Worcestershire Acute Hospitals NHS Trust

Maternal Request for primary Caesarean Section

Key Document code:	WAHT-TP- 094	
Key Documents Owner/Lead:	Dr Hillman	Consultant Obstetrician
Approved by:	Maternity Governance Meeting	
Date of Approval:	15th November 2019	
Date of review:	15th November 2022	

Key Amendments

Date	Amendments	Approved by

Introduction

The Caesarean section (CS) rate in WAHT is approximately 25 % of births. CS is a major abdominal operation. In general it is safe, especially when performed as a planned procedure but has associated perinatal morbidity. There is some increase in maternal request for CS. There are many reasons for such requests but these are not always revealed by the women or adequately explored and clearly documented.

Evidence suggests that there is consistent relationship between women's preference for CS and either previous CS, previous negative birth experience, a complication in the current pregnancy or a fear of giving birth. It is estimated that about 6%–10% of pregnant women experience fear of childbirth. Fears concerning childbirth such as pain, obstetric injury, unplanned CS and the effects on family life have been reported to be more common among primiparous. A request for CS should prompt enquiries to address any issues or concerns.

Primary CS for the purpose of guidance is defined as CS on a virgin abdomen.

Planned primary CS on maternal request should be only be booked after 39 weeks gestation unless clinically indicated otherwise.

Details Of Guideline

A When a woman requests a primary CS with no obstetric, surgical, medical, psychological/psychiatric indications for CS:

- The woman requesting a primary CS should be referred to a consultant obstetrician. She should be seen by the consultant at least twice in the antenatal period, ideally once at booking and then in the third trimester.
- Discuss the risks and benefits of CS compared with vaginal birth taking into account their circumstances, concerns and priorities. Discuss their plans for future pregnancies and implications for future pregnancy and birth after CS (including the risks of placental problems with multiple CS)
- **Planned CS may reduce risk of :** perineal /abdominal, pain upto Day 3, perineal and vaginal tear, early PPH & obstetric shock
- **Planned CS may increase the risk of:** NICU admission for baby, longer hospital stay, hysterectomy, cardiac arrest
- Discuss the overall risks and benefits of CS compared with vaginal birth and record that this discussion has taken place.

- If necessary, explore the reasons for the request, and to ensure the woman has accurate information.
- If vaginal birth is still not an acceptable option, The case may be discussed / referred to another obstetrician, specialist midwife and anaesthetist to discuss any relevant queries/concerns.
- A planned CS may be offered. If the obstetrician is not happy to offer a CS in such a case the woman should be referred to another obstetrician within the Trust
- Consent for CS should be requested after providing pregnant women with evidence-based information and in a manner that respects the woman's dignity, privacy, views and culture, while taking into consideration the clinical situation.

B If reason for maternal request CS is anxiety about vaginal delivery / Tocophobia:

- The consultant should discuss the case with perinatal psychiatrist on phone initially and if felt appropriate offer a referral to a perinatal mental health team to help her address her anxiety in a supportive manner.
- If the woman is referred for request of caesarean section late in third trimester, there may not be enough time for the referral to the psychiatrist. The consultant obstetrician may have to address the anxieties and counsel her regarding risks and benefits.
- 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.
- These women should be offered referral to options clinic by a specialist midwife
- 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.