request for caesarean birth.

(*For use in a term pregnancy with no clinical indication for Caesarean section)

At first request by woman to Midwife or Obstetrician

↓

Follow steps 1 - 5 Box A

Give RCOG PIL 'Choosing to have a Caesarean Section'

Available online to print at https://www.rcog.org.uk/en/patients/patient-leaflets/choosing-to-have-a-caesarean-section/

Woman withdraws request → Routine antenatal care

Woman requests CB → Refer to Consultant Obstetrician

Refer to Consultant Obstetrician → Possible Tokophobia / Other reasons

Possible Tokophobia → Consider referral to Perinatal Mental Health Specialist Team
Ongoing support

Other reasons → Consider Referral to consultant Midwife

Consider Referral to consultant Midwife → If after appropriate counselling Obstetrician feels unable to agree to request

If after appropriate counselling Obstetrician feels unable to agree to request → Refer to a second Obstetrician who will agree the request*

Refer to a second Obstetrician who will agree the request* → Book elective Caesarean Birth from 39 weeks

Box A

1. Find out and document the reasons for the request
2. Address concerns about labour and vaginal birth.
3. Make and document clear recommendation about birth mode and most suitable birth setting
4. Engage and in a balanced discussion about the risks and benefits (relative and absolute) of the procedure over a series of visits
5. Discuss alternatives including earlier term IOL/Access to analgesia including epidural and the option to decline instrumental birth
6. Discussion should include impact on planning of future pregnancies.
7. Document in notes.
8. A plan for birth should be finalised by 36/40 using aids on pages 5-11

For women requesting a CB, if after discussion and offer of support (including perinatal mental health support for women with anxiety about childbirth), a vaginal birth is still not an acceptable option, offer a planned CS (NICE 2021). ***Where a second obstetrician feels unable to support the woman's request there should be timely escalation to the Clinical director and the Head of Midwifery for an agreed plan.**

Check List for Maternal Request for Caesarean Birth.

Label/Sticker

Lead Carer:

EDD:

1. **Explore reason for request by patient** (Please circle)
   Primary Tokophobia – No previous birth experience
   Secondary Tokophobia – Previous labour/birth
   Influenced by adverse outcomes in family / friends
   Maternal perception that Caesarean safer for baby
   Other

2. **Discussed benefits and risks for mother and baby** Yes No
3. **RCOG Patient Information leaflet provided** Yes No

4. **Appropriate to offer support of Consultant Midwife** Yes No
5. **Referral sent to Consultant Midwife** Yes No

6. **Appropriate to offer referral to Perinatal Mental Health Specialist Team** Yes No
7. **Woman has accepted referral** Yes No
8. **Referral sent** Yes No

9. After above – **withdrew request for CB** Yes No
10. After above – **requests CB** Yes No

11. **Consultant agrees to request** Yes No
    Patient referred to another Obstetrician Yes No

    Caesarean booked for 39 – 40 weeks Yes No
    Inter- pregnancy gap of at least 12 months advised Yes No

12. **Agreed plan if labours before date of Caesarean** Yes No
    a) Vaginal Birth
    b) No instrumentation
    c) Unplanned CB as soon as safely arranged
    d) Plan for long acting contraception

Date :

Obstetrician Signature:

Patient Signature:

Appendix 1- Discussion aid

Indication: Category 4 CS for maternal request / no obstetric indication

Intended impact:

- Birth of the fetus in accordance with maternal wishes (NICE 2021)
- Elective birth arranged at a suitable time to suit the woman and maternity services from 39 weeks gestation

Giving birth in the UK is extremely safe whichever way your baby is born. The safest way for your baby to be born will depend on your own individual circumstances and you should discuss this during your pregnancy with your healthcare professional. From the research evaluated in Appendix A of the NICE guideline on *Caesarean birth* [NG192]:

Babies born by caesarean and babies born vaginally have similar risks of:

- Needing admission to a neonatal unit
- Being born with a severe infection
- Having long term problems with speech

There is currently not enough evidence to be able to say for certain if either a caesarean or a vaginal birth is more associated with babies developing:

- Breathing problems after birth
- Cerebral palsy
- Autism
- Type 1 diabetes.

There is a very small increased chance of babies born by caesarean:

- Developing asthma later on in life (1 in 55 compared with 1 in 67 after a vaginal birth).
- Becoming obese as a child (1 in 22 compared to 1 in 25 after a vaginal birth).
- Dying in the first 28 days of birth (1 in 2000 compared to around 1 in 3300 after vaginal birth).

If you have specific concerns about your baby needing to be born with the help of ventouse or forceps, you can find out more from the RCOG patient information Assisted vaginal birth (ventouse or forceps*)*. Forceps may also be used during a caesarean birth.

There is a chance of your baby being cut during a caesarean birth. This happens in 1–2 out of every 100 babies born by caesarean, but usually heals without any long term problems.

The Microbiome is a complex system linked to immunity and lifelong health for the baby, the impact of caesarean birth on the microbiome is still being understood however vaginal birth is known to improve microbiome in babies, there may be wider health consequences of caesarean birth that we are not currently aware of.

Skin to skin contact and breastfeeding can help improve microbiome, and are therefore highly recommended, in all birth, but particularly in planned caesarean birth, however this will not achieve the same levels of microbiome in vaginal birth.

Successful breastfeeding is known to be more difficult in caesarean birth, antenatal colostrum harvesting is recommended for all women planning a caesarean birth.

What will a caesarean birth mean for me?

The benefits of having a planned caesarean birth include:

- Minimising the chance of needing an assisted vaginal birth or an emergency caesarean birth.
    - The chance of you needing an assisted vaginal birth if you are a first time mum is between 1 in 2 and 1 in 3 in the UK (1 in 8 including women who have given birth before).
    - The chance of you needing an emergency caesarean birth is 1 in 3 if you are a first time mum in the UK (1 in 5 including women who have given birth before).
- Avoiding the chance of tears to your vagina or perineum. Perineal tearing is very common during a vaginal birth. The chance of long term complications following a tear is small. Further information, including how to reduce your chance of tearing, can be found on the RCOG hub for Perineal tears and episiotomies in childbirth and patient information poster Perineal tears during childbirth.
- Reducing the chance of you having urinary incontinence (leaking urine). Up to 1 in 4 (28%) women who have a baby born by caesarean experience urinary incontinence compared to up to 1 in 2 (49%) women who give birth vaginally. The chance of longer term urinary incontinence is lower whichever way you give birth and pelvic floor exercises can help.
- Having a planned date for the birth and reducing the uncertainties of going into labour naturally.

The risks of having a planned caesarean birth include:

- Although you should not feel any pain during the caesarean (because you will have an anaesthetic), the wound will be painful while you recover. You will be given pain relief in hospital and to take home. One in 10 women will experience discomfort for the first few months. The recovery period after a caesarean birth is usually about 6 weeks, but this can vary.
- Infection – this can be of your wound or your uterus (womb). It is common (2–7 in 100 women) and can take several weeks to heal. You will be offered antibiotics through a drip at the start of your caesarean to reduce this risk.
- Developing scar tissue (adhesions) internally when you heal from the operation. This can cause pain and can make any operations you might need later in life more difficult.

Serious complications are more common if you have had previous operations to your abdomen such as previous caesarean births. Serious complications are not common if you are having your first caesarean birth, if it is planned in advance and if you are fit, healthy and not overweight.

Serious complications include:

- The chance of needing to undergo a hysterectomy (removal of your uterus) because of heavy bleeding at the time of your caesarean birth increases with each operation, but

overall this risk is low (about 1 in 670 women after caesarean birth compared with 1 in 1250 after vaginal birth).

- Maternal death – 1 in 4200 women after caesarean birth compared with 1 in 25 000 women after vaginal birth.
- Rarely there is the chance of injuring your bladder or other abdominal organs during a planned caesarean. This may require further operations to repair any injury. Your healthcare team will discuss with you the chance of this happening as it will depend on your individual circumstances.

You can choose to breast feed your baby after having a caesarean birth and are no more likely to experience difficulties with this than if you have had a vaginal birth. You can have skin-to-skin contact with your baby during a caesarean birth.

Oxytocin (often called the mothering hormone) is the main hormone of vaginal birth, women who have not laboured will not have high levels of oxytocin, some women report this impacts on bonding with their babies in the early days after birth.

What about the effect of having a caesarean for me in the future?

The risks associated with surgery increase with the number of caesarean births you have. Once you have had a caesarean birth:

- You have a higher chance of a serious complication called placenta accreta in any future pregnancy (1 in 1000 women compared with 1 in 2500 women who have had vaginal births). Placenta accreta is where the placenta does not come away as it should when your baby is born. If this happens, you may lose a lot of blood and need a blood transfusion, and you are likely to need a hysterectomy. The chance of placenta accreta increases with every caesarean birth. See RCOG patient information Placenta praevia, placenta accreta and vasa praevia.
- If you have a vaginal birth with your next pregnancy, there is a higher chance of having a uterine rupture (1 in 98 women after a previous caesarean compared with 1 in 2500 with no previous caesarean). This usually only happens if you go into labour, and is less likely to happen if you plan another caesarean birth. It is an uncommon but serious complication that can lead to very heavy bleeding.

What does having a vaginal birth mean for me?

If you have a vaginal birth, you will usually have:

- A shorter stay in hospital after your baby is born (on average 1 and a half days shorter than women having a caesarean birth). Women having straightforward vaginal births can often be discharged the same day. Women having straightforward caesarean births are usually discharged after an overnight stay (24–36 hours).
- A faster recovery. You should be able to get back to everyday activities more quickly and you should be able to drive sooner. Standard advice for women having a caesarean birth is to allow 6 weeks for physical recovery and not to plan to drive during this time.
- A much shorter labour in the future, with a low chance of harm to you and your baby.

It is common for the area between your vagina and anus (perineum) to feel sore and uncomfortable for a while after you have given birth. This is because this area will have stretched as your baby is born and you may have stitches.

Complications can also happen during a vaginal birth, especially with first births. These may include:

- The need for forceps or ventouse to help your baby to be born. For more information, see RCOG patient information Assisted vaginal birth (ventouse or forceps).
- Vaginal or perineal tears. See the RCOG hub for Perineal tears and episiotomies in childbirth for more information, including how you can reduce the chance of having a serious tear during birth.
- Needing an emergency caesarean birth.

Whether you have a caesarean birth or a vaginal birth, there is no significant difference in the chance of developing:

- Blood clots in your legs or lungs.
- Excessive bleeding during birth.
- Postnatal depression.

Comparative side-by-side table of outcomes:

For you	Planned caesarean birth	Vaginal birth
Third or fourth-degree perineal tears	0 per 10 000	56 per 10 000 (about 1 in 179)
Urinary incontinence more than 1 year after birth	2752 per 10 000 (about 1 in 4)	4870 per 10 000 (about 1 in 2)
Faecal incontinence more than 1 year after birth	741 per 10 000 (about 1 in 13)	No difference if unassisted. If assisted: 1510 per 10 000 (about 1 in 7)
Urinary tract injury	About 1 per 1000*	0 per 1000
Uterine rupture in a future pregnancy	1020 per 10 000 (about 1 in 98)*	4 per 10 000 (about 1 in 2500)
Emergency hysterectomy	15 per 10 000 (about 1 in 670)	8 per 10 000 (about 1 in 1250)
Placenta accreta in a future pregnancy	10 per 10 000 (1 in 1000)*	4 per 10 000 (about 1 in 2500)
Maternal death	24 per 100 000 (about 1 in 4200)	4 per 100 000 (about 1 in 25 000)
For your baby	**Planned caesarean birth**	**Vaginal birth**
Childhood obesity	456 per 10 000 (about 1 in 22)	405 per 10 000 (about 1 in 25)
Asthma	181 per 10 000 (about 1 in 55)	150 per 10 000 (about 1 in 67)
Dying within 28 days of birth	5 per 10 000 (1 in 2000)	3 per 10 000 (about 1 in 3300)

* Numbers for planned and unplanned caesarean births

Discuss any extra procedures which may become necessary during the procedure:

- Hysterectomy
- Blood Transfusion
- Repair of damage to bowel, bladder or blood vessels

Spinal and general anaesthetic

This information has been adapted from that written by the Information for Mothers Subcommittee of the Obstetric Anaesthetists Association (OAA).

Risks of having a regional anaesthetic (epidural or spinal)		
Type of risk	**How often does this happen?**	**How common is it?**
Nerve damage (numb patch on a leg or foot, or having a weak leg). Effects lasting for more than 6 months.	Temporary - 1 in every 1,000 women Permanent - 1 in every 13,000 women	Rare Rare
Epidural abscess (infection). Meningitis. Epidural haematoma (blood clot).	1 in every 50,000 women 1 in every 100,000 women 1 in every 170,000 women	Very rare Very rare Very rare
Accidental loss of consciousness.	1 in every 5,000 women	Rare
Severe injury, including being paralysed.	1 in every 250,000 women	Extremely rare

Risks of having a general anaesthetic		
Type of risk	**How often does this happen?**	**How common is it?**
Chest infection	1 in every 5 women	Common (most are not severe)
Sore throat	1 in every 5 women	Common
Feeling sick	1 in every 10 women	Common
Airway problems leading to low blood-oxygen levels	1 in every 300 women	Uncommon
Fluid from the stomach entering the lungs, and severe pneumonia	1 in every 300 women	Uncommon
Corneal abrasion (scratch on the eye)	1 in every 600 women	Uncommon
Damage to teeth	1 in every 4500 women	Rare
Awareness (being awake part of the time during your anaesthetic)	1 in every 600 to 1200 women	Rare
Anaphylaxis (a severe allergic reaction)	1 in every 10,000 to 20,000 women	Very rare
Death or brain damage	Death: less than 1 in 100,000 women Brain damage:	Very rare (1 or 2 a year in the UK) Very rare (exact figures do not exist)

Notes

It is recommended that clinicians make every effort to separate serious from frequently occurring risks. For women who are obese, or who have significant morbidity or comorbidity should be informed that their chance of serious or frequent complications will be increased.

Complication rates for all caesarean sections are very common. Complication rates from caesarean section performed during labour have overall complication rates greater than during a planned procedure (24 women in every 100 compared with 16 women in every 100). Complication rates are higher at 9–10 cm dilatation when compared with 0–1 cm (33 women in every 100 compared with 17 women in every 100).

Reference list

National Institute for Health and Clinical Excellence. 2021. *Caesarean Birth - NICE clinical guideline NG192.*NICE

Royal College of Obstetricians and Gynaecologist, 2009. Consent advice No 7. Caesarean Section. Retrieved from https://www.rcog.org.uk/globalassets/documents/guidelines/consent-advice/ca7-15072010.pdf

Royal College of Obstetricians and Gynaecologists .2022 . Considering a Caesarean Birth. Patient information leaflet.RCOG.

Royal Berkshire NHS foundation Trust.2018. Anaesthetics for Caesarean Birth. Retrieved from https://www.royalberkshire.nhs.uk/patient-information-leaflets/Maternity/Maternity---caesarean-birth---anaesthetics-for.htm.

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Maternal Request for Caesarean birth
Name(s) of Author:	Antenatal Forum
Chair of Group or Committee approving submission:	Antenatal Forum
Brief outline giving reasons for document being submitted for ratification	National recommendations for a pathway for women requesting Caesarean Section without clinical indication.
Details of persons included in consultation process:	Consultant Obstetricians Senior Midwives Maternity Voice's Partnership Antenatal Forum
Name of Pharmacist (mandatory if drugs involved):	N/A
Issue / Version No:	1
Please list any policies/guidelines this document will supercede:	N/A
Date approved by Group:	14/08/24
Next Review / Guideline Expiry:	August 2027
Please indicate key words you wish to be linked to document	Maternal request, Caesarean Section, CS, LSCS
File Name: Used to locate where file is stores on hard drive	Maternity/policies and guidelines/obs