Attitudes Towards Maternal Request Caesarean Section: A Survey Amongst Consultant Obstetricians

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Background

- Welsh Government report 2015
 - C-section rate fluctuated between 26% 28% over 10years

NICE

 'healthcare providers have the responsibility to ensure the safest, most cost-effective method of delivery for women and babies accepting that very occasionally women will request an elective C-section in the absence of conventional obstetric indications'.

Safety

- WHO statement on caesarean section rates, 2015
 - "there is no evidence showing the benefits of caesarean delivery for women or infants who did not require the procedure."
- NICE March 2013
 - no evidence from RCTs, upon which to base any practice recommendations regarding planned caesarean section for non-medical reasons at term.
- American College Of Obstetricians & Gynaecologists 2013
 - "Potential risks of cesarean delivery on maternal request include a longer maternal hospital stay, increased risk of respiratory problems for the infant, and greater complications in subsequent pregnancies and the need for hysterectomy. Potential short-term benefits of planned cesarean delivery compared with a planned vaginal delivery include a decreased risk of hemorrhage and transfusion, fewer surgical complications, and a decrease in urinary incontinence during the first year after delivery

Cost

NICE estimates

- Vaginal delivery £1,512
- Planned Caesareans £2,369
- Emergency Caesareans £3,042.

NICE guidance

1.2.9 Maternal request for CS

- 1.2.9.1 When a woman requests a CS explore, discuss and record the specific reasons for the request. [new 2011]
- 1.2.9.2 If a woman requests a CS when there is no other indication, discuss the overall risks and benefits of CS compared with vaginal birth and record that this discussion has taken place (see box A). Include a discussion with other members of the obstetric team (including the obstetrician, midwife and anaesthetist) if necessary to explore the reasons for the request, and ensure the woman has accurate information. [new 2011]
- 1.2.9.3 When a woman requests a CS because she has anxiety about childbirth, offer referral to a healthcare professional with expertise in providing perinatal mental health support to help her address her anxiety in a supportive manner. [new 2011]
- 1.2.9.4 Ensure the healthcare professional providing perinatal mental health support has access to the planned place of birth during the antenatal period in order to provide care. [new 2011]
- 1.2.9.5 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. [new 2011]
- 1.2.9.6 An obstetrician unwilling to perform a CS should refer the woman to an obstetrician who will carry out the CS. [new 2011]



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Why I Fought So Hard to Have a C-Section

No, I was not "too posh to push."



Objective

 Assess attitudes towards maternal request caesarean section amongst consultants working at University Hospital of Wales, Cardiff (UHW) & Princess of Wales Hospital, Bridgend (POW).

Design & Setting

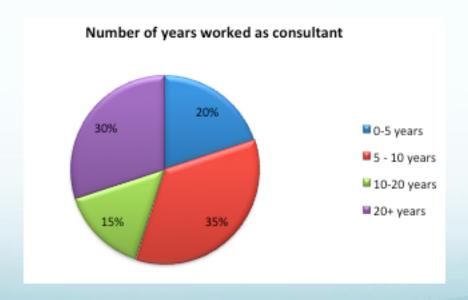
- A cross-sectional survey
- All consultants currently practicing obstetrics at UHW or POW.
- Anonymous
- Asked to rate personal attitude and general attitude of the department
- Indicate usual practice

Case Scenarios

- A. 15 year old rape victim presents as a late booker petrified of vaginal examination
- B. Primigravida with a husband in the armed forces who is being deployed on EDD, declining IOL
- C. Para 1: previous SVD, episiotomy breakdown and refashioning of perineum
- D. Para 1: previous traumatic forceps delivery
- E. Primigravida wanting to keep vagina "honeymoon fresh"

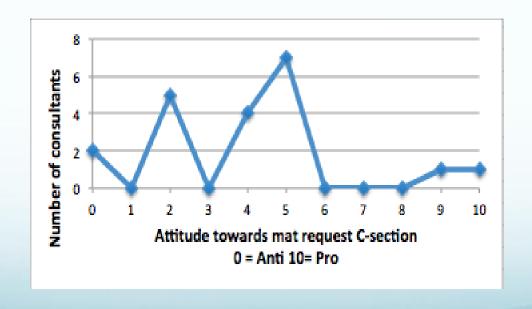
Results

- Response rate:
 - 92% (UHW)
 - 89% (POW)
 - total of 91% (20 participants).

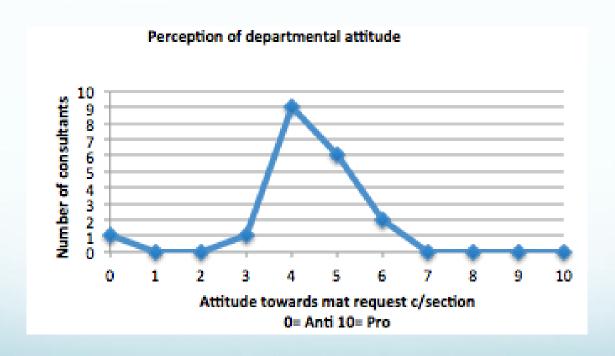


Trend in attitudes

- Neither pro or anti 55%
- Anti 35%
- Pro 10%



- 70% were not aware of any departmental guideline
- 85% felt their unit were neutral in their attitude towards maternal request C-section



- Offer maternal request C-section
 - History of sexual abuse (65%)
 - Previous perineal breakdown (58%)
 - Previous traumatic delivery (42%)

- Unlikely to offer maternal request C-section
 - Convenience (74%)
 - Cosmesis (63%)

 85% would refer for a second opinion in the absence of medical indication.

- Depending on the history
 - 16 68% would offer an information leaflet
 - 32 58% would refer to "birth choices" clinic
 - 5 53% would refer to a psychologist

Conclusions

- Most are flexible in their approach
- Most are adaptable to individual case scenarios
- Each woman should be assessed individually to explore ideas, concerns and expectations
- Women should be presented with risks and benefits of each mode of delivery
- MDT support
- Clinicians not obliged to perform procedure but should refer to an obstetrician who would

References

- https://www.nice.org.uk/guidance/cg132/chapter/guidance
- World Health Organisation. WHO statement on caesarean section rates with supporting FAQs. 2015
- American College of Obstetricians and Gynecologists. ACOG committee opinion no. 559: <u>Cesarean delivery on maternal request. Obstet Gynecol. 2013 Apr;121(4):904-7.</u>
- https://www.rcog.org.uk/en/guidelines-research-services/guidelines/caesarean-sectionon-maternal-request---query-bank/
- https://www.mumsnet.com/Talk/childbirth/2265715-Help-How-to-get-elective-c-sectioncaesarean-which-NHS-Trusts-allow-this
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