

**National Collaborating Centre for  
Women's and Children's Health**

**Confirmed Minutes**

**1<sup>st</sup> Caesarean Section update Guideline Development Group (GDG) Meeting  
Wednesday 7<sup>th</sup> and Thursday 8<sup>th</sup> July 2010 at the RCOG.**

<b>Present:</b>	Malcolm Griffiths (MG)	Consultant obstetrician (chair)
	Andrew Loughney (AL)	Consultant obstetrician
	Christine Johnson (CJ)	Lay member
	Debbie Chippington Derrick (DCD)	Lay member
	Nina Khazaezadeh (NK)	Consultant midwife
	Nuala Lucas (NL)	Consultant anaesthetist
	Olujimi Jibodu (OJ)	Consultant obstetrician
	Pippa Nightingale (PN)	Consultant midwife
<b>NCC-WCH:</b>	David James (DJ)	Clinical Co-director
	Maryam Gholitabar (MGh)	Research assistant
	Paul Jacklin (PJ)	Senior health economist
	Shona Burman-Roy (SBR) (items 14 – 19)	Senior research fellow
	Roz Ullman (RU)	Senior research fellow
	Rupert Franklin (RF)	Project manager
	Zosia Beckles (ZB)	Information scientist
<b>NICE:</b>	Sarah Chalmers (SC) (1 <sup>st</sup> day only)	Project manager, Patient and public involvement programme
	Susan Latchem (SL) (1 <sup>st</sup> day only)	Guidelines commissioning manager
	Natalie Bemrose (NB) (1 <sup>st</sup> day only)	Observer
<b>In attendance:</b>	Kate Harding (KH) (items 20 - 24)	Consultant obstetrician
	Mark Turner (MT) (2 <sup>nd</sup> day only)	Consultant neonatologist
<b>Apologies:</b>	None	

## Day 1

### **1. Welcome, introductions, apologies, housekeeping, ground rules**

MG welcomed the group to the meeting and introduced himself to the group. The group introduced themselves to each other (details of group membership can be found on the NICE website). No apologies were received. MG set out the aims for the meeting and the ground-rules for all GDG meetings. The group was informed of the planned meetings dates for the remainder of the development process.

### **2. Declarations of interest**

RF explained the importance of declarations of interest and clarified the terms used in describing them. Each member of the group was asked to declare their interests.

MG declared that he has a medico-legal practice (non-specific personal pecuniary interest). It was agreed that no further action was required as this interest did not relate specifically to the guideline and so did not constitute a conflict.

AL declared that his trust received funding for supplying patients into two studies run by drug companies. The studies investigated the use of misoprostol for induction of labour and the use of tinzaparin for deep-vein thrombosis prophylaxis (non-specific non-personal pecuniary interests). It was agreed that no further action was required as these interests did not relate specifically to the guideline and so did not constitute a conflict. He has also written a paper on the decision to delivery interval which is currently awaiting publication (specific personal non-pecuniary interest). It was agreed that no further action was required as the paper does not contain views which could be considered prejudicial to an objective interpretation of the evidence.

CJ declared that she owns shares in Aviva which sells health insurance (non-specific personal pecuniary interest). Her husband works for Aviva and he also holds shares with them (non-specific personal family interest). It was agreed that no further action was required as these interests did not relate specifically to the guideline and so did not constitute a conflict.

DCD declared that she is co-owner of [www.caesarean.org.uk](http://www.caesarean.org.uk) which provides information about caesarean sections and the co-author of an NCT publication on caesarean section (specific personal non-pecuniary interests). It was agreed that no further action was required as these interests did not constitute a conflict.

NK declared that she has submitted an abstract regarding audit data on vaginal birth after caesarean section (VBAC) rates for her trust. She is the principal investigator for a health literacy assessment tool and joint principal investigator for a multi-component intervention for obese pregnant women (non-specific personal non-pecuniary interests). It was agreed that no further action was required as these interests did not relate specifically to the guideline and so did not constitute a conflict.

NL declared that she has a private practice, however the fee charged for an epidural remains the same, regardless of the mode of birth (non-specific personal pecuniary interest). She is a member of the obstetric anaesthetists' association committee (non-specific personal non-pecuniary interest). It was agreed that no further action was required as these interests did not relate

specifically to the guideline and so did not constitute a conflict. She has lectured on the decision to delivery interval at national meetings and has also written a commentary on a new RCOG guideline on the classification of caesarean sections which will be published in September 2010 (specific personal non-pecuniary interests). It was agreed that no further action was required as the content of these lectures and paper were not prejudicial to an objective interpretation of the evidence.

OJ declared that he is the director of OptiMum Prenatal Ltd. which conducts early pregnancy scans. He is also sponsored as the principal investigator for the Control of Hypertension in Pregnancy Study (CHIPS) by the Canadian Institute of Health Research (non-specific personal pecuniary interests). It was agreed that no further action was required as these interests did not relate specifically to the guideline and so did not constitute a conflict. He is the lead on a departmental initiative to promote vaginal birth after caesarean section due to his unit's high rate of caesarean sections (specific non-personal non-pecuniary interest) He has also been the first name author on a number of publications which encourage VBAC in the context of high caesarean rates with no sound obstetric basis (specific personal non-pecuniary interest). When performing VBACs, his unit uses a cervical balloon dilator produced by Cook Medical (specific non-personal pecuniary interest). It was agreed that no further action was required at this stage as the VBAC topic will not be looking at specific interventions used during the procedure.

PN declared that she has written a paper on a VBAC scoring system including an audit of care which is awaiting publication (specific personal non-pecuniary interest). It was agreed that no further action was required as the paper was evaluating a specific VBAC system and so was not directly relevant to the clinical question being considered in the guideline and thus did not constitute a conflict. She has also proof-read a book which gives a lay person's perspective on pregnancy (non-specific personal pecuniary interest). It was agreed that no further action was required as this interest did not relate specifically to the guideline and so did not constitute a conflict.

The group was reminded to declare any new interests at each GDG meeting.

### **3. Reminder of scope and clinical questions**

MG presented the finalised scope to the group and clarified that the guideline will only look at the specific topics included within it.

### **Break**

### **4. Developing review questions**

RU gave a presentation to the group about the process for developing review questions.

### **5. Health economics**

PJ gave a presentation to the group about the role of health economics in guideline development.

### **6. Identifying topic groups**

The group were divided into three topic groups in order to develop protocols for three of the clinical questions.

### **7. Topic group work – developing protocols**

The three topic groups discussed and developed the protocols for three of the clinical questions.

## **Lunch**

### **8. Topic group feedback**

Each topic group presented their protocol to the group as a whole. The group discussed each protocol in turn and suggested amendments.

### **9. Identifying evidence**

ZB gave a presentation to the group about the process of searching for and identifying evidence.

## **Break**

### **10. Reviewing evidence**

It was agreed that RU would combine this with a subsequent presentation on the next day.

### **11. Patient and public involvement programme (PPIP)**

SC gave a presentation to the group about the role of lay members on guideline development groups and the work of the PPIP at NICE.

### **12. NICE**

SL gave a presentation about the role of the guidelines commissioning manager and the work of NICE as a whole.

### **13. Any other business**

There were no other matters arising. MG thanked the group for their work and closed the first day of the meeting.

## **Day 2**

### **14. Welcome, introductions**

MG welcomed the group to the second day of the meeting. The group were introduced to MT who is an expert advisor for the antibiotics and HIV questions, and SBR who is a senior research fellow with the NCC-WCH

### **15. Understanding the evidence**

RU gave a presentation about how the evidence is reviewed and then how it is presented.

### **16. Antibiotics - review of the evidence**

SBR presented the evidence for the antibiotics review

## **Break**

### **17. How to draft GDG interpretations and recommendations**

RU explained to the group about the process for interpreting the evidence and drafting recommendations

**18. Antibiotics - discussion of the evidence**

The group discussed the evidence that had been presented

**19. Health economics considerations**

PJ discussed the health economics considerations for this guideline and asked the group to identify which topics were a priority for health economic analysis.

**Lunch**

After lunch, the group was introduced to KH who is an expert advisor for the HIV topic

**20. Antibiotics – drafting interpretation**

The group drafted an interpretation of the evidence

**21. Antibiotics – drafting recommendations**

The group drafted recommendations for this topic

**22. HIV – review of the evidence**

MGh presented the evidence for the HIV review

**23. HIV – discussion of evidence**

The group discussed the evidence for this topic

**24. HIV – drafting interpretation and recommendations**

The group drafted recommendations and an interpretation of the evidence for this topic

**25. Plans for the next meeting and further meeting dates**

The group was reminded about the dates of the future meetings. The topics to be discussed at the next meeting were confirmed

**26. Any other business**

There were no other matters arising. MG thanked the group for their work and closed the meeting

**Close**

**Signed:.....Date:.....**

**David James, Clinical Co-director, NCC-WCH**

**Signed.....Date.....**

**Malcolm Griffiths, GDG Chair for Caesarean Section (update).**