

Caesarean section (update)

Consultation on draft guideline – deadline for comments 5pm on 26th November 2020 Email: caesareansectionupdate@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.2. Would implementation of any of the draft recommendations have significant cost implications?3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)4. The recommendations in this guideline were developed before the coronavirus pandemic. Please tell us if there are any particular issues relating to COVID-19 that we should take into account when finalising the guideline for publication. <p>See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Association for Improvements in the Maternity Services (AIMS)
Disclosure Please disclose any past or current, direct or indirect links to, or	None

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funding from, the tobacco industry.				
Name of commentator person completing form:		Deborah Chippington Derrick		
Type		[office use only]		
Comment number	Document [guideline, evidence review A, B, C etc., methods or other (please specify which)]	Page number Or 'general' for comments on whole document	Line number Or 'general' for comments on whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1	Guideline	General		We were surprised and concerned that no recommendations have been made about optimal cord clamping at a caesarean birth. This issue has a serious impact on the health of babies, particularly those whose health is already compromised. The issue is one that is of great concern to many parents and we request that it is addressed in this guideline.
2	Guideline	General		We are disappointed to see no acknowledgement of the issue of the effect of caesarean birth on babies' gut flora and the potential effect of this. This is an issue of great concern to many parents. If there is currently not adequate research on this issue, then we would have hoped to see a research recommendation.
3	Guideline	4	18	Saying "around 25% to 35% of women will have a caesarean birth" is likely to be read by some as this being a suitable rate or a rate that is intentional. This needs to be a statement of fact that currently around 25 - 35% of women have a caesarean, but that the rates vary between

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				maternity services. We would like to see a recommendation that the information given to individuals should include the local rate, as well as an indication of how this rate compares to the national average, and the range of rates nationally.
4	Guideline		19/20	Please can the examples here be expanded, so that the focus is not just on personal characteristics, for example include in the list planning to birth in an OU, or having continuous fetal monitoring.
5	Guideline	5	6/7	Between the “what the caesarean birth procedure involves” and “implications for future pregnancies....” please add “how a caesarean birth may impact the postnatal period (for example need for pain relief, additional challenges for caring for or feeding her baby, longer recovery period)
6	Guideline	5	10	Please include uterine rupture in the examples in brackets
7	Guideline	5	10	Please include a subsequent bullet point about outcomes for the baby (including longer term outcomes for the baby).
8	Guideline	7	3	We appreciate how using 100,000 as the denominator in all the cases aids the comparison of risks. We would like to also see these figures given as a 1 in 1500, or 1 in 5000, etc. This would help people to comprehend these risks better. We appreciate that it is difficult to produce infographics for such rare outcomes, but it would be good if the practicality of this could be considered.
9	Guideline	10	11	Please can section 1.2.2 be moved before section 1.2.1. This then means it first addresses the discussion of the risk, benefits and options, which should include in this discussion the option of ECV, along with the risk and benefits of ECV, so that in the following section when an offer of ECV is made, it will allow an informed decision as to whether to accept or not, to be made.

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10	Guideline			If a woman wishes to plan a vaginal breech birth, particularly a physiological breech birth, the guideline should make it clear that this should be supported. If the Trust does not have staff with the appropriate skills and experience available to provide this, there should be a recommendation that the woman is referred to another service which is able to do so.
11	Guideline	13	11	We are concerned by the use of the term shared decision making . This phrase fails to recognise that decisions are always for the woman to make and that it is not legal for any health care professional to be making decisions (except in the rare situation where a woman genuinely lacks capacity). Doctors and midwives have a legal duty to provide information and support maternity service users to make informed decisions, and then to respect and support the decisions made. Please could the heading of this section be changed to reflect this clearly, we would suggest that it be retitled Supporting informed decision making .
12	Guideline	15	24	Please can it be made clear that the collection of items in brackets define the package of care also called 'active management of labour. Perhaps actually saying in the brackets (a package of care comprising ofthen list)
13	Guideline	16	12	We are concerned by the reappearance of the word emergency in this guideline. This is a source of confusion and misinformation when communicating with women and lay people in general, and many people interpret the term to mean what medical staff would consider to be a category 1 caesarean. As an emergency caesarean is just one that is unplanned, please can we ask for the term emergency to be removed from the guideline text and replaced by the term unplanned. (On the other hand, we are pleased to see that the word 'elective' has not been included in your text.)
14	Guideline	16	12	We are unclear as to why the classifications are being considered here only in relation to unplanned caesareans, as surely all caesareans should be classified in this way. We appreciate that most planned caesareans would fall into category 4
15	Guideline	19	9	We were pleased to see recommendations around the prevention and management of hypothermia and shivering.

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16	Guideline	22	15	Please can the uncertainty over the cosmetic impact of closure/non closure be included. It is shocking - 16 years on from this being commented on with the publication of the First NICE Caesarean Guideline in 2004 - that you have no comment about the availability of research on this issue, despite much anecdotal evidence from women and some relevant studies, e.g. Suture Closure versus Non-Closure of Subcutaneous Fat and Cosmetic Outcome after Cesarean Section: A Randomized Controlled Trial (plos.org) .
17	Guideline	23	9	Please can something be added about the discussion of whether antibiotics reach the baby and the option of them being given later. Without this information women are not enabled to provide informed consent.
18	Guideline	23	23	We are confused by the text saying “offer these interventions if there is uncertainty about whether there is an increased risk of thromboembolic disease”. Can this be explained?
19	Guideline	28	28	Surely this should say “in some babies” and not ‘some women’?
20	Guideline	29	6	We would like to see this include a recommendation to include a discussion with the woman of when to have her catheter removed, and for the timing to be agreed with her. We know that some women will want the catheter removed earlier, and for others it would be better to leave it longer, and that there are likely to be a variety of reasons for this.
21	Guideline	31	21	We are confused that it says ‘may be’ when women are being given interventions following a caesarean to reduce the risk of thromboembolic disease.
22	Guideline	31	27	We are concerned by the wording of this recommendation for a number of reasons.

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				<p>Firstly, we think it is inappropriate to use the wording “encourage women...” women should be free to make their own decisions about when they are ready to resume these activities, particularly sexual intercourse.</p> <p>Secondly, it needs to be made clear that for some activities, such as driving, to be safe, women need to be able to do this without being affected by any pain (eg to allow them to carry out urgent manoeuvres such as an emergency stop).</p> <p>Finally, many women still get some pain for many months or even years after surgery, and to suggest that they should not be yet resuming any of these activities could be dismissive of individuals' recoveries.</p> <p>Currently the wording of this recommendation doesn't seem supportive of different people's circumstances and needs.</p>
23		32	5	We are pleased to see the word dyspareunia put into plain english

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation.**
- Do not paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; do not cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**

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- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Data protection

The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

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