

Caesarean birth – surgical opening technique

**Consultation on draft guideline - Stakeholder comments table
03/07/2023 – 17/07/2023**

Stakeholder	Document	Line No	Comments	Developer's response
BD UK Limited	Comments form	General	<p>Question 1: Would it be challenging to implement of any of the draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives).</p> <p>We don't anticipate that it would be challenging to implement of any of the draft recommendations, as the proposed updates are minor, with minimal or no change impact.</p>	Thank you for your comment.
BD UK Limited	Comments form	General	<p>Question 2: Would implementation of any of the draft recommendations have significant cost implications?</p> <p>We don't expect any significant cost implications associated with implementation of any of the proposed draft recommendations.</p>	Thank you for your comment.
BD UK Limited	Guideline	004	<p>We agree with the decision not to make any changes to the recommendation on 'Extension of the uterine incision'. However, we would like to suggest that the team considers including some guidance around managing intraoperative bleeding. For instance, topical haemostatic agents have different mechanisms of action and adverse effect profiles, which should be understood to achieve optimal outcomes.</p>	<p>Thank you for your comment. Managing intraoperative bleeding was outside the scope for this update, no evidence was reviewed and therefore we cannot make recommendations on this topic. However, we will pass your comment regarding the inclusion of managing intraoperative bleeding to the NICE surveillance team which monitors</p>

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			A recent study with oxidised regenerated cellulose (ORC) has shown it has a stronger proinflammatory response in vitro and high crystallinity / slow resorption with crystals present at 28 days in vivo compared to microporous polysaccharide hemospheres (MPH). The ORC crystals were associated with collagen deposition and mononuclear cell accumulation consistent with early foreign body response. [Capella-Monsonis H, Shridhar A, Chirravuri B, Figucia M, et al. A comprehensive study of the resorption and immune response for two starch-based hemostat powders. <i>J Surg Research</i> . 2023;282:210-224.]	guidelines to ensure that they are up to date.
BD UK Limited	Guideline	General	We would suggest that it is also specified in the guideline that diathermy should be avoided in this procedure, as this would greatly reduce the risk of surgical fires. [https://www.afpp.org.uk/filegrab/a-case-for-the-prevention-and-management-of-surgical-fires-in-the-uk.pdf?ref=2335]	Thank you for your comment. Use of diathermy was outside the scope for this update, no evidence was reviewed and therefore no recommendations have been made on this topic.
BD UK Limited	Guideline	General	Although not included in the draft guideline for consultation, we would like to draw the committee's attention to the recommendation on skin preparation before caesarean birth to reduce the risk of wound infections (1.4.24). The guideline recommends alcohol-based iodine skin preparation if alcohol-based chlorhexidine is not available. We have the following concerns/comments around the recommendation:	Thank you for your comment. Pre-operative skin preparation was outside the scope for this update, no evidence was reviewed and therefore no recommendations have been made on this topic.

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			<ul style="list-style-type: none"> • For clarity and compliance, it would be beneficial to specify: <ul style="list-style-type: none"> ○ that only licensed skin preparation products should be used [https://www.rcseng.ac.uk/about-the-rcs/government-relations-and-consultation/joint-rcs-mhra-statement-on-use-of-tropical-chlorhexidine-for-skin-prep/] ○ the recommended product concentration (i.e., 2% chlorhexidine in 70% alcohol for invasive medical procedures such as caesarean birth surgical technique).[NICE guideline NG125; https://pubmed.ncbi.nlm.nih.gov/35985350/] • Skin antiseptic in a ready-to-use state should be considered to improve skin antiseptic application and minimise delays in skin preparation in urgent procedures. • A skin antiseptic delivered in an applicator should be considered to improve the flow of solution and to minimise excess solution application, particularly in urgent procedures where quick drying time is desired and to minimise fire risk. <p>As iodine is contraindicated in pregnancy and breast-feeding, a risk assessment prior to its use would be useful.</p>	

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NHS England	Guideline	General	<p>No <i>specific</i> comments to add, however we wish to make these general comments</p> <p>I was going to however ask about general guidelines for post-natal care and mental health in the primary care setting:</p>	Thank you for your comment. As your comment does not relate to the recommendations being consulted on and does not seem to require any action relating to surgical opening techniques for caesarean birth, no changes to the recommendations have been made.
NHS England	Guideline	General	At the moment Midwives do the bulk of step-down contact after C sections and then handover to the health visitors.	Thank you for your comment. As your comment does not relate to the recommendations being consulted on and does not seem to require any action relating to surgical opening techniques for caesarean birth, no changes to the recommendations have been made.
NHS England	Guideline	General	GPs will do the new baby checks at 6-8 weeks.	Thank you for your comment. As your comment does not relate to the recommendations being consulted on and does not seem to require any action relating to surgical opening techniques for caesarean birth, no changes to the recommendations have been made.

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NHS England	Guideline	General	Currently we would note whether the women had a vaginal delivery, assisted vaginal delivery or C section (planned or emergency).	Thank you for your comment. As your comment does not relate to the recommendations being consulted on and does not seem to require any action relating to surgical opening techniques for caesarean birth, no changes to the recommendations have been made.
NHS England	Guideline	General	We should also be aware that where there has been intervention in delivery-especially if there is an emergency situation, the risk of psychological illness/maternal bonding is greater and have a low threshold for referral into psychological services.	Thank you for your comment. As your comment does not relate to the recommendations being consulted on and does not seem to require any action relating to surgical opening techniques for caesarean birth, no changes to the recommendations have been made.
NHS England	Guideline	General	I note that even elective C sections due to maternal choice have a higher risk of psychological ill health (affects bonding etc) and wonder how much awareness there is in primary care to that effect?	Thank you for your comment. As your comment does not relate to the recommendations being consulted on and does not seem to require any action relating to surgical opening techniques for caesarean birth, no changes to the recommendations have been made.
NHS England	Guideline	General	I also note that there are aspirations in the LTP (long term plan) to address perinatal mental health but wondered if	Thank you for your comment. As your comment does not relate to the

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			this includes the risk of even 'normal' planned surgical birth?	recommendations being consulted on and does not seem to require any action relating to surgical opening techniques for caesarean birth, no changes to the recommendations have been made.
NHS England	Guideline	General	Sorry, this might not be your call to answer but as non emergency surgical birth does increase the risk of maternal MH then perhaps there should be a greater awareness and ease of access to psychological therapies	Thank you for your comment. As your comment does not relate to the recommendations being consulted on and does not seem to require any action relating to surgical opening techniques for caesarean birth, no changes to the recommendations have been made.
NHS England	Guideline	General	We strongly suggest reference to the consideration for existing multidisciplinary input into the care of the person. Consideration should also be given to the role of an organisation's learning disability team or liaison nurse on issues of communication, reasonable adjustments, pain assessment etc	Thank you for your comment. We agree that women need to be communicated with in an appropriate way and given information in an appropriate format and this detail is already included in the separate sections of the caesarean birth guideline called 'provision of information' and 'shared decision making'. Further detail on communication and treating people as individuals is covered in the NICE guideline on Patient experience in adult

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				NHS services: improving the experience of care for people using adult NHS services, and so this information is not repeated in all other NICE guidelines.
NHS England	Guideline	General	We strongly suggest making reference to reasonable adjustments throughout the guideline: This is a legal requirement as stated in the Equality Act 2010 and is important to help you make the right diagnostic and treatment decisions for an individual. You can ask the person and their carer or family member what reasonable adjustments should be made. Adjustments aim to remove barriers, do things in a different way, or to provide something additional to enable a person to receive the assessment and treatment they need.	Thank you for your comment. Making reasonable adjustments as required by the Equality Act is a statutory requirement and so this requirement would not be repeated in each individual NICE guideline.
NHS England	Guideline	General	We strongly reference to the importance of communication. Staff should communicate with and try to understand the person they are caring for. Check with the person themselves, their family member or carer or their hospital or communication passport for the best way to achieve this. Use simple, clear language, avoiding medical terms and 'jargon' wherever possible. Some people may be non-verbal and unable to tell you how they feel. Pictures may be a useful way of communicating with some people, but not all.	Thank you for your comment. We agree that women need to be communicated with in an appropriate way and given information in an appropriate format and this detail is already included in the separate sections of the caesarean birth guideline called 'provision of information' and 'shared decision making'. Further detail on communication and treating people as

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				individuals is covered in the NICE guideline on Patient experience in adult NHS services: improving the experience of care for people using adult NHS services, and so this information is not repeated in all other NICE guidelines.
Royal College of Obstetricians and Gynaecologists	Guideline	002	<p>In point 1 it simply says use transverse incision and the reasoning is that vertical incisions are no longer used. This is true in the vast majority of cases but there will be a few cases e.g. previous multiple laparotomies for inflammatory bowel disease where discussion with a surgeon about risk of bowel damage on entry might lead to a repeat vertical incision as well as some cases of severe placental site invasion.</p> <p>As new consultants may now be pure obstetricians with little gynae/ surgery experience they may simply follow the guidelines without understanding the (few) exceptions. Perhaps some comment that rarely a vertical incision may be needed for specific indications, otherwise an inappropriate incision may be used.</p>	Thank you for your comment. An additional sentence has been added to the recommendation on opening technique to highlight there may be some clinical indications when a vertical incision is required, and an example has been given in the rationale for this recommendation.
Royal College of Obstetricians and Gynaecologists	Guideline	005	<p>I wonder what objective evidence does the committee have (apart from their own units) to state that separate knives are not routinely used anymore? I would recommend this to stay in rather than removed because</p> <p>a) needs to ensure that it remains embedded in practice</p>	Thank you for your comment. The committee have agreed to keep this recommendation in the guideline, as you suggest.

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			b) clinicians may go back to using two blades as absence of this recommendation may open this to personal interpretation and ambiguity.	
Royal College of Obstetricians and Gynaecologists	Guideline	General	There are certain rare scenarios for the use a vertical incision for caesarean section, whether lower segment or classical.	Thank you for your comment. An additional sentence has been added to the recommendation on opening technique to highlight there may be some clinical indications when a vertical incision is required, and an example has been given in the rationale for this recommendation.
Royal College of Obstetricians and Gynaecologists	Guideline	General	There will be times when a midline skin incision is the most appropriate.	Thank you for your comment. An additional sentence has been added to the recommendation on opening technique to highlight there may be some clinical indications when a vertical incision is required, and an example has been given in the rationale for this recommendation.

**None of the stakeholders who comments on this clinical guideline have declared any links to the tobacco industry.*

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