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.

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

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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

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Routine antenatal care

Box A

1. Find out and document the reasons for the patient's request
2. Address concerns about labour and vaginal birth.
3. Engage her and her support persons in a balanced discussion about the risks and benefits (relative and absolute) of the procedure over a series of visits
4. Discussion should include impact on planning of future pregnancies.
5. Document in notes.
6. A plan for birth should be finalised by 36/40 using aids on page 4/5 & 6

Woman requests CS

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Refer to Consultant obstetrician

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Possible Tokophobia

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Refer PRAMS/Ongoing support

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Other reasons

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Consider Referral to consultant Midwife

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If after appropriate counselling Obstetrician feels unable to agree to request

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Refer to a second Obstetrician who will agree the request*

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Book elective Caesarean 39 – 40 weeks

For women requesting a CS, 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 2011). ***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)
   Tokophobia – No previous labour
   Tokophobia – Previous labour/delivery
   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 PRAMS**	Yes	No
7.	**Patient has accepted referral to PRAMS**	Yes	No
8.	**Referral sent to PRAMS**	Yes	No
9.	After above – **patient withdrew request for CS**	Yes	No
10.	After above – **patient requests CS**	Yes	No
11.	**Consultant agrees to request**	Yes	No
12.	**Consultant does not agree to request,**	Yes	No
	Patient referred to another Obstetrician	Yes	No
	Caesarean booked for 39 – 40 weeks	Yes	No
13.	**Agreed plan if labours before date of Caesarean**	Yes	No

   a) Vaginal delivery
   b) No instrumentation
   c) Em CS as soon as safely arranged

Date :

Obstetrician Signature:

Patient Signature:

Appendix 1- Discussion aid

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

Intended benefits:

- **Birth of fetus in accordance with maternal wishes**
- **Elective birth arranged at a suitable time to suit the woman and maternity services**
- **Removes small chance of neonatal complications occurring during the intrapartum period.**

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

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

Explain increased chance of complications -

For Baby:

- Baby sustaining a small skin cut or laceration – 1-2 in 100 (common)
- Admission to neonatal unit for temporary breathing difficulty 1-3 in 100 (common)
- Babies born by Caesarean Section are more likely to develop asthma in childhood and to become overweight.
- Overall effect of Caesarean section birth on neonatal microbiome is still being evaluated, it is currently unclear what health effects are seen in both the long and short term.
- Caesarean birth is known to impact on breastfeeding initiation and continuation the effects of formula feeding on infant health and wellbeing are well documented.

For Mother:

- Major Haemorrhage - bleeding more than expected – 5 in 1000 (uncommon)
- Emergency hysterectomy – 7-8 in 1000 (uncommon)
- Bladder injury - 1 in 1000 (rare)
- Ureteric injury – 3 in 10 000 (rare)
- Need for further surgery at a later date, including curettage - 5 in 1000 (uncommon)
- Admission to intensive care unit – 9 in 1000 (uncommon)
- Thromboembolic disease (clot formation in legs and lungs) 4 – 16 in 10 000 (rare)
- Death - 1 in 12 000 (very rare)

Intermediate or late events:

- Pain and discomfort at wound site felt for first few months – 1 in 10 (common)
- Wound infection – may take several weeks to heal - 6 in 1000 (common)
- Readmission to hospital – 5 in 100 (common)
- Increased risk of repeat Caesarean section when vaginal delivery attempted in subsequent pregnancy – 1 in 4 (very common)

All risks are increased if women are overweight.

Effects on future births:

- Increased risk of uterine rupture during subsequent pregnancies/deliveries 2-7 in 1000 (uncommon)
- Increased risk of antepartum stillbirth – 4 in 1000 (uncommon) compared with a vaginal birth (2 in 1000)
- Increased risk in subsequent pregnancies of placenta praevia and placenta accrete 4 - 8 in 1000 (uncommon)

Anaesthetic Risks include:

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. Women who are obese, who have significant pathology, who have had previous surgery or who have pre-existing medical conditions must understand that the quoted risks for 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).

(RCOG 2009, Pg 2)

Reference list

National Institute for Health and Clinical Excellence. 2011. *Caesarean section - NICE clinical guideline 132.* Manchester: 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 .2015. *Birth after Previous Caesarean Section – Green Top Guideline number 45* London: 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 Services Liaison Committee 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:	23rd November 2020
Next Review / Guideline Expiry:	November 2023
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	