

PRESS RELEASE

New NHS guidelines on caesarean sections set out best care for women and babies

New guidelines issued today to the NHS in England and Wales set out the best care for women and babies on caesarean section. The guidelines, published by the National Institute for Clinical Excellence in conjunction with the National Collaborating Centre for Women's and Children's Health, cover the information and support that should be offered to women making decisions about whether to have a caesarean section, including consent for caesarean sections, reasons for needing a caesarean section, and the care that should be offered during and after the operation.

A caesarean section may be planned in advance – for example, because the placenta is lying over the neck of the womb – or it may be done as an emergency or if complications develop during pregnancy or labour. The National Sentinel Caesarean Section Audit published in 2001 showed that ninety-three per cent of caesarean sections in England and Wales were carried out as a result of a pre-existing medical condition or concerns about the health of women or babies.

Key recommendations in the guideline published today include:

- When a woman and her doctor are considering a caesarean section there should be discussion about the benefits and risks of caesarean section compared with vaginal birth based on the individual circumstances of the woman and her baby.
- If a woman asks to have a caesarean section, the doctor will not automatically agree to arrange one if he or she does not think it will benefit the health of the woman or baby. The doctor should discuss with the woman why she has chosen

this option, and make a note of the reasons. If a woman is frightened of giving birth, she should be offered the chance to discuss her fears with a counsellor. The doctor has the right to decline a request for a caesarean section but should offer to refer the woman to another doctor.

- If a caesarean section is planned in advance, it should not happen before the 39th week of pregnancy, because the risk of a baby having breathing problems increases if it is born by caesarean section before 39 weeks.
- Women should be informed that continuous support from another woman, with or without prior training, during labour reduces the likelihood of caesarean section.
- A consultant (senior) obstetrician should be involved in making the decision to carry out a caesarean section, as when this happens it is less likely that the woman and her healthcare team will decide the operation is needed.

Andrea Sutcliffe, Executive Director at NICE said, “A caesarean section is a major operation and any woman deciding whether to undergo one should be aware of the risks and benefits for herself and for her baby so that she can make informed decisions about her care. This guideline is not saying women should not have caesarean sections, but explains what the evidence shows is best for women and their babies. These guidelines will help to ensure that the NHS is working to the same standards across England and Wales.”

Ends

Notes to Editors

About the clinical guideline and the National Collaborating Centre for Women’s and Children’s Health

1. Further information on the Caesarean Section guideline is available from www.nice.org.uk/CG013
2. Clinical guidelines are recommendations on the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales. They sit alongside, but do not replace, the knowledge and skills of experienced health professionals.
3. NICE clinical guidelines are developed by independent groups that include healthcare professionals working in the NHS, patients and people who are familiar with the issues affecting patients and carers. Professional and patient/carer groups whose members are likely to be affected by the guideline are able to submit information and comment on the recommendations before they are finalised.
4. The National Collaborating Centre for Women’s & Children’s Health is based at the Royal College of Obstetricians and Gynaecologists, and involves the following partners:
 - Royal College of Obstetricians and Gynaecologists
 - Royal College of Midwives

- Faculty of Family Planning and Reproductive Health Care
 - Royal College of Paediatrics and Child Health
 - British Association of Sexual Health.
5. The implementation of NICE guidance and the funding of that implementation is a matter for the Department of Health and the Welsh Assembly Government. They are both stakeholders in the guideline development process and have the opportunity to make comments on draft versions of the guideline.
 6. The guideline asks local health communities to review their existing management of caesarean sections against this guideline. The review should consider the resources required to implement the recommendations set out in the guideline, the people and processes involved, and the timeline over which full implementation is envisaged. It is in the interests of patients that the implementation timeline is as rapid as possible. Relevant local clinical guidelines, care pathways and protocols should be reviewed in the light of this guidance and revised accordingly.

About NICE

7. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.
8. NICE produces guidance in three areas of health:
 - the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals
 - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
 - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use – interventional procedures.

NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).

9. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.