Caesarean birth (NG192) – Update to recommendations on maternal request for caesarean birth

This guideline covers when to offer caesarean birth, discussion of caesarean birth, procedural aspects of the operation, and care after caesarean birth. It aims to improve the consistency and quality of care for women who are thinking about having a caesarean birth or have had a previous caesarean birth and are pregnant again.

These recommendations will update NICE guideline NG192 (published March 2021).

Who is it for?

- Healthcare professionals
- Commissioners
- Pregnant women, their families and carers

What does it include?

- Revised recommendations on maternal choice
- Explanation of why the committee revised the recommendations, and how this might affect services or practice

Information about how the guideline was developed is on the guideline's webpage. This includes details of the surveillance review, details of the committee and any declarations of interest.

Updated recommendations

We have reviewed the recommendations on maternal request. You are invited to comment on these revised recommendations only. These are marked as **[2011, amended 2023]**, or no change.

ID Number (please use to identify what comment relates to at consultation)	Existing recommendation in NG192	Proposed revised recommendation	Rationale for change	Impact of change
1	1.2.25 When a woman with no medical indication for a caesarean birth requests a caesarean birth, explore, discuss and record the specific reasons for the request. **[2011, amended 2021]**	1.2.25 When a woman or pregnant person with no medical indication for a caesarean birth requests a caesarean birth: • discuss and explore the reasons for the request • ensure they have accurate information • discuss alternative birth options (for example, place of birth, continuity of	The committee discussed the fact that some women or pregnant people may request a caesarean birth because they have concerns about aspects of the birth and believe that a caesarean birth would be the best way to alleviate these concerns. However, there may be cases where the concerns can be addressed in other ways, such as choosing an alternative place of birth, opting for a birth which will provide greater	This change may mean more women and pregnant people can be supported to have a vaginal birth. This change may increase the number of women being seen by a consultant midwife or senior midwife for a longer 'birth options' appointment but is unlikely to have a resource impact as

		midwifery care, pain relief options), which may help address concerns they have about the birth • offer discussions with a consultant midwife or senior midwife, ideally in a birth options clinic or at a birth options appointment • offer discussions with a consultant or senior obstetrician and other members of the team (for example an anaesthetist) if necessary • record the discussions and decisions. **[2011, amended 2023]**	continuity of midwifery care, or by planning adequate pain relief. The committee therefore expanded the recommendation to include this aspect of the discussion. The committee were aware that this discussion would be best held in a clinic where there was time to explore the different options and preferences and so suggested this should be in a birth options clinic. The committee were aware that consultant midwives were often involved in such discussions and so included them in the list of healthcare professionals.	these conversations would previously have been held in multiple midwife appointments. The guideline has always offered the option of seeing a consultant or senior obstetrician if needed - this was previously in recommendation 1.2.27 but has now been moved into recommendation 1.2.25 so this will not have a resource impact.
2	1.2.26 If a woman requests a caesarean birth, discuss the overall benefits and risks of caesarean birth compared with vaginal birth (see the section on planning mode of birth) and record that this discussion has taken place. **[2011]**	1.2.26 If a woman or pregnant person requests a caesarean birth, discuss the overall benefits and risks of caesarean birth compared with vaginal birth (see the section on planning mode of birth) and record that this discussion has taken place. **[2011]**	No changes made.	No changes made.

3	1.2.27 If a woman requests a caesarean birth, offer discussions with the woman, a senior midwife and/or obstetrician and other members of the team if necessary, for example an anaesthetist, to explore the reasons for the request, and ensure the woman has accurate information. **[2011, amended 2021]**	This recommendation has been combined with another recommendation. See recommendation 1.2.25 above	This recommendation has been combined with another recommendation. See recommendation 1.2.25 above.	This recommendation has been combined with another recommendation. See recommendation 1.2.25 above.
4	1.2.28 If a woman requests a caesarean birth because she has tokophobia or other severe anxiety about childbirth (for example, following abuse or a previous traumatic event), offer referral to a healthcare professional with expertise in providing perinatal mental health support to help with her anxiety. See the NICE guideline on antenatal and postnatal mental health for more detailed advice on providing mental health services for pregnant women. **[2011, amended 2021]**	1.2.27 If a woman or pregnant person requests a caesarean birth because they have tokophobia or other severe anxiety about childbirth (for example, following abuse or a previous traumatic event), offer referral to a healthcare professional with expertise in providing perinatal mental health support to help with their anxiety. See the NICE guideline on antenatal and postnatal mental health for more detailed advice on providing mental health services during pregnancy. **[2011, amended 2021]**	No changes made.	No changes made.

5	1.2.29 Ensure healthcare professionals providing perinatal mental health support to women requesting a caesarean birth have access to the planned place of birth during the antenatal period in order to provide care. **[2011, amended 2021]**	1.2.28 Ensure healthcare professionals providing perinatal mental health support are able to access the planned place of birth with the woman or pregnant person during the antenatal period, as part of the support offered to help them overcome fears and concerns about the labour and birth. **[2011, amended 2023]**	The committee revised the wording of this recommendation to clarify that the access to the planned place of birth was required during the antenatal period, and not that all antenatal support had to be provided at the planned place of birth.	No impact as clarification of wording only.
6	1.2.30 If a vaginal birth is still not an acceptable option after discussion of the benefits and risks and offer of support (including perinatal mental health support if appropriate; see recommendation 1.2.28), offer a planned caesarean birth for women requesting a caesarean birth. **[2011, amended 2021]**	1.2.29 If, after an informed discussion about the options for birth (including perinatal mental health support if appropriate; see recommendation 1.2.27), the woman or pregnant person requests a caesarean birth support their choice. **[2011, amended 2023]**	The committee revised the wording to be more person-centred and to ensure the woman or pregnant person's choice to have a caesarean birth was supported.	No impact as clarification of wording only.
7	1.2.31 If a woman requests a caesarean birth but her current healthcare team are unwilling to offer this, refer the woman to an obstetrician willing to perform a caesarean birth. **[2011, amended 2021]**	1.2.30 If a woman or pregnant person requests a caesarean birth but their current healthcare team are unwilling to offer this, refer them to an obstetrician willing to perform a caesarean birth. This should	The committee agreed that women and pregnant people should not have to move to a different obstetric unit for a caesarean birth and so included this in the recommendations. The committee discussed the potential rare situations where	This change will reduce the number of women who have to move to a different obstetric unit in order to have a caesarean birth. This will benefit the following groups in particular:

		be within the same obstetric unit. **[2011, amended 2023]**	there was a clinical reason behind the reluctance to perform a maternal request caesarean birth, but agreed that in this situation a full multidisciplinary team discussion would be needed during the pregnancy to agree a plan for the woman or pregnant person.	• women with disabilities who find it difficult to travel • women from lower socioeconomic groups where the increased travel costs are a concern • young mothers who may not feel confident enough to transfer to another unit • women who do not speak English as a first language, or those from groups such as migrants or refugees who may not be familiar with navigating the healthcare system and who therefore may have more difficulty changing their provider or travelling to another unit.