

# Greater Manchester EUR Policy Statement on: Caesarean Section

GM Ref: GM033

Version: 1.1 (6 June 2018)



Greater Manchester Shared Services

Hosted by **NHS Oldham CCG**  
on behalf of the Greater Manchester CCGs

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## Commissioning Statement

Caesarean Section	
<b>Policy Exclusions</b>	<p>Emergency caesarean sections meeting the classification of urgency as specified in <a href="#">NICE CG132</a> are excluded from this policy. Emergency caesarean sections fall into two categories; category 1 caesarean section is when there is immediate threat to the life of the woman or fetus; and category 2 caesarean section is when there is maternal or fetal compromise which is not immediately life threatening. (e.g. where the mother needs to undergo lifesaving chemotherapy as soon as possible):</p> <ul style="list-style-type: none"> <li>• Perform category 1 and 2 caesarean section as quickly as possible after making the decision, particularly for category 1.</li> <li>• Perform category 2 caesarean section in most situations within 75 minutes of making the decision. Take into account the condition of the woman and the unborn baby when making decisions about rapid delivery. Remember that rapid delivery may be harmful in certain circumstances.</li> </ul> <p>Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).</p>
<b>Policy Inclusion Criteria</b>	<p>Caesarean section is commissioned in line with <a href="#">NICE CG132</a> and all providers of this procedure are expected to comply with the clinical and procedural guidance contained in NICE CG132.</p> <p><b>NICE CG132 uses the following classification of urgency:</b></p> <p><i>“The urgency of caesarean section should be documented using the following standardised scheme in order to aid clear communication between healthcare professionals about the urgency of a caesarean section:</i></p> <p><i>Category:</i></p> <ol style="list-style-type: none"> <li>1. Immediate threat to the life of the woman or fetus</li> <li>2. Maternal or fetal compromise which is not immediately life-threatening</li> <li>3. No maternal or fetal compromise but needs early delivery</li> <li>4. Delivery timed to suit woman or staff.”</li> </ol> <p><b>This policy applies to categories 3 and 4.</b></p> <p>All women should be managed in line with NICE CG132 to minimise the risk of caesarean section.</p> <p><b>Elective caesarean section should <u>NOT</u> routinely be carried out before 39 weeks.</b></p> <p><b>NOTE:</b> Pelvimetry should not be used in decision making about mode of birth.</p> <p><b>Commissioned</b></p> <p>Caesarean section is commissioned for the following (in line with NICE CG132):</p> <ul style="list-style-type: none"> <li>• Pregnant women with a singleton breech presentation at term, for whom external cephalic version is contraindicated or has been unsuccessful, should be offered Caesarean Section because it reduces perinatal mortality and neonatal morbidity.</li> <li>• Twin pregnancies where the first twin is not cephalic.</li> <li>• Where the placenta partly or completely covers the internal cervical os (minor or</li> </ul>

major placenta praevia).

- Morbidly adherent placenta (following the care pathway as outlined in NICE CG132).
- To prevent HIV transmission in women who are not receiving any anti-retroviral therapy or are receiving any anti-retroviral therapy and have a viral load of 400 copies per ml or more.
- Consider for women on anti-retroviral therapy (ART) with a viral load of 50-400 copies per ml but also consider a vaginal birth as there is insufficient evidence that a caesarean section prevents mother-to-child transmission of HIV.
- For women who are co-infected with hepatitis C virus and HIV because it reduces mother-to-child transmission of both hepatitis C virus and HIV.
- For women with primary genital herpes simplex virus (HSV) infection occurring in the third trimester of pregnancy because it decreases the risk of neonatal HSV infection.
- Provided the woman has been offered the correct interventions (in line with NICE CG132) women with persistent extreme anxiety about childbirth may be offered a planned caesarean section.

#### **Funding Mechanism**

Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

#### **Not commissioned**

Caesarean section is not commissioned for the following (in line with NICE CG132):

- Uncomplicated singleton breech pregnancy at 36 weeks' gestation should be offered external cephalic version. Exceptions include women in labour and women with a uterine scar or abnormality, fetal compromise, ruptured membranes, vaginal bleeding or medical conditions.
- Otherwise uncomplicated twin pregnancies at term where the presentation of the first twin is cephalic.
- Pre-term birth otherwise uncomplicated.
- Small for gestational age otherwise uncomplicated.
- To prevent mother-to-child transmission of HIV to: women on highly active anti-retroviral therapy (HAART) with a viral load of less than 400 copies per ml or women on any anti-retroviral therapy with a viral load of less than 50 copies per ml. Inform women that in these circumstances the risk of HIV transmission is the same for a caesarean section and a vaginal birth.
- To prevent transmission of hepatitis B because there is insufficient evidence that this reduces mother-to-child transmission of hepatitis B virus. Mother-to-child transmission of hepatitis B can be reduced if the baby receives immunoglobulin and vaccination.
- For women who are infected with hepatitis C because this does not reduce mother-to-child transmission of the virus.
- When a woman requests a caesarean section because she has anxiety about childbirth, offer referral to a healthcare professional with expertise in providing perinatal mental health support to help her address her anxiety in a supportive manner.

<b>Clinical Exceptionality</b>	<p>Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality.</p> <p>Exceptionality means ‘a person to which the general rule is not applicable’. Greater Manchester sets out the following guidance in terms of determining exceptionality; however the over-riding question which the IFR process must answer is whether each patient applying for exceptional funding has demonstrated that his/her circumstances are exceptional. A patient may be able to demonstrate exceptionality by showing that s/he is:</p> <ul style="list-style-type: none"> <li>• Significantly different to the general population of patients with the condition in question.</li> </ul> <p><b><i>and as a result of that difference</i></b></p> <ul style="list-style-type: none"> <li>• They are likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.</li> </ul>
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## Policy Statement

Greater Manchester Shared Services (GMSS) Effective Use of Resources (EUR) Policy Team in conjunction with GM EUR Steering Group have developed this policy on behalf of Clinical Commissioning Groups (CCGs) within Greater Manchester, who will commission treatments/procedures in accordance with the criteria outlined in this document.

In creating this policy GMSS has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for the population of Greater Manchester.

This policy follows the principles set out in the ethical framework that govern the commissioning of NHS healthcare and those policies dealing with the approach to experimental treatments and processes for the management of individual funding requests (IFR).

## Equality & Equity Statement

GMSS/CCGs have a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved, as enshrined in the Health and Social Care Act 2012. GMSS/CCG is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation. In carrying out its functions, GMSS/CCG will have due regard to the different needs of protected characteristic groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

In developing policy the GMSS Policy Team will ensure that equity is considered as well as equality. Equity means providing greater resource for those groups of the population with greater needs without disadvantage to any vulnerable group.

The Equality Act 2010 states that we must treat disabled people as *more equal* than any other protected characteristic group. This is because their 'starting point' is considered to be further back than any other group. This will be reflected in GMSS evidencing taking 'due regard' for fair access to healthcare information, services and premises.

An Equality Analysis has been carried out on the policy. For more information about the Equality Analysis, please contact [policyfeedback.gmscu@nhs.net](mailto:policyfeedback.gmscu@nhs.net).

## Governance Arrangements

Greater Manchester EUR policy statements will be ratified by the Greater Manchester Association Governing Group (AGG) prior to formal ratification through CCG Governing Bodies. Further details of the governance arrangements can be found in the Greater Manchester EUR Operational Policy.

## Aims and Objectives

This policy document aims to ensure equity, consistency and clarity in the commissioning of treatments/procedures by CCGs in Greater Manchester by:

- reducing the variation in access to treatments/procedures.

- ensuring that treatments/procedures are commissioned where there is acceptable evidence of clinical benefit and cost-effectiveness.
- reducing unacceptable variation in the commissioning of treatments/procedures across Greater Manchester.
- promoting the cost-effective use of healthcare resources.

## **Rationale behind the policy statement**

Rates for elective Caesarean Section continue to rise across England and these appear to be higher than they should be for a major surgical intervention that carries with it associated risks. This policy is aimed at ensuring those women most likely to benefit from Caesarean Section receive it and that other women and babies are not put at risk from an unnecessary procedure.

## **Treatment / Procedure**

A caesarean section is a surgical procedure in which one or more incisions are made through a mother's abdomen and uterus to deliver one or more babies.

The operation can be:

- a planned (elective) procedure - when a medical need for the operation becomes apparent during pregnancy or if it's requested in advance
- an emergency procedure, when circumstances before or during labour call for delivery of the baby by unplanned caesarean

A caesarean section is usually carried out under epidural or spinal anaesthetic. It usually takes 40-50 minutes, but can be performed quicker in an emergency. Some caesarean sections are performed under general anaesthetic.

This policy has been developed to ensure that this procedure is targeted at the group of women most likely to benefit from a caesarean section in situation where the mother or child could be put at risk if a normal delivery was attempted.

Planned caesarean section may reduce the risk of the following in women:

- perineal and abdominal pain during birth and 3 days postpartum
- injury to vagina
- early postpartum haemorrhage
- obstetric shock.

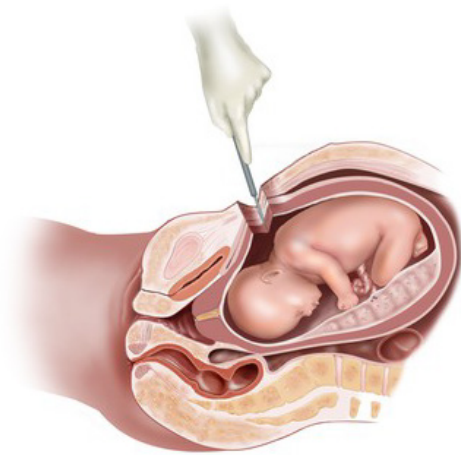
Planned caesarean section may increase the risk of the following in babies:

- neonatal intensive care unit admission.

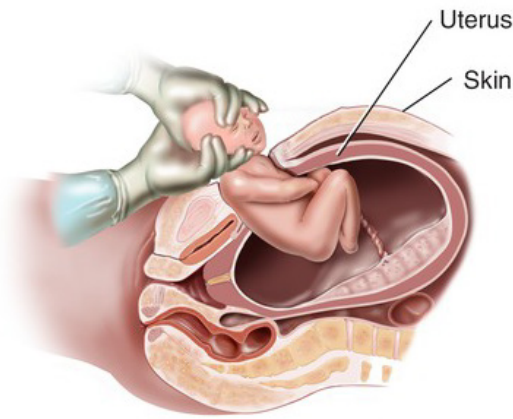
Planned caesarean section may increase the risk of the following in women:

- longer hospital stay
- hysterectomy caused by postpartum haemorrhage
- cardiac arrest.

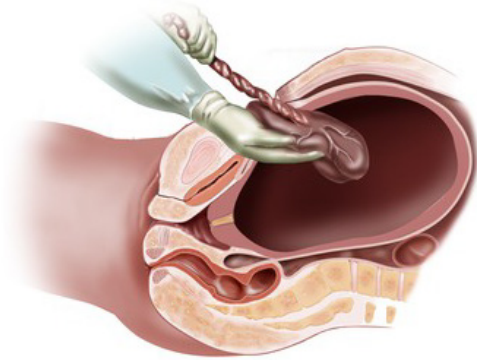
Please refer to [NICE CG132](#) for details.



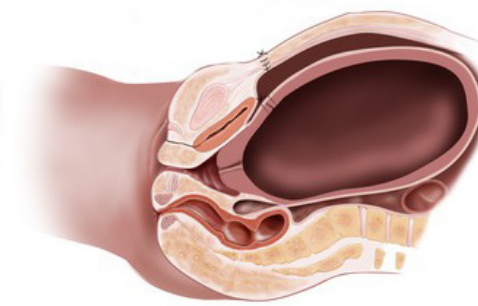
1. A cut is made in the abdomen and then another one in the uterus.



2. The baby is removed.



3. The placenta is removed.



4. The cuts in the uterus and skin are then closed with stitches.

## Surgical risks associated with a caesarean section

### Maternal risks

- infection of the wound
- endometritis, (with associated fever, pain, vaginal discharge or heavy bleeding)
- deep vein thrombosis
- excess bleeding
- damage to the bladder or ureter

If a general anaesthetic is needed there is a risk of:

- aspiration pneumonia

Current practice is to give women a single dose of antibiotics just before operating, which reduces the risk of developing an infection more than if antibiotics are given after the operation.

Current practice is to use isotonic drinks in place of food during labour to reduce the risk of aspiration if an emergency C section is needed.



## Risk to the child

- The most common problem affecting babies born by caesarean section is difficulty breathing, although this is mainly an issue for babies born prematurely. For babies born at or after 39 weeks by caesarean section, this breathing risk is reduced significantly to a level similar to that associated with vaginal delivery.
- Straight after the birth, and in the first few days of life, the baby may breathe abnormally fast. This is called transient tachypnoea. Most newborns with transient tachypnoea recover completely within two or three days.

## Pregnancy and childbirth after caesarean section

When advising about the mode of birth after a previous caesarean section consider:

- maternal preferences and priorities
- the risks and benefits of repeat caesarean section
- the risks and benefits of planned vaginal birth after caesarean section, including the risk of unplanned caesarean section.

Inform women who have had **up to and including four caesarean sections** that the risk of fever, bladder injuries and surgical injuries does not vary with planned mode of birth and that the risk of uterine rupture, although higher for planned vaginal birth, is rare.

Offer women planning a vaginal birth who have had a previous caesarean section:

- electronic fetal monitoring during labour
- care during labour in a unit where there is immediate access to caesarean section and on-site blood transfusion services.

During induction of labour, women who have had a previous caesarean section should be monitored closely, with access to electronic foetal monitoring and with immediate access to caesarean section, because they are at increased risk of uterine rupture.

Pregnant women with both previous caesarean section and a previous vaginal birth should be informed that they have an increased likelihood of achieving a vaginal birth than women who have had a previous caesarean section but no previous vaginal birth.

## Epidemiology and Need

NHS Maternity statistics to for the year to March 2014 showed:

- The number of deliveries in NHS hospitals decreased in the past year from 671,255 in 2012-13 to 646,904, a 3.6% drop over the previous year.
- The caesarean rate has increased by 0.7% to 26.2% (166,081) in 2013-14. There has been a rise in the number of elective caesareans (2.5%) while emergency caesarean rates are down 1.8%. This continues the trend of increasing elective caesarean rates but a drop in the emergency caesarean rates.

	England		Greater Manchester		CMUHFT		UHSMFT	
Method of delivery	2012-13	2013-14	2012-13	2013-14	2012-13	2013-14	2012-13	2013-14
Caesarean	167,283	166,081	-	9,067	1,777	1,870	1,247	1,213
Elective Caesarean	70,453	69,862	-	3,835	710	819	518	546
Emergency Caesarean	96,830	96,219	-	5,232	1,067	1,051	729	667

A study published in the BMJ in 2010 found that among 620 604 singleton births, 147 726 (23.8%) were delivered by caesarean section. Women were more likely to have a caesarean section if they had had one previously (70.8%) or had a baby with breech presentation (89.8%). Unadjusted rates of caesarean section among the NHS trusts ranged from 13.6% to 31.9%. Trusts differed in their patient populations, but adjusted rates still ranged from 14.9% to 32.1%. Rates of emergency caesarean section varied between trusts more than rates of elective caesarean section.

## Adherence to NICE Guidance

This policy adheres fully to the recommendations made in [NICE CG132: Caesarean Section](#).

## Audit Requirements

Providers are expected to feed data into the NHS Maternity statistics as required.

## Date of Review

One year from the date of approval by Greater Manchester Association Governing Group and thereafter at a date agreed by the Greater Manchester EUR Steering Group, unless new evidence or technology is available sooner.

The evidence base for the policy will be reviewed and any recommendations within the policy will be checked against any new evidence. Any operational issues will also be considered at this time. All available additional data on outcomes will be included in the review and the policy updated accordingly. The policy will be continued, amended or withdrawn subject to the outcome of that review.

## Glossary

Term	Meaning
Anesthetic	A substance that induces insensitivity to pain.
Antibiotics	A medicine (such as penicillin or its derivatives) that inhibits the growth of or destroys microorganisms.
Anti-retroviral therapy	The combination of several antiretroviral medicines used to slow the rate at which HIV makes copies of itself (multiplies) in the body.
Aspiration pneumonia	A lung infection that develops after you aspirate (inhale) food, liquid, or vomit into your lungs.
Cardiac arrest	A sudden, sometimes temporary, cessation of the heart's functioning.
Cephalic	In or relating to the head.
Contraindicated	A specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the person.
Deep vein thrombosis	occurs when a blood clot (thrombus) forms in one or more of the deep veins in the body, usually in the legs.
Elective	A planned rather than an emergency procedure.
Electronic fetal monitoring	A device used to monitor the fetal heartbeat and the strength of the mother's uterine contractions during labor.
Endometritis	Inflammation of the endometrium (lining of the womb)

Epidural	An anaesthetic introduced into the space around the dura mater of the spinal cord.
External cephalic version	A process by which a breech baby can sometimes be turned from buttocks or foot first to head first (from outside the body). It is usually performed after about 37 weeks. It is often reserved for late pregnancy because breech presentation greatly decreases with every week.
Fetal compromise	Also termed fetal distress refers to the presence of signs in a pregnant woman (before or during childbirth) that suggest that the fetus may not be well.
Genital herpes simplex virus	A common infection caused by the herpes simplex virus (HSV). It causes painful blisters on the genitals and the surrounding areas.
Gestation	The process or period of developing inside the womb between conception and birth.
Gestational age	The common term used during pregnancy to describe how far along the pregnancy is. It is measured in weeks, from the first day of the woman's last menstrual cycle to the current date.
Haemorrhage	An escape of blood from a ruptured blood vessel.
Hepatitis B	A severe form of viral hepatitis transmitted in infected blood, causing fever, debility, and jaundice.
Hepatitis C	A form of viral hepatitis transmitted in infected blood, causing chronic liver disease.
HIV	HIV is a virus which attacks the immune system, and weakens your ability to fight infections and disease commonly sexually transmitted, AIDS is the final stage of HIV infection.
Hysterectomy	Surgical removal of the womb.
Immunoglobulin	Any of a class of proteins present in the serum and cells of the immune system, which function as antibodies.
Internal cervical os	An interior narrowing of the uterine cavity.
Morbidly adherent placenta	An abnormality in the adherence of the placenta to the myometrium. It can be a cause of massive haemorrhage resulting in severe morbidity and mortality.
Neonatal	The first 28 days of an infant's life.
Neonatal HSV infection	Infection with the Herpes Simplex virus immediately after birth.
Neonatal morbidity	Death rate in infants in the first 28 days of life.
NICE	National Institute for Health and Care Excellence
NICE CG	Clinical Guidance
Obstetric shock	Shock is a condition resulting from inability of the circulatory system to provide the tissues requirements from oxygen and nutrients and to remove metabolites obstetric shock occurs in the mother in the period immediately after birth.
Pelvimetry	Measurement of the dimensions of the bony pelvis.
Perinatal	Period from the date the fetus is considered viable up to 28 days after birth.
Perinatal mortality	Death rate in the fetus and child in the perinatal period.

Perineal	The area in front of the anus extending to the fourchette of the vulva in the female and to the scrotum in the male.
Placenta praevia (minor or major)	A condition in which the placenta partially or wholly blocks the neck of the uterus, so interfering with normal delivery of a baby.
Postpartum	Following childbirth
Pre-term birth	A birth that takes place more than three weeks before the baby is due.
Ruptured membranes	Breakage, of the amniotic sac (commonly referred to as “waters breaking”).
Singleton breech (presentation)	Single baby in the feet or bottom first position.
Transient tachypnoea	Rapid rate of breathing of short duration.
Ureter	The duct by which urine passes from the kidney to the bladder.
Uterine	Pertaining to the womb.
Uterine rupture	A tear in the wall of the uterus, most often at the site of a previous c-section incision.
Vaccination	A preparation of killed microorganisms, living attenuated organisms, or living fully virulent organisms, that is administered to produce or artificially increase immunity to a particular disease.
Viral load	A measure of the number of viral particles present in an organism or environment, especially the number of HIV viruses in the bloodstream.

## References

1. Greater Manchester Effective Use of Resources Operational Policy
2. [NICE CG132: Caesarean Section](#)
3. NHS Maternity Statistics, 2013-14
4. Bragg F, Cromwell DA, Edozien LC et al, Variation in rates of caesarean section among English NHS trusts after accounting for maternal and clinical risk: cross sectional study, BMJ 2010;341:c5065

## Governance Approvals

Name	Date Approved
Greater Manchester Effective Use of Resources Steering Group	20/07/2016
Greater Manchester Chief Finance Officers / Greater Manchester Directors of Commissioning	12/12/2017
Greater Manchester Association Governing Group	09/01/2018
Bury Clinical Commissioning Group	09/01/2018
Bolton Clinical Commissioning Group	23/02/2018
Heywood, Middleton & Rochdale Clinical Commissioning Group	09/01/2018
Manchester Clinical Commissioning Group	29/03/2018
Oldham Clinical Commissioning Group	09/01/2018

Salford Clinical Commissioning Group	09/01/2018
Stockport Clinical Commissioning Group	09/01/2018
Tameside & Glossop Clinical Commissioning Group	09/01/2018
Trafford Clinical Commissioning Group	20/02/2018
Wigan Borough Clinical Commissioning Group	28/03/2018

## **Appendix 1 – Evidence Review**

### **Caesarean Section GM033**

This policy is based on the evidence cited in NICE CG132 supported by additional references where needed.

For further details please refer to [NICE CG132](#).

## Appendix 2 – Diagnostic and Procedure Codes

### Caesarean Section GM033

(All codes have been verified by Mersey Internal Audit's Clinical Coding Academy)

GM033 - Caesarean Section	
OPCS-4 Procedure Codes:	
Elective upper uterine segment caesarean delivery	R17.1
Elective lower uterine segment caesarean delivery	R17.2
Other specified elective caesarean delivery	R17.8
Unspecified elective caesarean delivery	R17.9
With the following ICD-10 diagnosis code(s):	
Maternal care for breech presentation <i>(Note: There is no way to differentiate between complicated and uncomplicated other than checking for ECV in other admissions or attendances)</i>	O32.1
Maternal care for multiple gestation with malpresentation of one fetus or more	O32.5
Placenta praevia specified as without haemorrhage	O44.0
Placenta praevia with haemorrhage	O44.1
Morbidly adherent placenta	O43.2
Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium	O98.7
Viral hepatitis complicating pregnancy, childbirth and the puerperium	O98.4
Chronic viral hepatitis C	B18.2
Other infections with a predominantly sexual mode of transmission complicating pregnancy, childbirth and the puerperium	O98.3
Anxiety disorder, unspecified	F41.9

## Appendix 3 – Version History

### Caesarean Section GM033

The latest version of this policy can be found here [GM Caesarean Section policy](#)

Version	Date	Summary of Changes
0.1	23/10/2015	Initial draft
0.2	16/12/2015	At the request of the GM EUR Steering Group Meeting on the 18 <sup>th</sup> November 2015 the following amendments were made to the policy: <ul style="list-style-type: none"> <li>Section 2 - Definition Section - reworded paragraphs with regards to women who have previously had a caesarean section and added a title of 'Pregnancy and childbirth after caesarean section'.</li> <li>Under Section 4 - Commissioning Criteria - added criteria for an emergency caesarean section (wording lifted from NICE CG132).</li> </ul>
0.3	20/01/2016	<ul style="list-style-type: none"> <li>Following wording added to the end of the first paragraph in the Policy Exclusions Section: '<i>(e.g. where the mother needs to undergo lifesaving chemotherapy as soon as possible).</i>'</li> <li>Funding Mechanism added as Monitored approval - Funding will be via the relevant contracting arrangements and referrals may be accepted in line with the criteria.</li> <li>Wording for date of review changed</li> <li>Following the above changes the GM EUR Steering Group agreed that the policy could go out for a period of clinical engagement.</li> </ul>
0.4	15/03/2016	North West Commissioning Support Unit amended to read Greater Manchester Shared Services through document.
0.5	20/07/2016	<ul style="list-style-type: none"> <li>GM EUR Steering Group reviewed the clinical engagement feedback received and agreed that no changes were necessary to the policy except to correct the numbering issue in Section 4 Criteria for Commissioning under 'Category' to read 1-4 rather than 6-8.</li> <li>The GM EUR Steering Group agreed that the policy could now progress through the governance process.</li> </ul>
0.6	12/06/2017	Diagnostic and Procedure Codes added to Appendix 2
1.0	09/01/2018	Approved by Greater Manchester Association Governing Group
1.1	06/06/2018	Appendix 2: Removed OPCS-4 code R12.4 - External cephalic version ( <i>this would be on a previous admission or attendance</i> )