

Quality Standards Caesarean Topic Expert Group

Minutes of the TEG2 meeting held on 23rd October at the NICE offices in Manchester

<p>Attendees</p>	<p><u>Topic Expert Group Members</u></p> <p>Malcolm Griffiths (chair) (MG), David James (DJ), Andrew Loughney (ALo), Nuala Lucas (NL), Christine Johnson (CJ), Debbie Chippington Derrick (DCD), Olujimi Jibodu (OJ)</p> <p><u>NICE Staff</u></p> <p>Brian Bennett (BB), Terence Lacey (TL), Jenny Harrisson (JH), Maxine Adrian-Fleet (MAF), Nicola Bodey (NB)</p> <p><u>External attendees</u></p> <p>Azim Lakhani (ALa) (Head of Clinical Analysis Research and Development, NHS Information Centre)</p> <p><u>Observers</u></p> <p>Lisa Nicholls (NICE), Lynda Ayiku (NICE)</p>
<p>Apologies</p>	<p><u>Topic Expert Group Members</u></p> <p>Pippa Nightingale (PN), Nina Khazaezadeh (NK)</p> <p><u>NICE</u></p> <p>Tim Stokes (TSt)</p>

Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and plan for the day	MG welcomed the attendees, noted the apologies and outlined the agenda for the day.	
2. Declaration of Interest	MG asked the group whether they had any new interests to declare since the last meeting. AL and MG stated that they had additional DOIs. Both to fill in a new DOI form.	JH to send AL and MG a blank DOI for completion.
3. Objectives of the meeting	MG outlined the objective for the day: to discuss and agree the wording of the draft quality statements and measures, which will go out to consultation.	
4. Review of process for developing the quality standard	<p>TL reviewed the process for developing the quality standard (QS) and core principles for development, including their purpose to pick out only critical markers for improvement. He emphasised the need for clear, focused, measurable quality statements and reminded the group that the statements must be aspirational but achievable. It was also stated that the statements need to be in plain English. The quality standard will be informed by recommendations from the published NICE clinical guidelines on caesarean section. Not all recommendations will be represented but this would not mean that they are not important. He also asked the group to highlight any equality issues relating to each statement to the NICE team during the meeting as part of the ongoing equality impact assessment for the quality standard.</p> <p>BB reiterated that the objective of this meeting was to decide:</p> <ol style="list-style-type: none"> 1. Which statements should be progressed for consultation and the wording and intent of these statements. 2. Which statements would not be progressed for consultation if they did not fulfill the criteria. <p>BB gave the group an overview of the key development sources used and confirmed that the TEG would have opportunity to comment on the draft version prior to consultation</p> <p>It was noted by the TEG that a new document by NHS Quest, 'Harm free maternity care' had been released and believed that they should be mindful of this to ensure no overlap or discrepancies between the two.</p>	

Agenda item	Discussions and decisions	Actions
<p>5. Draft quality statements (QS) and quality measures (QM)</p> <ul style="list-style-type: none"> • Presentation • Discussion • Agreement 	<p>Draft Quality Statement 1: ‘Pregnant woman who request a caesarean section (where there is no other indication) are involved in the discussion about the request with members of the obstetric team’</p> <p>‘Are involved in the discussion’ to change to ‘timely discussion’. NICE team to check the word ‘timely’ and see if they can find a more appropriate and measureable word.</p> <p>‘Discussion’ and ‘obstetric team’ to be defined.</p> <p>Outcome measures to be included: reversal of request, mode of delivery, patient satisfaction with involvement, potentially avoidable complications.</p> <p>Revised Draft Quality Statement 1: ‘Pregnant woman who request a caesarean section (where there is no other indication) have a timely discussion about their request with members of the obstetric team’</p>	<p>BB to add/remove wording in the statement.</p> <p>BB/TL to check wording of ‘timely’.</p> <p>BB to include definitions.</p> <p>BB to include outcome measures.</p> <p>BB to amend existing measurements to reflect the new statement.</p>
	<p>Draft Quality Statement 2: ‘Pregnant women who request a caesarean section due to anxiety about childbirth are offered referral to a healthcare professional with relevant expertise in this area’</p> <p>Statement to stay the same. The TEG discussed the potential of adding a time frame to this statement. However as consensus opinion as not agreed. The NICE team will consider this further.</p> <p>Outcome measures to be included: Change in anxiety levels, mode of delivery, breastfeeding rates.</p>	<p>BB to include outcome measures and consider the use of a time scale for the statement.</p>
	<p>Draft Quality Statement 3: ‘Pregnant women where a caesarean section is being considered have a consultant obstetrician involved in the decision whether a CS should be conducted or not’</p> <p>‘where a caesarean section is being considered’ to change to ‘for whom any category of caesarean section is being considered’. ‘Category’ to be defined.</p> <p>‘decision whether a CS should be conducted or not’ to change to ‘decision making process’ with this being defined.</p> <p>‘being considered’ to be defined.</p>	<p>BB to add/remove wording in the statement.</p> <p>BB to include definitions.</p> <p>BB to include outcome and structure measures.</p> <p>BB to amend existing measurements to reflect the new statement.</p>

Agenda item	Discussions and decisions	Actions
	<p>Outcome measure to be included: caesarean section rates</p> <p>Structure measure to be included: recording of considerations</p> <p>Revised Draft Quality Statement 3: ‘Pregnant women for whom any [category] of caesarean section is [being considered] have a consultant obstetrician involved in the [decision making process]’</p>	
	<p>Draft Quality Statement 4: ‘Pregnant women who have a preference for a vaginal birth who have had up to 4 previous CS are informed that there are little or no increased risks of complications’</p> <p>‘Pregnant women who have a preference for a vaginal birth who have had up to 4 previous CS’ to change to ‘All pregnant women who have had one or more CS’.</p> <p>‘informed’ to change to ‘advised’ and define this.</p> <p>‘little or no increase in the risk of complications’ to be defined.</p> <p>Include ‘with a VB attempt or a planned CS (up to 4)’ at the end of the statement.</p> <p>Outcome measures to be included: previous CS who opt for VB attempt, mode of delivery for women who had previous CS.</p> <p>Revised Draft Quality Statement 4: ‘All pregnant women who have had one or more CS are [advised] that there are [little or no increase in the risk of complications] with a VB attempt or a planned CS (up to 4)’</p>	<p>BB to add/remove wording in the statement.</p> <p>BB to include definitions.</p> <p>BB to include outcome measures.</p> <p>BB to amend existing measurements to reflect the new statement.</p>
	<p>Revised Draft Quality Statement 5: ‘Pregnant women having a planned CS, have the CS carried out after 39 week gestation, unless an earlier delivery is necessary due to maternal / fetal complications’</p> <p>‘after 39 week gestation’ to change to ‘no earlier than 39 weeks 0 days’</p> <p>maternal/ fetal complications’ to be defined. Include exclusion for twins and diabetes.</p>	<p>BB to add/remove wording in the statement.</p> <p>BB to include definition and exclusion.</p> <p>BB to include outcome measure</p>

Agenda item	Discussions and decisions	Actions
	<p>Outcome measure to be included: rates of neonatal respiratory morbidity in planned caesarean section before 39 weeks 0 days.</p> <p>Revised Draft Quality Statement 5: ‘Pregnant women having a planned CS, have the CS carried out no earlier than [39 weeks 0 days], unless an earlier delivery is necessary due to [maternal / fetal complications]’</p>	
	<p>Draft Quality Statement 6: ‘Pregnant women having a planned caesarean section prior to 39 weeks gestation are offered a course of antenatal corticosteroids’</p> <p>Statement to stay the same</p> <p>Change ‘offer’ in the measures to ‘receive’.</p>	<p>BB to change wording in measures.</p>
	<p>Draft Quality Statement 7: ‘Women in labour for whom an emergency or urgent CS is being considered due to fetal compromise are offered fetal blood sampling to inform the decision’</p> <p>‘an emergency or urgent’ to be removed.</p> <p>‘due to’ to change to ‘for suspected’</p> <p>‘Suspected fetal compromise’ to be defined.</p> <p>Outcome measures to be included: number of caesarean section due to fetal blood sampling failure, number of caesarean section due to fetal blood sampling result.</p> <p>Structure measure to be included: availability of working fetal blood sampling machines.</p> <p>Change ‘offer’ in the measures to ‘receive’</p> <p>Revised Draft Quality Statement 7: ‘Women in labour for whom a CS is being considered for [suspected fetal compromise] are offered fetal blood sampling to inform decision making’</p>	<p>BB to add/remove wording in the statement.</p> <p>BB to include definitions</p> <p>BB to include outcome and structure measures.</p> <p>BB to amend existing measurements to reflect the new statement.</p>
	<p>Draft Quality Statement 8: ‘All women who have had a CS have an opportunity to discuss with health professionals the reason/s for the CS</p>	<p>BB to add/remove wording in the statement.</p>

Agenda item	Discussions and decisions	Actions
	<p>and birth options for future pregnancies'</p> <p>'have an opportunity to discuss' to change to 'are offered a discussion' with an accompanying definition.</p> <p>'the reasons for the CS' to change to 'about her CS'.</p> <p>'health professional' to be defined.</p> <p>It was felt that this statement could be measured with a patient survey. ALa explained that there is a maternity questionnaire/ survey which could be referenced to. This to be circulated to the TEG.</p> <p>Revised Draft Quality Statement 8: 'All women who have had a CS are [offered] a [discussion] with a [health professional] about her CS and birth options for future pregnancies'</p>	<p>BB to include definitions.</p> <p>BB to amend existing measurements to reflect the new statement.</p> <p>JH to circulate maternity questionnaire/ survey.</p>
	<p>Draft Quality Statement 9: 'Women who have had a CS have the potential risks and complications monitored until discharged to routine post natal care'</p> <p>The TEG discussed the fact that one of the key issues for women who have had a C-section is that their post –surgical monitoring is not as comprehensive as people having surgery in other clinical services. The statement is to focus on this issue</p> <p>NICE to work on re-wording the statement outside of the meeting based on additional recommendation 1.7.1.1</p> <p>Revised Draft Quality Statement 9:</p>	<p>BB/TL to re-word the statement based on recommendation 1.7.1.1.</p>
<p>6. Other guideline recommendations potentially suitable for QS development</p>	<p>The TEG felt that one area that was initially scoped and excluded due to lack of recommendations (dedicated list for caesarean section) is extremely important and asked for the NICE team to investigate this more closely. They believed that this currently is not happening and would be aspirational to include a statement on this.</p>	<p>NICE team to investigate evidence sources for dedicated list for caesarean section.</p>
<p>7. Consultation on the draft QS</p>	<p>BB outlined the consultation process and advised the group that only registered stakeholders can comment on the draft QS.</p>	

Agenda item	Discussions and decisions	Actions
	<p>BB explained the process around endorsement partners, explaining that any interested organisations should send expressions of interest to the Quality Standards team.</p>	
<p>8. Next steps and AOB</p>	<p>BB outlined the next steps, including key dates in the QS development process, and asked the group to hold time in their diaries to comment during the relevant periods.</p> <p>MG thanked the group and closed the meeting.</p>	