

Guideline scope

Caesarean birth

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What the guideline currently covers

Populations

- Women or pregnant people having a caesarean birth.

Specific consideration was given to the following subgroups:

- women or pregnant people who have had a previous caesarean birth
- women or pregnant people who are HIV positive
- women or pregnant people in labour who need emergency or urgent caesarean birth
- women or pregnant people who are morbidly obese.

Exclusions

- Women or pregnant people, or babies, with rare conditions or with complex or unusual comorbidities (for example, maternal congenital heart disease) that need specialist care.

Equality considerations

NICE has carried out [equality impact assessments for caesarean birth](#). The assessments:

- list equality issues identified, and how they have been addressed
- explain why any populations are excluded from the scope.

Settings

All settings in which NHS care is received or commissioned.

Activities, services or aspects of care

We looked at evidence in the areas below when developing the recommendations:

- Planning mode of birth.
- Planned caesarean birth.
- Factors affecting the likelihood of emergency caesarean birth during intrapartum care.

- Procedural aspects of caesarean birth.
- Care of the baby born by caesarean birth.
- Care of the birth parent after caesarean birth.
- Recovery after caesarean birth.
- Pregnancy and childbirth after caesarean birth.

We normally recommend medicines within their licensed indications in guidelines. However, we may recommend licensed medicines outside of the terms of their marketing authorisation (off-label use) if it is in the best clinical interests of patients. For example, off-label use may be recommended if the clinical need cannot be met by a licensed product and there is sufficient evidence or experience of using the medicine off-label to support its safety and effectiveness.

Review protocols

For detailed review protocols, see [the full guideline, which covers the evidence behind the 2004 and 2011 recommendations](#), and [the evidence reviews, which cover the evidence behind the 2021 recommendations](#).

Economic aspects

We have taken economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we have reviewed the economic evidence and, where appropriate, carried out economic modelling and analyses, using an NHS and personal social services perspective.

Updates in progress

Diamorphine for spinal analgesia: publication planned August 2023

New information suggests that recommendations on diamorphine for spinal analgesia may need updating or adding to. Topic experts advised NICE on this. Full details are set out in the [October 2021 surveillance review decision](#).

Approach to updating

We will take a proportionate approach for updating these recommendations in line with [appendix N of the guidelines manual](#).

Populations this update covers

The [groups covered by the current recommendations](#) will remain unchanged.

Equality considerations

We will publish an equality impact assessment with the consultation of the updated recommendations.

Settings this update covers

The [settings covered by the current recommendations](#) will remain unchanged.

Activities, services or aspects of care this update covers

We will explore the issues in the surveillance review and, if needed, make new recommendations or updating existing recommendations on diamorphine for spinal analgesia for women or pregnant people having a caesarean birth (recommendations 1.6.5 to 1.6.7 and 1.6.9 in the current guideline may also need updating).

We normally recommend medicines within their licensed indications in guidelines. However, we may recommend licensed medicines outside of the terms of their marketing authorisation (off-label use) if it is in the best clinical interests of patients. For example, off-label use may be recommended if the clinical need cannot be met by a licensed product and there is sufficient evidence or experience of using the medicine off-label to support its safety and effectiveness.

NICE guidance and quality standards that may be affected by this update

[Caesarean birth. NICE quality standard QS32.](#)

This is the final scope for this update. You can follow [progress of the update](#).

Our website has information about [how NICE guidelines are developed](#).

Surgical opening technique: publication planned August 2023

New information suggests that recommendations on surgical opening technique may need updating or adding to. Topic experts advised NICE on this. Full details are set out in the [July 2021 surveillance review decision](#).

Approach to updating

We will take a proportionate approach for updating these recommendations in line with [appendix N of the guidelines manual](#).

Populations this update covers

The [groups covered by the current recommendations](#) will remain unchanged.

Equality considerations

We will publish an equality impact assessment with the consultation of the updated recommendations.

Settings this update covers

The [settings covered by the current recommendations](#) will remain unchanged.

Activities, services or aspects of care this update covers

We will look at the evidence and, if needed, make new recommendations or updating existing recommendations on surgical opening technique for women or pregnant people having a caesarean birth (recommendation 1.4.29 in the current guideline).

Draft review questions

We have drafted the following review question:

- 1 What is the most effective technique for the abdominal opening and subsequent extension of tissue layers in caesarean birth, including in women or pregnant people who are overweight or obese?

Economic aspects

We will take economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we will review the economic evidence and, where appropriate, carry out economic modelling and analyses, using an NHS and personal social services perspective.

Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- Postoperative febrile morbidity
- Postoperative analgesia
- Blood loss

NICE guidance and quality standards that may be affected by this update

[Caesarean birth. NICE quality standard QS32.](#)

This is the final scope for this update. You can follow [progress of the update](#).

Our website has information about [how NICE guidelines are developed](#).

Morbidly adherent placenta: publication planned November 2023

New information suggests that recommendations on morbidly adherent placenta analgesia may need updating or adding to. Topic experts advised NICE on this. Full details are set out in the [October 2021 surveillance review decision](#).

Approach to updating

We will take a proportionate approach for updating these recommendations in line with [appendix N of the guidelines manual](#).

Populations this update covers

The [groups covered by the current recommendations](#) will remain unchanged.

Equality considerations

We will publish an equality impact assessment with the consultation of the updated recommendations.

Settings this update covers

The [settings covered by the current recommendations](#) will remain unchanged.

Activities, services or aspects of care this update covers

We will look at the evidence and, if needed, make new recommendations or updating existing recommendations on morbidly adherent placenta for women or pregnant people (recommendations 1.2.7 to 1.2.12 in the current guideline).

Draft review questions

We have drafted the following review question:

- 1 What is the accuracy of imaging techniques for diagnosis of a placenta accreta spectrum (PAS) in women or pregnant people who have had a previous caesarean birth and are currently diagnosed with placenta praevia?

Economic aspects

We will take economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we will review the economic evidence and, where appropriate, carry out economic modelling and analyses, using an NHS and personal social services perspective.

Main outcome

The main outcome that may be considered when searching for and assessing the evidence is:

- Diagnostic accuracy

NICE guidance and quality standards that may be affected by this update

[Caesarean birth. NICE quality standard QS32.](#)

This is the final scope for this update. You can follow [progress of the update](#).

Our website has information about [how NICE guidelines are developed](#).

Methods

The original guideline was developed using the methods and processes in [developing NICE guidelines: the manual](#). All updates are developed using the methods and processes in [developing NICE guidelines: the manual](#) and the [interim principles for methods and processes for supporting digital living guideline recommendations](#).

NICE has produced guidance on the experience of people using the NHS and best practice in health and social care. This guideline does not include additional recommendations on these topics unless there are specific issues not covered by this guidance.

For all other areas not included in the updates:

- There will be no evidence review as part of this update.
- We will retain the existing recommendations but may revise them to update language, to reflect current practice or to ensure consistency.

Where this guidance applies

NICE guideline recommendations cover health and care in England.

Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

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