

Caesarean section: maternal  
request for caesarean section

# Clinical audit tool

Implementing NICE guidance

2011

NICE clinical guideline 132



This clinical audit tool accompanies the clinical guideline: 'Caesarean section' (available online at [www.nice.org.uk/guidance/CG132](http://www.nice.org.uk/guidance/CG132)).

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This is a support tool for clinical audit based on the NICE guidance.

It is not NICE guidance.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

### **National Institute for Health and Clinical Excellence**

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## Using the clinical audit tool

The clinical audit tool document can be used to measure current practice in maternal request for caesarean section against the recommendations in the NICE guideline. Use it for a local audit project either by using the whole tool or by amending it to suit the project.

Audit support contains criteria and a data collection tool. The data collection tool can be used or adapted for the data collection part of the clinical audit cycle by the trust, service or practice.

A baseline assessment tool is also available

[www.nice.org.uk/guidance/CG132/BaselineAssessment/xls/English](http://www.nice.org.uk/guidance/CG132/BaselineAssessment/xls/English). This can help ascertain your Trust's baseline against the guideline's recommendations and enable you to prioritise implementation activity including clinical audit.

The sample for this audit should include women who request a caesarean section. Select an appropriate sample in line with your project aims or local clinical audit strategy.

NICE recommends a standard of 100%. If this is not achievable in the short term set a more realistic standard. However, 100% should remain the ultimate objective.

Whether or not the audit results meet the standard, re-auditing is a key part of the audit cycle. If your first data collection shows room for improvement, re-run it once changes to the service have had time to make an impact. Continue with this process until the results of the audit meet the standards.

### Links with other clinical audit priorities

The audit based on this guideline should be considered in conjunction with other clinical audit priorities such as:

- [Maternal, Infant and Perinatal Clinical Outcome Review Programme](#)
- [Royal College of Paediatrics and Child Health \(RCPCH\) National Neonatal Audit Programme](#)
- [National Maternity Survey 2010](#)

## Criteria for 'Caesarean section: maternal request for caesarean section'

<b>Criterion 1</b>	<b>When a woman requests a caesarean section the specific reasons for the request should be explored, discussed and recorded.</b>
<b>Exceptions</b>	None
<b>Guideline reference</b>	1.2.9.1
<b>Definitions</b>	None
<b>Criterion 2</b>	<b>If a woman requests a caesarean section when there is no other indication, there should be a discussion of the overall risks and benefits of caesarean section compared with vaginal birth.</b>
<b>Exceptions</b>	None
<b>Guideline reference</b>	1.2.9.2
<b>Definitions</b>	NICE recommends that, if necessary, the discussion should include other members of the obstetric team, such as the obstetrician, midwife and anaesthetist, to explore the reasons for the request, and to ensure that the woman has accurate information.
<b>Criterion 3</b>	<b>When a woman requests a caesarean section because she has anxiety about childbirth, she should be offered referral to a healthcare professional with expertise in providing perinatal mental health support.</b>
<b>Exceptions</b>	None
<b>Guideline reference</b>	1.2.9.3 (key priority)
<b>Definitions</b>	NICE recommends referral to a healthcare professional with expertise in providing perinatal mental health support to help the woman to address her anxiety in a supportive manner.  The person providing this psychological support could be a member of the maternity team such as a midwife or obstetrician, or a mental health expert if clinically indicated.
<b>Criterion 4</b>	<b>For women requesting a caesarean section, if after discussion and offer of support (including perinatal mental health support for women with anxiety about childbirth), a vaginal birth is still not an acceptable option, a planned caesarean section should be offered.</b>
<b>Exceptions</b>	None
<b>Guideline reference</b>	1.2.9.5 (key priority)
<b>Definitions</b>	None
<b>Criterion 5</b>	<b>An obstetrician unwilling to perform a caesarean section should refer the woman to an obstetrician who will carry out the procedure.</b>
<b>Exceptions</b>	None
<b>Guideline reference</b>	1.2.9.6 (key priority)

<b>Definitions</b>	None
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## Data collection tool for 'Caesarean section: maternal request for caesarean section'

Complete one form for each episode. Demographic information should only be collected if it is essential to the project.

<b>Patient identifier:</b>	<b>Age:</b>	<b>Organisation/service:</b>
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### Ethnicity:

White	Mixed	Asian or Asian British	Black or Black British	Other
British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Any other White background <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	Not stated <input type="checkbox"/>
	Any other mixed background <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>		

No.	Data item no.	Criteria	Yes	No	NA/ Exceptions
1	1.1	Were the specific reasons for the request explored and discussed?	<input type="checkbox"/>	<input type="checkbox"/>	
	1.2	Were the specific reasons for the request recorded?	<input type="checkbox"/>	<input type="checkbox"/>	
2	2.1	Were there clinical indications for caesarean section? If 'yes' end audit here, if 'no' go to question 2.2	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2	Was there a discussion of the overall risks and benefits of caesarean section compared with vaginal birth?	<input type="checkbox"/>	<input type="checkbox"/>	
3	3.1	Did the woman request caesarean section because she had anxiety about childbirth? If 'yes' go to question 3.2, if 'no' go to question 4	<input type="checkbox"/>	<input type="checkbox"/>	
	3.2	Was the woman referred to a healthcare professional with expertise in providing perinatal mental health support?	<input type="checkbox"/>	<input type="checkbox"/>	
4	4.1	Did the woman maintain that vaginal birth was unacceptable? If 'yes' go to question 4.2, if 'no' end audit here	<input type="checkbox"/>	<input type="checkbox"/>	
	4.2	Was the woman offered a planned caesarean section?	<input type="checkbox"/>	<input type="checkbox"/>	
5	5.1	If the woman's obstetrician was unwilling to perform a caesarean section, was she referred to an obstetrician who would carry out the procedure?	<input type="checkbox"/>	<input type="checkbox"/>	

## Further information

For further information about clinical audit refer to a local clinical audit professional within your own organisation or the Healthcare Quality Improvement Partnership (HQIP) website [www.hqip.org.uk](http://www.hqip.org.uk). HQIP was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales.

## Supporting implementation

NICE has developed tools to help organisations implement the clinical guideline on Caesarean section (listed below). These are available on our website ([www.nice.org.uk/guidance/CG132](http://www.nice.org.uk/guidance/CG132)).

- Costing tools:
  - costing report to estimate the national savings and costs associated with implementation
  - costing template to estimate the local costs and savings involved.
- Slides highlighting key messages for local discussion.
- Clinical case scenarios
- Podcasts
- Baseline assessment tool for identifying current practice and prioritising implementation of the guideline.
- Audit support:
  - an electronic audit tool to accompany the suggested audit criteria contained within the full guideline
  - clinical audit tools for four topics that are key priorities in the updated guideline (morbidly adherent placenta, mother-to-child transmission of HIV, maternal request for caesarean section and timing of antibiotic administration).

A series of practical guides to implementation are also available on our website ([www.nice.org.uk/usingguidance/implementationtools](http://www.nice.org.uk/usingguidance/implementationtools)).

## **The guidance**

You can download the guidance documents from

[www.nice.org.uk/guidance/CG132](http://www.nice.org.uk/guidance/CG132). For printed copies of 'Understanding NICE guidance', phone NICE publications on 0845 003 7783 or email [publications@nice.org.uk](mailto:publications@nice.org.uk) and quote N2678).