

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

**Confirmed Minutes**

**4<sup>th</sup> Caesarean Section update Guideline Development Group (GDG) Meeting  
Monday 7<sup>th</sup> March & Tuesday 8<sup>th</sup> March at the Royal College of Obstetricians and  
Gynaecologists**

<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
	Roz Ullman (RU)	Senior research fellow
	Paul Jacklin (PJ) (for items 4-19)	Senior health economist
	Rupert Franklin (RF)	Project manager
	Zosia Beckles (ZB) (for items 1-5 and 10-19)	Information scientist
<b>NICE:</b>	Ben Doak (BD)	Guidelines commissioning manager
	Ann Greenwood (AG) (For items 14 - 19)	Senior editor
<b>Apologies:</b>	Jeannie Medd (JM)	Commissioning manager

## Day 1

### **1. Welcome, apologies, declarations of interest, minutes**

MG welcomed the group to the meeting. Apologies were received from those listed above. The group was asked to declare any interests. NL declared that she took part in a published debate on decision to delivery interval (personal non pecuniary interest). It was agreed that this did not constitute a material conflict of interest. MG declared that he will be writing a paper on decision to delivery interval which will be published once the guideline has been published. It was agreed that this did not constitute a material conflict of interest. AL declared that he has written a paper on haemorrhage during caesarean section. It was agreed that this did not constitute a material conflict of interest. DJ highlighted that he was a co-author of one of the reviewed papers for the decision to delivery question. It was agreed that during the discussion of this paper, DJ would not contribute to the discussion but could be asked specific questions about the paper. The group reviewed the minutes from the previous meeting. No amendments were required and the group confirmed that they were an accurate account.

### **2. Decision to delivery interval – review of evidence**

MGr presented the evidence for the decision to delivery question and highlighted the limitations of the studies.

### **3. Decision to delivery interval – discussion of evidence**

The group discussed the evidence for this review and highlighted points to be included in the interpretation of evidence.

## **Break**

### **4. Decision to delivery interval – recommendations**

Following their discussion of the evidence, the group drafted recommendations for this topic.

### **5. Revisiting health economics for maternal request/VBAC**

PJ presented a revised health economic model for the maternal request and VBAC questions. The group discussed the model and noted its findings.

## **Lunch**

### **6. Revisiting maternal request review**

RU explained the process of re-running the clinical searches before the end of guideline development. The group reviewed the additional evidence for this question and finalised their recommendations.

### **7. Revisiting vaginal birth after CS (VBAC) review**

Due to time constraints, it was agreed that this would be discussed on day 2 (see item 14).

### **8. Revisiting antibiotics review**

Due to time constraints, it was agreed that this would be discussed on day 2 (see item 15).

## **9. Any other business**

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

## **Day 2**

### **10. Welcome**

MG welcomed the group to the second day of the meeting.

### **11. Health economic model for morbidly adherent placenta**

PJ presented the health economic model for the topic of morbidly adherent placenta.

### **12. Revisiting morbidly adherent placenta reviews**

Following PJ's presentation, the group reviewed the morbidly adherent placenta topic and made amendments to the recommendations.

## **Break**

### **13. Revisiting HIV review**

The group reviewed the HIV topic and made amendments to the recommendations.

### **14. Revisiting VBAC review**

The group reviewed the VBAC topic and made amendments to the recommendations

### **15. Revisiting antibiotics review**

The group reviewed the antibiotics topic and made amendments to the recommendations.

### **16. Voting for key priorities for implementation**

The group reviewed all of the recommendations and voted for the ten which they thought should be highlighted as key priorities for implementation in the guideline.

## **Lunch**

### **17. Finalising key priorities for implementation**

The group was presented with the results from the first round of voting and then conducted a second round of voting to finalise their choices for key priorities for implementation

### **18. Developing research recommendations**

The group reviewed each topic and drafted recommendations for research that needs to be conducted in each area.

## **Break**

### **19. Developing an algorithm**

RF presented a draft algorithm for the guideline. The GDG suggested amendments that could be made to it and it was agreed that RF would make these changes in preparation for the stakeholder consultation.

**20. Next steps**

The group was reminded of the dates for the stakeholder consultation and the further meeting dates.

**21. Any other business**

It was noted that the recommendations on multiple pregnancy from the original guideline may not be in line with the draft recommendations from the NICE guideline on multiple pregnancy which is currently in development. The group discussed the recommendations and it was agreed that DJ would draft a response on behalf of the GDG which could be submitted during the stakeholder consultation period for the multiple pregnancy guideline.

Close

Signed:.....Date:.....  
David James, Clinical Co-director, NCC-WCH

Signed:.....Date.....  
Malcolm Griffiths, GDG Chair for Caesarean Section (update)