An evaluation of patient experience of planned caesarean sections: the effects of increasing demand and limited service capacity

Nottingham University Hospitals NHS Trust

Introduction

At Nottingham University Hospitals NHS Trust (NUH), elective caesarean section (c-section) rates have increased to 19.3% in 2026 from 15% in 2024, similar to the national rise of 19.5% in 2024/25 from 16.4% in 2023 [1, 2]. Scheduling meetings and dedicated administrators now manage elective c-section lists across two hospital sites. However, theatre capacity has not increased with lists often being overbooked. Our aim was to gain insight on the impact of these changes on patient experience of their elective c-section.

Methods

Data collection was undertaken across both sites between 13/11/25 and 29/01/26. An anonymous questionnaire was designed with joint input from medical, midwifery and Maternity Voice Partnership (MVP) representatives. The MVP "*help the NHS hear the diverse voices of service users; we do not speak for them*" [3]. Patients were asked to complete the questionnaire when seen for routine anaesthetic follow-up on the postnatal ward. 19 questions included demographics and feedback on each aspect of their elective c-section journey. This project has received approval from the Trust Caldicott Guardian.

Results

Results included 38 patient responses. *Demographics:* Most prevalent ethnic group was White British (63.2%). Most common age group was 35-39 years (52.6%). Elective c-sections reasons reported by the patients themselves included maternal choice (43.4%), mother's health (40.8%) and baby's health (15.8%). *Experience:* Every patient reported a positive theatre experience and had birth preferences met. However, whilst waiting;

- 15.8% of patients did not feel well informed about timings
- 34.2% were unaware they could sip water
- 13.2% were unaware emergencies may impact on the list

Organisation: 92.1% of patients received their preferred site for elective c-section. 89.5% of patients were satisfied with the timeframe for receiving their elective c-section date, which varied from 1 day to 12 weeks notice. Figure 1 shows 26.3% of cases undertaken after list end time, which will likely have been staffed by the emergency team who also manage labour suite.

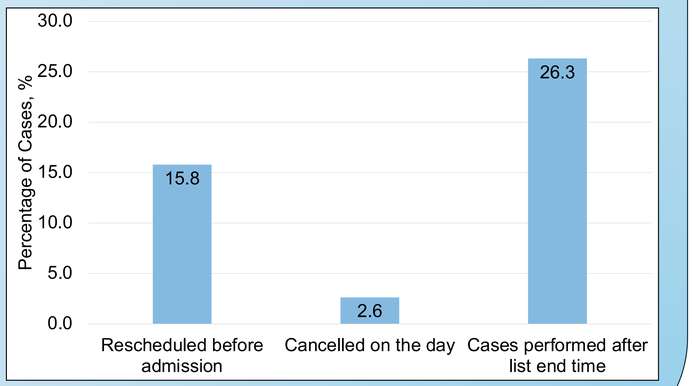

Figure 1: A graph to represent the percentage of elective c-section cases that were rescheduled, cancelled or delayed

Discussion

There are significant numbers of cases rescheduled or delayed within our current elective c-section service. This is likely a result of increased demand and the impact of increased emergency workload in a shared location. Our service could be improved if further elective lists are available and kept separate to emergency work, as advised by the MBRRACE report 2023 [4].

Despite the delays patients reported positive experiences of birth. Improved communication about perioperative timings and fluid management could be optimised. Most patients were satisfied with the timeframe of receiving their elective c-section date, but this process could be streamlined further.

Limitations of this project include patient engagement of completing the questionnaire as uptake was low despite asking the patients directly and providing a leaflet with the QR code to complete at their own convenience.

Figure 2: Word cloud of patient responses to "How satisfied have you been with your Theatre experience?"

Conclusion

The impact of emergency work and increasing operative workload requires continued assessment of patient experience. The elective c-section journey involves a multidisciplinary team approach and most patients were satisfied with the care received. Utilisation of patent experience data can support service development. Positive feedback can help bolster staff morale.

Figure 3: Direct quote from a patient who was informed at 18:00 their c-section was rescheduled for the next day

"I didn't like the lack of communication on the first day when I came in and it effectively was cancelled, however the second day was clear communication and was very good at putting me at ease."

Figure 4: QR code for patient questionnaire

Figure 5: Direct quote from a patient response

"As someone coming into the situation with a life long phobia of giving birth, I feel that the theatre staff turned the whole experience (from) something I was petrified of, into one of the best experiences I will have in my life."

Kind Inclusive Ambitious One team

Presented by Dr Elizabeth Blythe (ST5 Anaesthetics) and Dr Arani Pillai (Lead Obstetric Anaesthetist) for OAA Scientific Meeting 2026

References

[1] NHS England. NHS Maternity Statistics, 2024-25. 2026. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics/2024-25

[2] Royal College of Obstetricians and Gynaecologists. New NMPA report reveals significant shifts in birth trends in Great Britain. 2025. https://www.rcog.org.uk/news/new-nmpa-report-reveals-significant-shifts-in-birth-trends-in-great-britain/

[3] National Maternity Voices. Home page. 2022. https://nationalmaternityvoices.org.uk

[4] MBBRACE-UK. Saving lives, improving mother's care. 2023. https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2023/MBRRACE-UK_ Themed_Maternal_Morbidity_Report_2023.pdf