

A cross-site audit of women referred for maternal request caesarean section

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Objective

- The demand for maternal request caesarean (MRCS) birth has risen both locally and nationally.
- This audit aims to evaluate:
 - How women intend to birth following their consultation with the birth choices team
 - Birth outcomes for all Modes of Birth (MoB)
 - Factors that influence choice regarding MoB

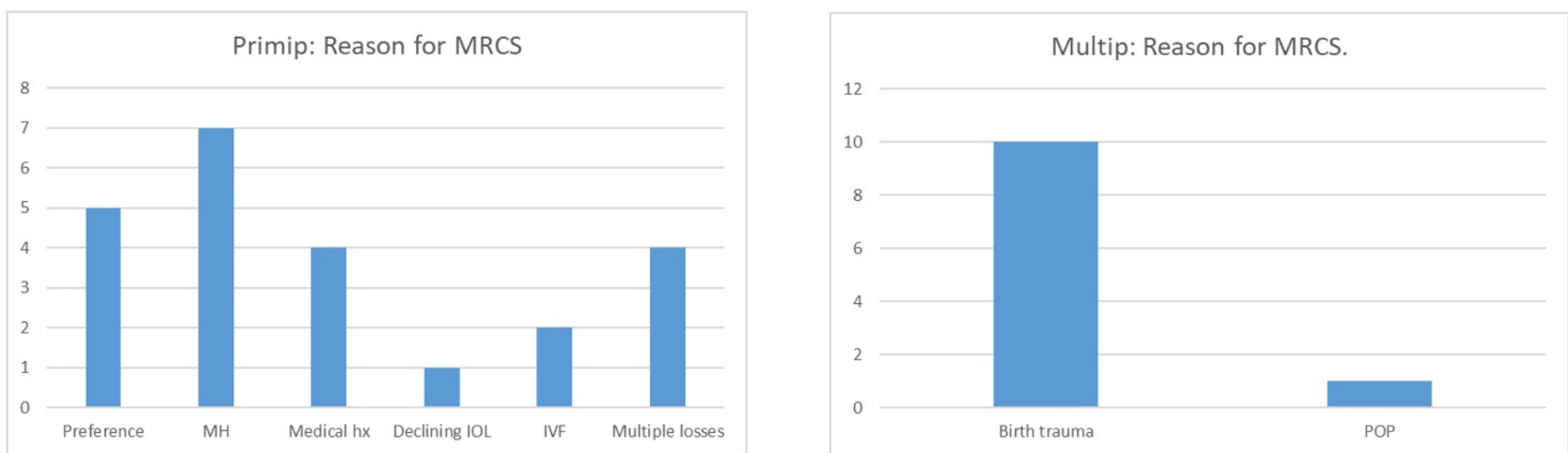
Audit standard and design

- Audit of all women referred to the birth choices clinic for discussion regarding MRCS at two London hospitals; Chelsea and Westminster (CW) and West Middlesex (WM) over a one-year period.
- No clear audit standards, hence, recommendations adapted from NICE caesarean birth (2021)¹, and Ockenden Report (2022)².
 - Choice is supported
 - Relevant information is shared to support decision making
 - Birth choices guideline (local guidance):
 - Referral criteria
 - Continuity of care – information given
 - Continuity of care – midwifery continuity
- Records for all women attending Birth choices clinic at CW and WM from Jan - Dec 2023, for a discussion regarding MRCS/ MoB were reviewed.
- Referrals were recorded in Microsoft Excel throughout the year, and electronic patient records held on Cerner and K2 platforms were reviewed for each patient
- Women were excluded if they were not accepted by/ seen by the service/ changed mind prior to consultation

Findings

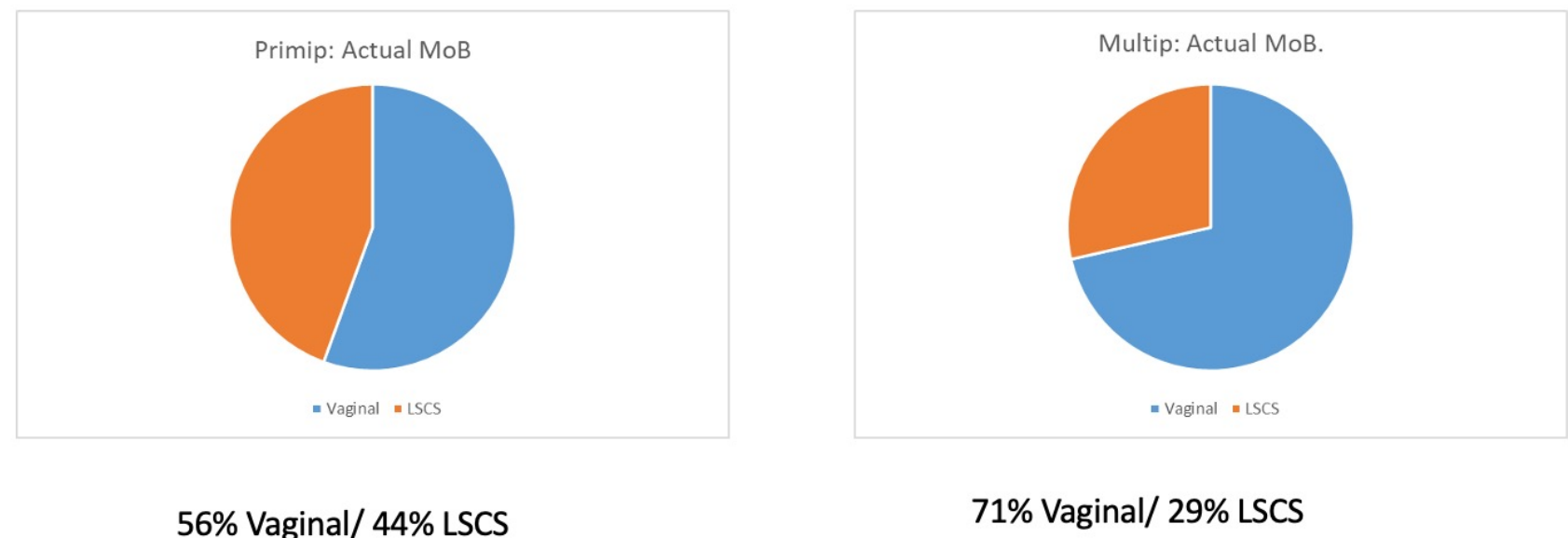
- 318 and 59 women were referred to CW and WM, respectively.
- 56% **primiparous** and 61% of **multiparous** at WM, and 72% **primiparous** and 55% **multiparous** at CW intended to have a planned CS.

Reasons for MRCS – West Middlesex

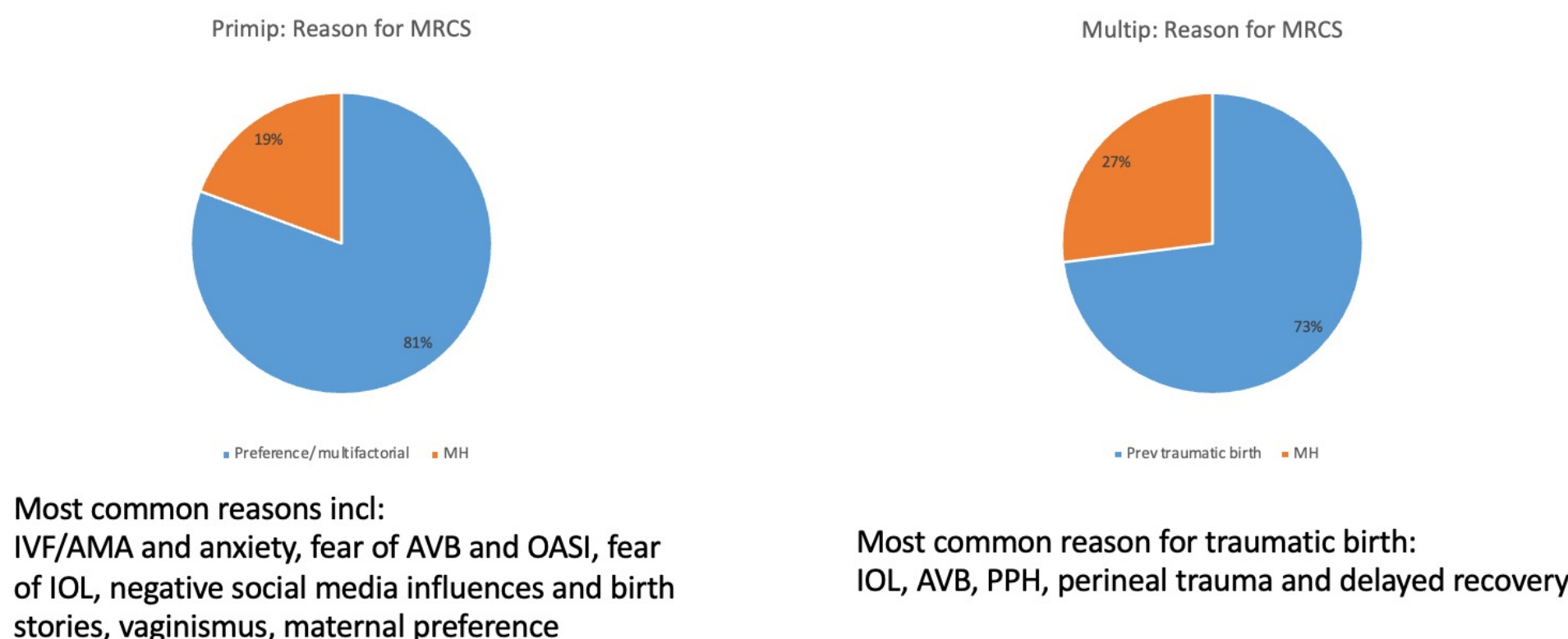


Actual MoB – West Middlesex

Actual MoB for those who intended vaginal birth

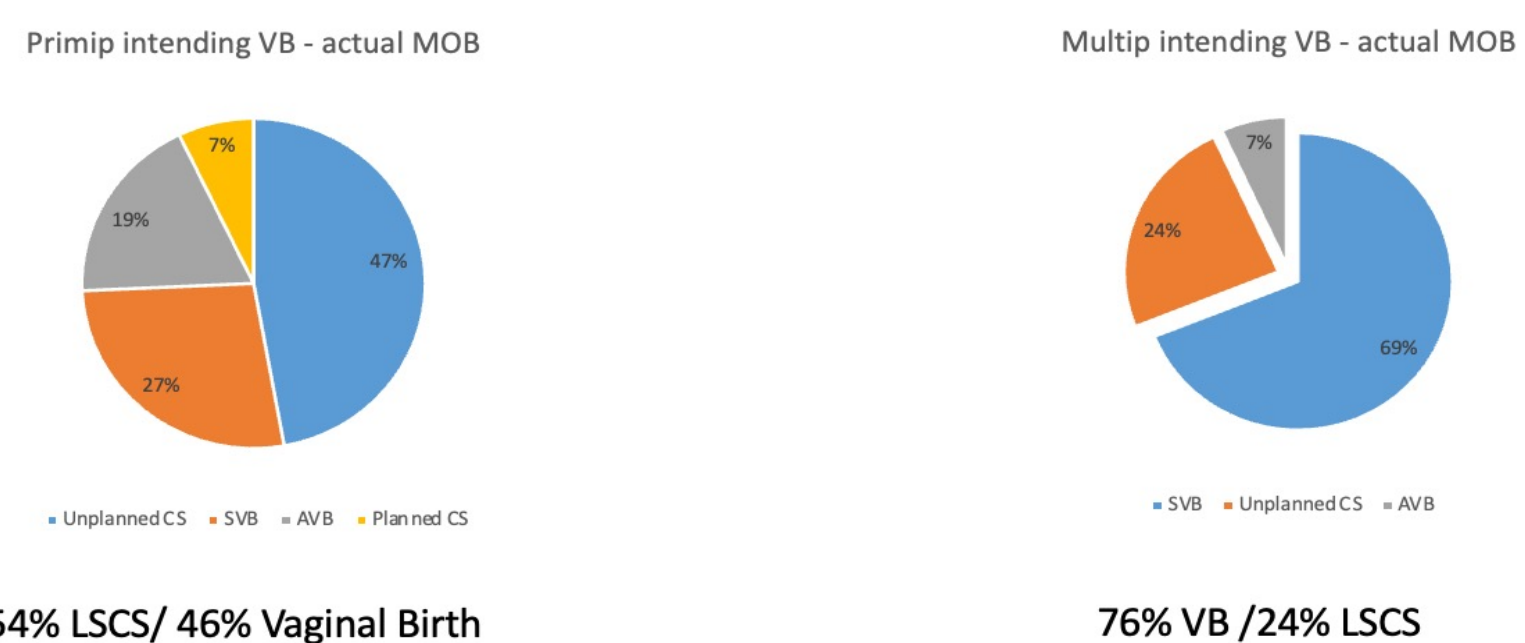


Reasons for MRCS – Chelsea



Actual MoB – Chelsea

Actual MoB for those who intended vaginal birth



MRCS represented a leading cause for elective caesarean section at both sites - **21% at WM, 35% at CW.**

General observations

- Clinic capacity and elective capacity - **numbers of referrals for MRCS are 3 x higher than 2017**
- National narrative and media portrayal of maternity services, and societal factors contributory - lack of continuity models available for ongoing support
- Ongoing need to support midwives and doctors to have good early conversations on MoB
- At least 1 in 3 women will choose a VB after MOB counselling**
- Overall aim of pathway is to optimise physical as well as psychological safety**
- Ethnicity differences in referrals prominent at WM site, with greater proportion of White women accessing service compared
- Service highly rated by women

References

- NICE. NICE guidance caesarean birth. 2021
- Ockenden, D., 2022. Findings, conclusions and essential actions from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust. Our final report.