

General Commissioning Policy

Treatment	Elective Caesarean section
For the treatment of	Elective Caesarean section (clinical criteria)
Background	This policy clarifies the clinical criteria which must be fulfilled in order for this procedure to be commissioned.
Commissioning position	<p>NHS Hull CCG routinely commissions elective caesarean sections in line with the requirements stipulated by NICE CG 132 and only for women who fulfil at least ONE of the following criteria*:</p> <ul style="list-style-type: none"> • Singleton breach at term, for whom external cephalic version is contraindicated or unsuccessful • Twin pregnancy where the first twin is not cephalic • Minor or major placenta praevia • Patients with Human Immunodeficiency Virus (HIV) who are: <ul style="list-style-type: none"> ○ Not receiving retroviral therapy ○ On retroviral therapy with a viral load of 50 – 400 copies per ml ○ Have a viral load greater than 400 copies per ml ○ Also have Hepatitis C • Primary genital Herpes Simplex Virus infection in the third trimester • Previous significant uterine perforation/surgery breaching the cavity • Previous third or fourth degree tear • Previous shoulder dystocia • Previous surgical procedure for which a vaginal delivery may lead to complications (e.g. pelvic, hip, vaginal or bowel surgery) • Tocophobia (fear of pregnancy and childbirth) after referral and assessment by the Specialist Perinatal Mental Health Team. <p>* Supporting evidence is to be documented</p> <p>Elective caesarean section for non-clinical reasons is a LOW PRIORITY and NHS Hull CCG will NOT routinely commission this intervention.</p> <p>Maternal request is not on its own an indication for caesarean section.</p> <p>Any request for an elective caesarean section outside of the criteria above must be considered via the Individual Funding request process with clear supporting evidence.</p>
Effective from	July 2015

Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.
2. General Commissioning Policies are agreed by the Planning and Commissioning Committee on behalf of NHS Hull CCG.

<p>Summary of evidence / rationale</p>	<p>A 'Caesarean section' (CS) is a surgical procedure in which a fetus is delivered through an incision in the mother's abdomen and uterus.</p> <p>In November 2011 NICE carried out a partial update of NICE clinical guideline 13 (2004): Caesarean section". In the original remit, the Department of Health asked NICE to produce evidence based guidelines on, "When a caesarean section is appropriate and the circumstances under which routine procedures in normal labour may be unnecessary".</p> <p>The NICE guidance was developed and updated following changes to current practice and changes to the evidence base. The following areas of the guideline have been updated: morbidly adherent placenta, women who are HIV positive, time from decision to delivery, planned vaginal birth versus planned caesarean section following previous caesarean birth, and antibiotic prophylaxis.</p> <p>As a result of the changes to the guidelines NICE recommend the following are identified as priorities for implementation:</p> <ul style="list-style-type: none"> • Pregnant women with a singleton breech presentation at term, for whom external cephalic version is contraindicated or has been unsuccessful, should be offered CS because it reduces perinatal mortality and neonatal morbidity. • In twin pregnancies where the first twin is not cephalic the effect of CS in improving outcome is uncertain, but current practice is to offer a planned CS. • Pregnant women who are co-infected with hepatitis C virus and HIV should be offered planned CS because it reduces mother-to-child transmission of both hepatitis C virus and HIV • Women with primary genital herpes simplex virus (HSV) infection occurring in the third trimester of pregnancy should be offered planned CS because it decreases the risk of neonatal HSV infection. • When a woman requests a CS because she has anxiety about childbirth, offer referral to a healthcare professional with expertise in providing perinatal mental health support to help her address her anxiety in a supportive manner. <p>The purpose of this guideline is to enable healthcare professionals to give appropriate research-based advice to women and their families.</p>
<p>Date</p>	<p>June 2017</p>
<p>Review Date</p>	<p>June 2019</p>
<p>Contact for this policy</p>	<p>Karen Billany, Head of Acute Care, NHS Hull Clinical Commissioning Group. Karen.billany@nhs.net</p>

References

NICE Clinical Guidance CG13 April 2004
Caesarean Section - RCOG Clinical Guideline April 2004
Caesarean Section – NICE Clinical Guidance CG132 November 2011
<https://www.nice.org.uk/guidance/cg132>