Policy Directive

NSW HEALTH

Department of Health, NSW
73 Miller Street North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Telephone (02) 9391 9000 Fax (02) 9391 9101
http://www.health.nsw.gov.au/policies/

Maternity - Timing of Elective or Pre-Labour Caesarean Section

Document Number	PD2007_024
Publication date	03-Apr-2007
Functional Sub group	Clinical/ Patient Services - Maternity Clinical/ Patient Services - Baby and child
Summary	Area Health Services are required to have procedures controlling the timing of elective or pre-labour caesarean sections.
Author Branch	Primary Health and Community Partnerships
Branch contact	Ann Kinnear 9424 5891
Applies to	Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Public Hospitals
Audience	Maternity clinicians, obstetricians, midwives, nurses, GPs, paediatricians, neonatologists
Distributed to	Public Health System, Divisions of General Practice, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Hospitals, Tertiary Education Institutes
Review date	03-Apr-2012
File No.	04/3435-5
Status	Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

MATERNITY - TIMING OF ELECTIVE OR PRE-LABOUR CAESAREAN SECTION

This Policy Directive is based on the United Kingdom National Collaborating Centre for Women's and Children's Health National Institute of Clinical Excellence (NICE) Guidelines on Caesarean Section. The complete guideline is available at http://www.rcog.org.uk.

This policy directive must be read in conjunction with:

- PD2005_406 Consent to medical treatment – Patient Information
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists College Statement on the *Timing of Elective Caesarean Section* http://www.ranzcog.edu.au/publications/statements/C-obs23.pdf
- The Royal Australasian College of Physicians *Paediatrician Attendance at Caesarean Sections* http://www.racp.edu.au/hpu/paed/caesarean/index.htm

1. Introduction

1.1 Area Health Services (AHSs) are required to have procedures controlling the timing of elective or pre-labour caesarean sections.

2. Information and consent

2.1 Pregnant women must be provided evidence-based information and support to enable them to make informed decisions about childbirth (taking into account the information and cultural needs of culturally and linguistically diverse communities). Addressing women's views and concerns must be recognised as being integral to the decision making process.

2.2 Evidence based information must be provided to all women during the antenatal period. This must include information about:

2.2.1 Indications for caesarean section
2.2.2 What the procedure involves
2.2.3 Associated risks and benefits for mother and baby
2.2.4 Implications for future pregnancies and birth after caesarean section.

2.3 Consent for caesarean section must be requested after providing pregnant women with evidenced based information and in a manner that respects the woman's privacy, views and culture whilst taking into consideration the clinical situation.

2.4 When considering a caesarean section, there must be discussion (and documentation) on the benefits and risks of caesarean section compared with vaginal birth specific to the woman and her pregnancy. Maternal request on its own is not an indication for elective caesarean section and

specific reasons for the request must be explored, discussed and recorded.

3. Timing of an elective or pre-labour caesarean section

3.1 The risk of respiratory morbidity is increased in babies born by caesarean section before labour, but this risk decreases after 39 completed weeks. Therefore elective or pre-labour caesarean section must not routinely be carried out before 39 completed weeks[1]. These findings are supported by recent studies. [2-5]

3.2 Area Health Services are required to ensure that where there are no compelling medical indications, elective or pre-labour caesarean section does not occur prior to 39 completed weeks gestation.

4. Care of the baby born by caesarean section

4.1 Neonatal Resuscitation:

A practitioner, who is appropriately trained and skilled in neonatal resuscitation, must be in attendance at all caesarean section births. However, a paediatrician is not necessarily required to attend all elective caesarean section births under regional anaesthesia unless there are identified maternal or fetal complicating factors that would predict the need for vigorous resuscitation.

4.2 Thermal Care:

Thermal care must be in accordance with good practice as babies lose body heat rapidly.

4.3 Maternal contact (skin to skin):

Skin-to-skin contact between the woman and her baby must be encouraged and facilitated within one hour of birth as it improves maternal perceptions of her infant, mothering skills, maternal behaviour, breastfeeding outcomes and reduces infant crying.

4.4 Breastfeeding:

Women who have had a caesarean section must be offered additional support to help them to start breastfeeding within the first hour of birth of their baby.

4.5 Separation:

The mother and baby must be kept together unless there are compelling reasons e.g. baby requires neonatal intensive care.

5. Reporting

5.1 The gestation for elective or pre-labour caesarean section will be reported for each public health facility providing maternity services in the annual NSW Mothers and Babies Report.

6. References

1. National Collaborating Centre for Women's and Children Health. 2004. National Institute of Clinical Excellence (NICE) Guidelines on Caesarean Section. Royal College of Obstetricians and Gynaecologists (RCOG) Press: London.
2. Viller J, Valladares E, Wojdyla D, et al. 2006. Caesarean delivery rates and pregnancy outcomes: the 2005 WHO global survey on maternal and perinatal health in Latin American, http://www.thelancet.com June 3: 367: 1819- 29.
3. MacDorman, Marian F, Declercq, Eugene, Menacker, Fay, et al 2006. Infant and Neonatal Mortality for Primary Cesarean and Vaginal Births to Women with “No Indicated Risk,” United States, 1998-2001 Birth cohorts. BIRTH 33:3 September 2006.
4. Nicoll A, Black C, Powls A, Mackenzie F. 2004. An audit of neonatal respiratory morbidity following elective caesarean section at term. Scottish Medical Journal, Feb; 49;1;22-5.
5. Zanardo V, Simbi A, Franzoi M, Solda G, et al. 2004. Neonatal respiratory morbidity risk and mode of delivery at term: influence of timing of elective caesarean delivery. Acta Paediatr, May; 93;5;643-7

Robyn Kruk
Director-General