

Freedom of Information Request	FOI 21-231	23 rd June 2021
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Please can you provide me with the following information:

- **How many maternal request caesareans were carried out in your Trust between April 2019 and April 2020 with no other significant medical, obstetric or psychological indication?**

The Health Board does not record this information on a central database. This information is recorded within individual patient records. However, we have established that in order to comply with your request it would exceed the appropriate costs limit under Section 12 of the Freedom of Information Act 2000 which is currently £450. As you will be aware this is not an exemption which requires us to consider the application of the public interest test. We have calculated that it would take in excess of 28 hours to review every record for this period.

- **What were the total number of caesarean sections carried out in your Trust between April 2019 and April 2020?**

1521 caesarean sections were carried out in the Health Board between period April 2019 and April 2020.

- **Please confirm how your Trust complies with the revised NICE guideline [NG192] in relation to Maternal Request for Caesarean Birth points 1.2.25 – 1.2.31 – published March 31 2021**

<https://www.nice.org.uk/guidance/ng192/chapter/Recommendations>

1.2.25 when a woman with no medical indication for a caesarean birth requests a caesarean birth, explore, discuss and record the specific reasons for the request. [2011, amended 2021] Discussions are held with women and these are recorded within clinical records.

1.2.26 If a woman requests a caesarean birth, discuss the overall benefits and risks of caesarean birth compared with vaginal birth (see the section on planning mode of birth) and record that this discussion has taken place. [2011] It is always discussed and documented within clinical records. The Health Board has recently developed a Patient Information Leaflet to support these discussions.

1.2.27 If a woman requests a caesarean birth, offer discussions with the woman, a senior midwife and/or obstetrician and other members of the team if necessary, for example an anaesthetist, to explore the reasons for the request, and

ensure the woman has accurate information. [2011, amended 2021] If a woman requests a caesarean section in the absence of clinical need then a discussion with a Consultant Obstetrician will take place to discuss the pros and cons of such a request and then a referral to a second Consultant Obstetrician or Consultant Midwife will be made for further discussion.

1.2.28 If a woman requests a caesarean birth because she has tokophobia or other severe anxiety about childbirth (for example, following abuse or a previous traumatic event), offer referral to a healthcare professional with expertise in providing perinatal mental health support to help with her anxiety. See the NICE guideline on antenatal and postnatal mental health for more detailed advice on providing mental health services for pregnant women. [2011, amended 2021]. Women with severe anxiety/tokophobia are referred to Perinatal Mental Health services for support, with a link to the Lead Midwife, Perinatal Mental Health. They will have a detailed birth plan formulated jointly with the Perinatal Mental Health team and Obstetric team.

1.2.29 Ensure healthcare professionals providing perinatal mental health support to women requesting a caesarean birth have access to the planned place of birth during the antenatal period in order to provide care. [2011, amended 2021] Healthcare professionals are able to access the planned place of birth. It should be noted that the provision of antenatal care may not be in place of birth but there is access to each area.

1.2.30 If a vaginal birth is still not an acceptable option after discussion of the benefits and risks and offer of support (including perinatal mental health support if appropriate; see recommendation 1.2.28), offer a planned caesarean birth for women requesting a caesarean birth. [2011, amended 2021] Women are offered a caesarean section in such circumstances.

1.2.31 If a woman requests a caesarean birth but her current healthcare team are unwilling to offer this, refer the woman to an obstetrician willing to perform a caesarean birth. [2011, amended 2021] A woman will be referred to a second Consultant Obstetrician where required.

- **Please can you provide information relating to the following questions:**

- 1. Do you have an explicitly stated policy not to offer Maternal Request Caesarean Sections (MRCS) in your Trust?**

The Health Board does not have a policy for Maternal Request Caesarean Sections (MRCS) as we follow NICE guidelines.

- 2. Do you have a written guideline for Maternal Request Caesarean Sections (MRCS) in your Trust? If yes, please provide a copy of the written guideline**

Please refer to Q1.

- 3. Do you require a compulsory mental health appointment in order for a Caesarean Section to be offered?**

The Health Board does not require a compulsory mental health appointment in order for a caesarean section to be offered.

- 4. Do you have a policy which states the number of weeks into pregnancy the decision for a Caesarean Section would be made? If yes please state number of weeks**

The Health Board does not have a policy which states the number of weeks into pregnancy the decision for a caesarean section would be made.

- 5. Are there any other conditions which must be met in order to be offered a Maternal Request Caesarean Section in your Trust? If yes, please provide a copy of the conditions**

Please refer to Q1.