

Analysis of the Changes in Trends of Rates for Induction of Labour and Caesarean Sections

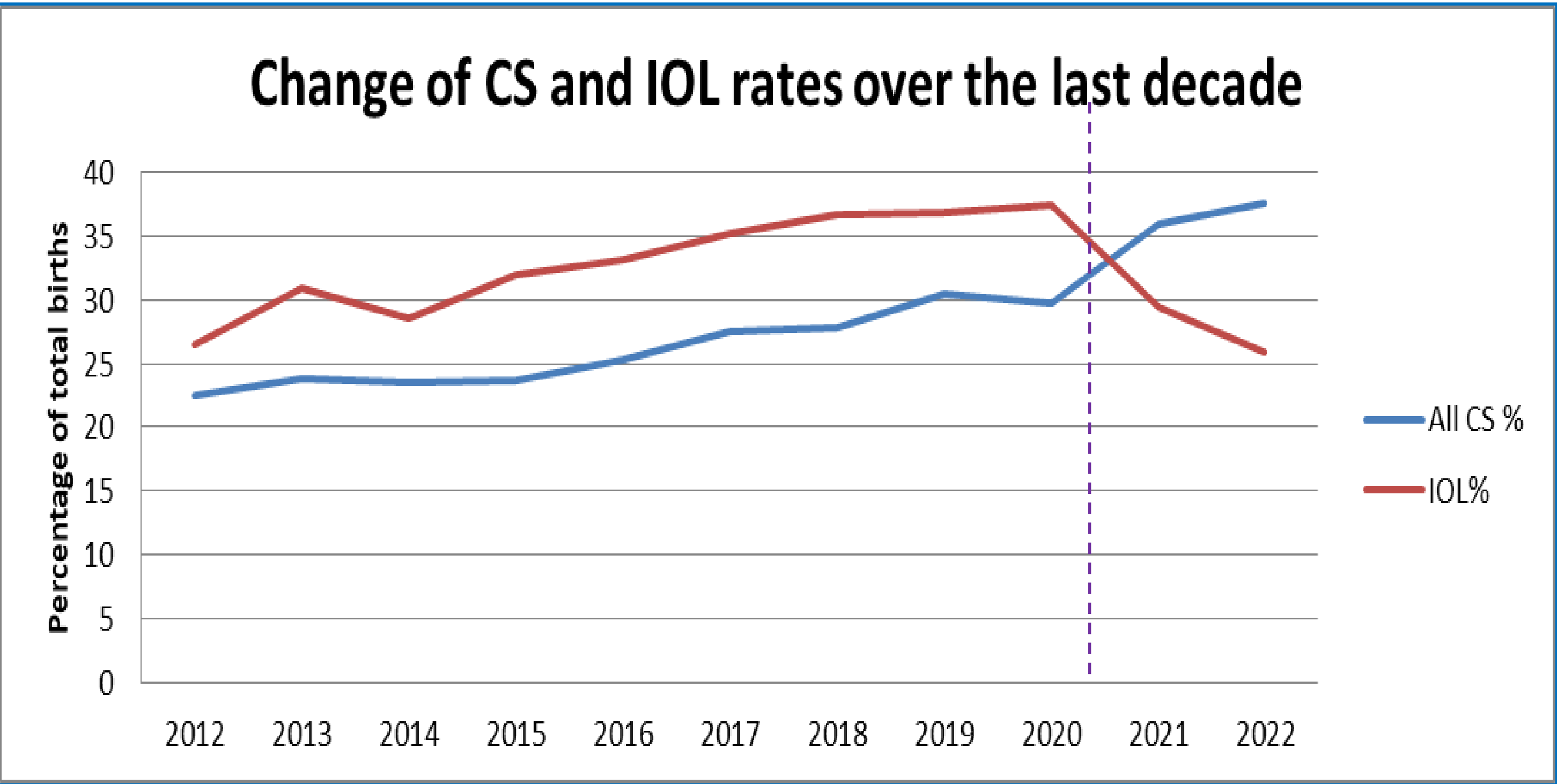
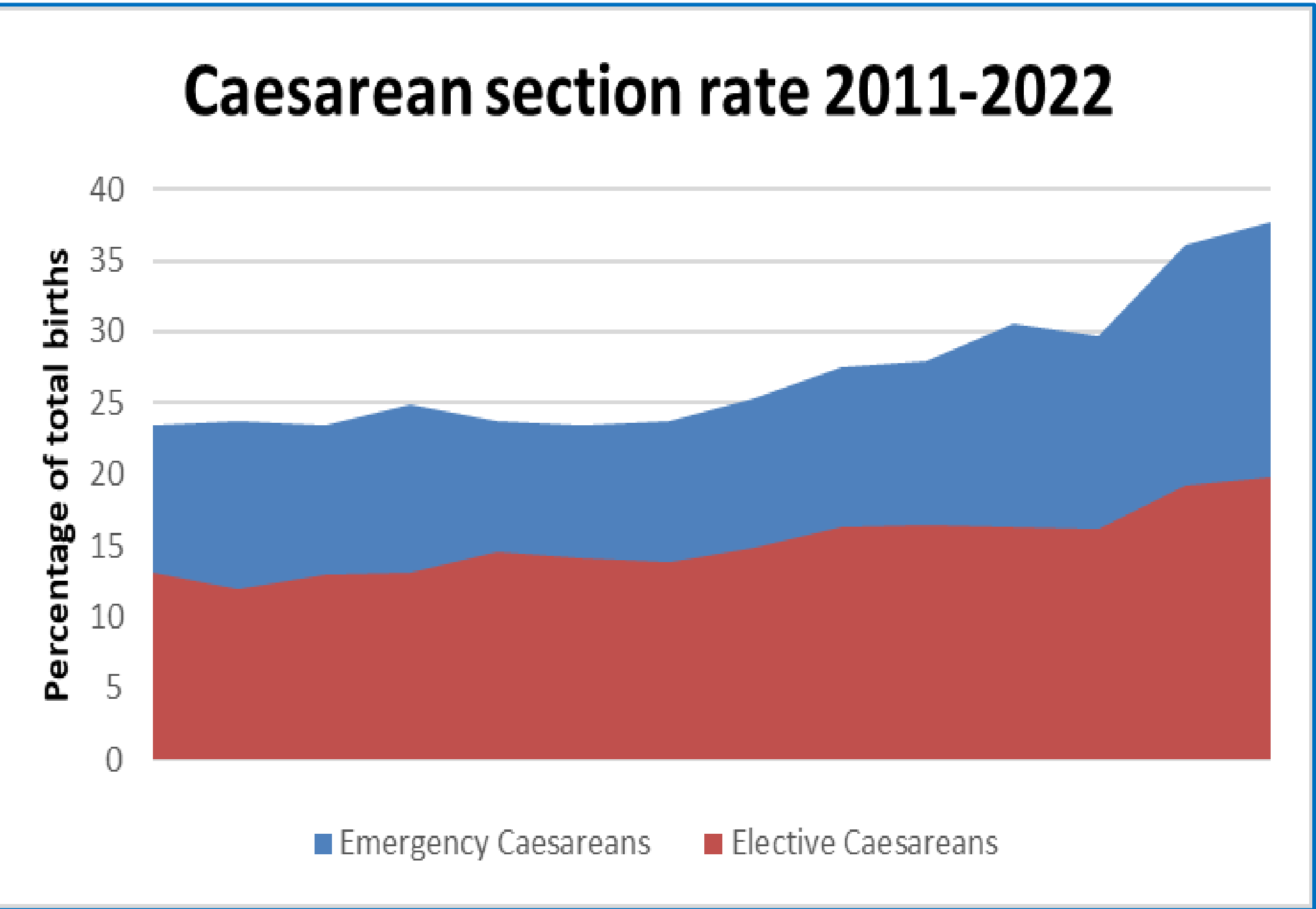
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Introduction: There has been a noticeable change in womens’ birthing choices over the last few years and these became more prominent during and since the pandemic. Changes in birthing trends and the potential contributors need to be taken into consideration when planning future maternity services.

Objectives: To assess changes in women’s’ birthing modality and choices over the last decade, including the Covid-19 pandemic period and the potential contributors to be taken into consideration when planning future maternity services.

Design and Method: Single centre retrospective data reviewed over a period of 11 years- January 2012 to December 2022. Data was analysed for the changes in rates of total births, induction of labour (IOL) and Caesarean section (CS), from a tertiary maternity unit. The likely contributory factors for these changes were reviewed such as changes to national guidelines and changing demography.

Results: The overall rate for both elective and emergency CS increased over the 11-year. period The CS rates increased steadily from 22.5% in 2012 to 29.7% in 2020, followed by an acute increase in the following years to 37.6% in 2022. The IOL rates showed a steady increase from 26.5% in 2012 to 37.4% in 2020 and a decline thereafter over the last two years to 25.9% in 2022. The acute increase in caesarean section rate and reversal of rising IOL trend corresponds to the timing of Covid-19 pandemic.



Contributing factors:

1. Rising complexity of obstetric population: Data from the recent BirthRate Plus tool noted that 74% of our delivery suite case mix included women with complex care needs (Category IV and V).
2. Increased diagnosis of gestational diabetes since change in diagnostic criteria in 2013
3. National guidelines lowered the threshold for intervention in order to reduce the rate of perinatal morbidity and mortality e.g., reduced fetal movements (2012) and small for gestational age (2013). Introduction of ‘Saving babies lives’ care bundle (2016) enhanced the effect.
4. NICE Caesarean section guideline (2011) supported caesarean birth for tokophobia and amended in 2021 supporting maternal request CS following discussion of risks and benefits.
5. Greater awareness and acknowledgement of psychological morbidity related to childbirth.
6. Covid-19 pandemic was associated with deteriorating mental health within the population. Women reported anxiety associated with and restrictions on visiting times for family members whilst in hospital. Increasing demand on capacity led to delays in the IOL processes, worsening public perception of IOL.
7. NHS drops the CS targets in order to increase safety and supporting women and clinicians make patient centred decisions

Saving Babies’ Lives
A care bundle for reducing stillbirth

NHS England drops limit on offering Caesarean births

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Conclusion: The overall increasing rates of IOL and CS over the last decade reflect the national trend and have been influenced by multiple factors such as rising complexity and comorbidities in obstetric population. Greater awareness of psychological morbidity related to childbirth and worsening public perception of the IOL processes, are some of the reasons cited by women as a reason for requesting a caesarean section.

Discussion and Recommendations: To ensure that the decisions are not just made out of fear of experience with one option without truly understanding the consequences of other, it is important that the information is being provided in the way that it can be personalised with timely antenatal education and psychological support where required. Current maternity services are not resourced to provide this service or the burden of increasing demand for caesarean sections; this should be addressed when planning future maternity services locally and nationally.