

Five Years of Care Quality Commission (CQC) Maternity Inspections (2013-2018)

Part 1: TARGET RATES
CAESAREAN BIRTH AND PROMOTING NORMALITY



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Produced by Pauline M Hull

Editor, caesareanbirth.org

Author, *Choosing Caesarean, A Natural Birth Plan* (Prometheus Books, 2012)

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* The extracts reflect a significant representation of reports, and each example in a report section is from a unique CQC report. However, not every single example from CQC reports (including references to target birth mode rates) has been included as the numbers are too high.

Spelling, grammar and typos in the CQC reports cited have not been edited.

Report Summary

Research

A total of 312 Care Quality Commission (CQC) maternity inspections of 130 NHS Trusts, published between August 2013 and September 2018, were reviewed.

Key Findings

More than half of NHS Trusts in England set target rates for how women give birth (with the vast majority citing caesarean rate targets), and it is possible this number is a conservative estimate* of current NHS policy and practice.

Analysis of 312 CQC inspection reports published over 5 years demonstrates that:

- at least 56% (73/130) of Trusts have target rates for how women give birth
- at least 47% (61/130) of Trusts have target rates for caesarean birth
- 95% (123/130) of Trusts have CQC inspection reports that reference caesarean rates
- 45% (58/130) of Trusts have CQC inspection reports with information on the specific actions taken by managers and/or maternity care staff to reduce caesarean rates
- promoting normality and encouraging normal birth is commended
- clinical pathways specifically designed to reduce caesarean rates are common
- caesarean rates higher and lower than average are described as 'worse' and 'better' (vice versa for normal birth rates, including VBAC and homebirth)
- higher than average caesarean rates are consistently criticised (very often without evaluating corresponding rates of stillbirth, perinatal mortality or third and fourth degree tears)
- targets and pressure to reduce caesarean rates impact maternal request support
- inspectors frequently cite RCOG recommendations for birth mode rates
- a Trust's CQC maternity report rating can be affected by its birth mode rates

* The actual number may be higher for 3 reasons:

(1) where CQC inspectors are satisfied with a caesarean rate, they are less likely to reference targets or rate comparisons in their report, but a target may still exist; (2) some Trusts are criticised in these reports for failing to have targets in place, so it's possible they have been implemented since; (3) many CQC reports contain comparisons with national or local rate averages (indicating where rates should be increased or decreased), so it is feasible that targets exist, but are not specifically cited.

Background

The current caesarean birth rate in England is 27.8%, and the rate of elective (planned) caesareans is 15.5%. The spontaneous birth rate is 59.4% and the instrumental birth rate is 12.7%.¹

The Care Quality Commission (CQC) is responsible for regulating and inspecting all maternity services in England. At each visit, inspectors ask 5 key questions: Is this service safe? Is this service effective? Is this service caring? Is this service responsive to people's needs? Is this service well-led? The CQC's inspection report ratings are on a four-point scale: outstanding, good, requires improvement, inadequate.

On August 17, 2018, the CQC press office released a statement on Twitter in response to criticisms about a recently published report in which inspectors said Trust service leaders 'did not sufficiently prioritise or support the normality agenda'. The statement read: '...concerns were not about the number of normal births – which CQC would neither comment on or[sic] encourage trusts to increase – but the lack of support and care pathways to ensure safe care for low risk mothers.'

This report contradicts that assertion, and makes for a sobering read, especially for anyone who has been adversely impacted during their experience in NHS maternity care. However, on the day this report was being finalised, a CQC spokesperson assured its author that the regulator's approach has now changed:

'CQC don't believe that targets for caesarean section should be in place and therefore don't inspect against targets. We do consider how caesarean rates compare with other hospitals nationally and then follow up on those which may be outliers either above or below the national average to check that the appropriate safe pathways are in place and are adhered to.'

Heidi Smoult, the CQC's Deputy Chief Inspector of Hospitals, also said:

'Where we find caesarean section rates are an outlier above or below the national average, we will raise this with trusts and seek assurances that the appropriate safe pathways are available to all women who may wish a vaginal birth or who may wish or require a caesarean section – but it is absolutely not our view that trusts should be encouraged to reduce caesarean rates. It is about making sure the care provided is safe, personalised and appropriate.

'The language used in our inspection reports when describing our assessments in this area is very important. Having reviewed this language, we acknowledge that in some cases, we have not got this right. We are issuing further guidance to our inspection teams to ensure that going forward the wording used in our reports is clear and reflects our position in ensuring safe maternity care rather than appearing to encourage one approach over another.'

Concerns with Caesarean Rate Focus (CQC Report Examples)

NHS maternity litigation claims (both current and projected) is now in the region of costing costing billions of pounds each year. There are personal costs too: loss of life, life altering injuries, psychological distress. These examples question whether an overly critical approach to caesarean birth rates ensures the best outcomes for families or the NHS.

(1) Bradford Teaching Hospitals NHS Foundation Trust

Low elective caesarean rate considered positive, despite higher than average stillbirths:

2018: Is the service effective? Requires improvement... The trust had a consistently higher than average number of still births compared to the regional average... However: The number of women having elective caesarean section was below the England average.

(2) West Hertfordshire Hospitals NHS Trust

Emergency caesarean rates high, elective caesareans targeted to reduce rate overall, but perinatal mortality worse and neonatal admissions increased:

2018: As of June 2017, the trust had one maternity outlier for emergency caesarean delivery rates. This meant the trust had a significantly higher than expected number of emergency caesarean deliveries when compared with other trusts. In response, the service developed an action plan to reduce caesarean rates and improve the quality of care and experience for women. This included a weekly multidisciplinary team review of all potential elective caesarean sections to see if any women were suitable for a normal birth... We saw the caesarean section rate was declining. ... Summary: The emergency caesarean section rate was significantly higher than the national average. However, the trust had introduced a number of initiatives to address this and the latest delivery figures showed caesarean section rates were declining. The trust's perinatal mortality rate was worse than trusts of a similar size and complexity and the number of full term babies admitted unexpectedly to the neonatal unit had increased since our previous inspection.

(3) Brighton and Sussex University Hospitals NHS Trust

Elective caesarean rate reduction and promoting normal birth praised, but HIE cases higher:

2017: At this inspection we have rated the service as good. This is because: Staff were committed to providing and promoting normal birth...and the trust had high homebirth rates. Targets for elective caesarean sections had improved... However, we also found: There were a higher than expected number of hypoxic-ischaemic encephalopathy (HIE) cases within one year.

(4) Lewisham and Greenwich NHS Trust

Low elective caesarean rates, high emergency caesarean rates, VBAC encouraged, and term neonatal admissions rate of 21 per month:

2017: We saw the action report to reduce unnecessary caesarean sections, which detailed a variety of planned measures incorporating staff training, normalisation of birth programs and encouraging vaginal delivery after previous caesarean sections. The service was continuing to monitor this closely and take appropriate action... The service was working to maximise the use of the birth centre, increase opportunities for home birth and decrease the rate of caesarean sections... The emergency caesarean section rate was higher than the England average... The elective caesarean section rate was slightly lower than the England average... An average of 21 babies of over 37 weeks gestation per month were unexpectedly admitted to the neonatal unit.

(5) Calderdale and Huddersfield NHS Foundation Trust

Low elective caesarean rates, high normal birth rates and high rates of third and fourth degree tears:

2016: ...63.7% were normal vaginal deliveries which was better than the England average... Additionally 9.4% were elective caesarean section deliveries compared to an England average of 11%... The trust must continue work to reduce the numbers of third and fourth degree tears following an assisted birth.

(6) Western Sussex Hospitals NHS Foundation Trust

Outstanding rating for very low stillbirth and neonatal admissions, fewer third and fourth degree tears, but level of 'normalizing birth' work and higher than average caesarean rates criticised:

2016: We rated the effectiveness of maternity services as 'Outstanding'. This was because outcomes for patients were in line with or exceeded the national averages and trust own targets for most indicators. The work being done to reduce stillbirth was particularly impressive with a stillbirth rate that was much lower than the England average. The level of unexpected admission to SCBU or NICU was also impressively low with the trust achieving admission rates that were a fifth of the predicted levels. The work being done by the trust around the management of the perineum during delivery had resulted in far fewer grade 3 and 4 tears than the trust's own upper limit target. This in turn led to far fewer women suffering long term complications such as pain, incontinence and prolapse. There was further work to be done in normalising birth to reduce the higher than average caesarean section rates but the trust was aware of this and taking action to improve performance against this particular measure... further audits were planned on caesarean sections...The service was basing its strategic plans and quality strategy on the 'Better Births Initiative'...

(7) Wye Valley NHS Trust

Consultation with a consultant replaced with attendance at midwife-led VBAC clinic because too many women chose caesarean birth and the Trust wanted to reduce its caesarean rate:

2016: National statistics from the RCOG demonstrated a 72% to 76% success rate for women who opted to have a vaginal birth after caesarean section (VBAC) following previous lower segment caesarean section. The results of the Robson audit for July 2016 showed that although the rate for first time mothers had reduced, overall women having a repeat caesarean section was 52% which was similar to the results we found in August 2015. Managers had analysed this trend and found that women changed their minds at 41 weeks of pregnancy after consultation with an obstetrician. Of 60 women who chose the VBAC pathway at initial counselling, 13 changed their minds later. A total of 40 women attempted a trial of labour; 31 women went into spontaneous labour and 19 had successful VBAC. Nine women underwent Induction of labour and two of those had a successful VBAC. This meant that 52% (21/40) of women had a successful a VBAC. On our September 2015 inspection the trust told us that steps were put in place to reduce the repeat caesarean section rate. These included improved counselling around the risks and benefits of caesarean birth; reviewing all emergency caesarean sections from the previous 24 hours; and a staff multi-disciplinary study day on normality was held. We found that these steps had been completed yet the caesarean section rate continued to rise. We discussed plans to reduce the caesarean section rate with managers who told us that the VBAC pathway would be reviewed to remove the 41 week consultation with the consultant and replace it with attendance at the VBAC clinic. A VBAC clinic was held by the supervisors of midwives aimed at reducing the caesarean section rate.

(8) Maternal Request (5 Trusts)

Information and support for caesarean maternal requests are affected by targets and rates:

2016: The total caesarean section rate was... higher (worse) than the national average... and the trust target of 25%. The elective caesarean section rate...was 15%... Staff told us they thought their performance was due to the number of women choosing a caesarean section.

2016: The trust wide caesarean section rate was... generally lower (better) than the national average... and the trust target of 26% ...performance was due to the success of the birthing clinic which supported women with their fear of childbirth, and helped reduce the number of women choosing caesarean section.

2015: Antenatal women who had concerns about their impending labour and delivery could be referred to the Talking about Birth midwifery-led clinic. The aims of the clinic were to: reduce patient anxiety levels and also to reduce elective caesarean rates (where not clinically indicated);

2014: There was no pathway in place for maternal request caesarean section, which meant there was no mechanism for questioning the decision.

2013: Respecting and involving people who use services: The provider was not meeting this standard. Reasons for our judgement: ...mother told us she would have preferred a caesarean section, but she felt she was not listened to and that staff involved were 'pushing [her] into a natural delivery'.*

* This is an important example because it demonstrates a lack of support for maternal request caesarean birth, but it also highlights that CQC inspectors did not consider this acceptable care.

Praise and Criticism of Birth Mode Rates

These figures relate to the total number of Trusts with birth mode targets cited in their CQC inspection reports. It is not the total number of times targets are mentioned in all 312 reports (this number is much higher), but rather the number of Trusts cited to have birth mode targets in place within the past five years.

Target Rates	Number of Trusts
Caesarean birth	61
Normal birth	22
Home birth	12
Instrumental birth	6

In addition to citing target rates, CQC inspection reports focus heavily on birth mode rates in general. Caesarean rates are almost always referred to (95% of Trusts had reports citing this), and inspectors praise Trusts with low or average rates, and criticise those with high rates (and vice versa for normal birth).

2018: (Outstanding practice) The normal birth rate was higher (better) than the national average and the total caesarean section rate was lower (better) than the national average.

2018: The number of elective caesarean sections carried out was worse than the England average... The trust should continue to reduce the elective caesarean section rate in comparison with the England average.

2018: The service met expected patient outcomes for women in most areas, and in some areas exceeded these, for example in having a low rate of planned caesarean sections.

2018: The service did not meet expected standards in some patient outcomes, for example on the rate of caesarean section. The rate was 32% in the first three months of 2018 which was high... and did not have plans for reducing rates of caesarean section.

2017: We rated effective as good because... The caesarean rates were below (better than) the trust and national targets...

2017: The maternity dashboard indicated that for elective (planned) caesarean sections the service had performed better than the trust target of 10%... the trust's normal (non-assisted delivery) rate... was 62.5%... better than the England average...

2017: The trust also performed worse than the 10% target for elective caesarean sections...

2017: Safety thermometer: Caesarean rates varied between 20.9 %...to 16.9%... This was worse than the England average...

2017: ...the average rate for normal vaginal deliveries was 68.5%. This was better than the trust target of 60.9%... average elective caesarean section rate of 7.9%; this was better than the trust target of 11%...

2017: Elective caesarean section 12.1% higher (worse) than the national average...

2017: The trust's homebirth team achieved a national RCM award for Better Births in 2016 and have achieved an average rate of 5.6% homebirths, better than the national average.

2017: The total percentage of patients that required a caesarean section was over 30% which was worse than the annual national average.

2017: The caesarean section rate was 26.7%, which was worse than the trust target of 24%.

2017: The average caesarean section rate...was 28%, this was slightly worse than the trust target of 26.3%.

2017: In April 2016 the successful VBAC procedures were recorded at 30%; however these figures rose significantly to 64% in May and June and 71% in July which demonstrated the effectiveness of the service... The home birth rate had increased to 4.9% of births in the Hastings area. This was better than the national average of 2.3 %, and indicated this service was having a positive effect.

2016: The normal delivery rate was 67.8%, which was higher than the national average of 60.1%. The elective lower segment caesarean (LSCS) rate was 7.8%, against the national average of 10.9%,... This showed the service achieved better outcomes for women in comparison with the national average.

2016: The Caesarean section rate had increased (worse) from the previous year... The number of normal deliveries had increased (better) from the previous year.

2016: Normal vaginal deliveries were promoted and the trust achieved better than the national average... The homebirth rate was very low at 0.6%. The trust had adopted a birthing team approach to try and address this.

2016: The elective caesarean rate... was 14.3% of all births, which is worse than the Trust target of 10%... This success rate for women opting for a normal delivery following a caesarean section was 58%. This was worse than the target success rate of 75%.

2016: ...the rate of caesarean sections was worse than the national average and action to reduce this had not achieved sustained improvement...The rate was above the national average at the time of our inspection, even when this was adjusted to allow for the high risk women using the service.

2016: the caesarean section rate was 30%, worse than the national average.

2016: For elective sections, the service achieved 8% which was better than the England average of 11%. The service achieved a normal vaginal delivery rate of 64%, which was better than the national average.

2016: The normal delivery rate was 62%, which was slightly higher (better) than the national average... The elective lower segment caesarean (LSCS) rate was 9%, against the national average of 11%... This showed the service achieved better overall outcomes for women.

2016: ...63% were normal births which was higher (better) than the normal birth rate in England of 60%, and the trust target of 62.7%. The elective caesarean section rate was 11% higher (worse) than the national average,... Overall the caesarean section rate...was lower (better) than the trust target and national

average... The home birth rate...was 1.8% below (worse) than the national average of 2.3% and a trust target of 2%...

2016: ...the results of monitoring were not always used effectively to improve quality. For example we saw little progress in the reduction of the caesarean section rate.

2016: Overall we rated maternity services...as outstanding... However caesarean section rates were higher than the national average.

2016: Are services effective? We rated effective as outstanding because: ...The caesarean section rate at the unit was already very low by comparison with other units nationally.

2015: The overall [caesarean] figure of 28% was worse than the national average of 26%.

2015: Caesarean section rates for the service were better than the national average.

2015: There were good outcomes for patients. Staff encouraged normal births and the caesarean section rate was below the England average

2014: Trust performed better than the England average in terms of normal deliveries.

2014: The homebirth rate was below the Clinical Commissioning Group (CCG) target but on a trajectory to meet it.

2014: ...the current rates of elective and emergency caesarean section rates were lower than the national average, and vaginal births after previous section were high, which was very good.

2014: Our inspection team highlighted the following areas of good practice: ...The maternity unit had one of the highest home birth rates nationally... The unit deserved to be commended for its home birth rate, as this is one of the highest nationally and its recent work to reduce the rate for elective caesarean section;... the latter of which represented a significant improvement for the trust.

Promoting Normality

In 2014, a CQC inspection contained a letter from the (then) Chief Inspector of Hospitals, which said: 'the hospital should... Continue the work to introduce more midwife-led pathways to help normalise birth and reduce the rates of caesarean sections.'

2018: Innovation, improvement and sustainability: A multidisciplinary elective caesarean section meeting had been introduced to help reduce the section rate and promote normal birth.

2018: Staff were committed to providing and promoting normal birth.

2018: We rated it as requires improvement... However: Management team was working towards promoting home births and community based care and normalisation of childbirth.

2018: The service promoted normal birth as much as possible;

2018: Service leaders did not sufficiently prioritise or support the normality agenda... Staff were also proud of reducing the caesarean section rate. ...Since our last inspection, the service had recruited a lead midwife for normality to promote active birth. However, we were not assured... developing the normality agenda was regarded as a priority. We saw little evidence leaders understood or supported normality... the service had lost some MLU staff who had been passionate about promoting normal births.

2017: In April 2016, we rated maternity and gynaecology services as requires improvement overall. At this inspection we have changed the rating to good. This is because: Staff were committed to providing and promoting normal birth.

2017: All low-risk women were offered an appointment at 36 weeks which provided an opportunity for the promotion of normal birth... Innovation, improvement and sustainability: ...developing a culture of normalising birth.

2017: Mandatory training: Maternity staff were required to attend an additional four 'one stop study days' a year... included... promotion of normality,

2017: Midwives attended the North West network for normality to share good practice and learn from others. This met with the Royal College of Midwives guidance on normality of birth... There was good evidence of collaborative work with external networks and organisations with regards to evidence based practice and promoting "normality".

2017: A 'Birth Matters' clinic, promoting normal birth, was available... The rates of normal birth were better than the England average.

2016: Vision and strategy: We were also provided with a copy of the Maternity Quality Strategy entitled 'Better Births'. This strategy placed the emphasis on person-centred care, focusing on normalising birth...

2016: Pain relief: The service promoted normal birth as much as possible;

2016: Training covered...promoting normality.

2016: The service offered a birth options clinic to promote normal birth wherever possible, and provided women with the correct information to make informed decisions regarding their birth options. A specialist VBAC (vaginal birth after caesarean) service has been developed.

2016: The service had participated in the strategic health authority's 'normalising' birth project in 2010. When the project came to an end the unit continued to develop and implement interventions to support normalising high risk birth... and normalising promoters.

2016: We observed that patients were offered a real choice of where to give birth... There was a strategy for the development of services to meet the normality in childbirth vision of the Royal College of Midwives through the better births campaign.

2016: Evidence-based care and treatment: Midwives attended the North West network for normality to share good practice and learn from others...

2016: Hypnobirthing sessions were available for women... This initiative was to promote normality...

2016: Innovation, improvement and sustainability: a dedicated SoM to promote home births and normally delivery... Vision and strategy for this service: There was a clear philosophy through maternity to promote childbirth normally, naturally and healthy, which staff were aware of and engaged in promoting this philosophy.

2016: Vision and strategy for this service: There was recognition that the service provided a medical model of care which did not meet the normality agenda.

2016: At the Royal College of Midwives awards in 2014, the midwifery teams were recognised twice for promoting a 'normal birth experience'.

2016: Vision and strategy: to provide the best outcome for women through promoting normality and high quality care...

2016: A lead midwife for normality had already been appointed and the community midwives and Bracken unit teams were planning to merge, in order to try to focus on increasing the number of low risk births away from Labour Ward.

2016: Vision and strategy for this service: The 'Transforming Services Together' (TST) strategy was aligned with the Maternity Review: Better Births and was driving the vision for service... The strategy included ensuring women see... midwives throughout pregnancy who will properly explain the benefits and risks of choices available at every stage; developing a culture that values normality and empowers and values midwives... and the reduction of unnecessary interventions through promoting midwife led care.

2016: ...was described by as a more home-from-home environment; however, we observed it to be clinical and medicalised... We saw equipment... that would be used for high-risk women such as fetal monitoring equipment, neonatal resuscitation equipment and instruments to assist an instrumental birth. The presence of medical equipment was not following the values of midwife led care.

2015: Innovation, improvement and sustainability: Areas for improvement were identified by both the leadership and staff within the service. For example, the promotion of the birth normality agenda was

evident throughout the service.

2015: Innovation, improvement and sustainability: The trust strategy sets out...a focus on normal birth...

2015: A trust-wide action plan dated January 2015, entitled 'promoting normality', was on display in the office for all staff to see.

2015: Staff said the future focus for the unit was on normality in childbirth... There was recognition by the midwives and doctors that an increase in the normality of labour with a reduction in unnecessary interventions was required and plans were in place to support this achievement. Vision and strategy for this service: The midwives reported that the medical staff did not recognise normality as a goal for the future whereas for them this was most important.

2015: The hospital was also promoting home birth and the use of the birthing centre.

2015: Improvement, innovation and sustainability: The initiatives to increase normal births were becoming embedded.

2015: The maternity service was proactive in supporting women's choices and promoting 'normal birth'. There was a normal birth newsletter...Clear strategies were in place to develop 'normal' births and increase the rate of water births.

2015: Normal vaginal deliveries were encouraged...

2015: The hospital promoted natural birth... All grades of midwives told us they actively promoted the benefits of natural childbirth...

2015: The service promoted normal birth as much as possible and where appropriate... Staff encouraged normal birth in the maternity service... The caesarean section rate was below the England average and the normal delivery rate was comparable to the England average. This results in a higher than average number of assisted deliveries.

2015: Women were encouraged to have a normal birth, including those who had had a previous caesarean section. They were given choice about where to have their babies.

2015: Are services well-led? There were developments to meet the trust objective of increasing the proportion of women having a normal birth... There was an overall objective of increasing the number of normal births without medical intervention at the trust...

2015: Normal births were promoted... The number of home births was very low. The rates had fallen... We were not aware of any actions to improve on this.

2015: A caesarean section rate above the national average prompted an extensive action plan to reduce it. This plan was put in place and the rate decreased from 29.4% in July 2012 to 22% in January 2015, thereby reducing morbidity and promoting normality for women. Innovation, improvement and sustainability: ...team had been shortlisted for a national... award for promoting normal birth.

2015: The trust had a Commissioning for Quality and Innovation (CQUIN) improvement goal around promoting normal birth through evidence-based practice and learning... Midwives and managers expected this would help to reduce the caesarean section... rates to within parameters expected by the trust.

2014: The normal birth delivery rate was 65%, higher than the England average of 60.7%. This was positive given the high-risk population. Natural delivery was promoted by the midwives... The labour ward managed capacity by delaying elective caesareans or induction.

2014: The trust actively encouraged vaginal birth after caesarean section (VBAC). Midwives told us the success rate was good and continuing to improve.

2014: The aim of the service was to promote a normal birth by providing young women with a comprehensive package of care and promote the normality of child birth.

2014: Women's outcomes were good and improving, as the service emphasised normal birth and reduced its rates for caesarean sections... There was an emphasis within the service of promoting normal delivery... The overall average rate has been reduced by effective use of the NHS Institute for Innovation and Improvement caesarean section toolkit: Pathways to Success – a self-improvement toolkit... Are services well-led? ...the service had been making improvements with normalising birth and reducing rates of clinical intervention.

2014: (VBAC) clinics were not held as staff reported that they routinely offered this option to women: it had become embedded in practice and was part of their normal processes. This was considered to be good practice and resulted in a higher rate of VBACs (75.5% for the year to April 2014) than the median average of 40% (Promoting Normal Birth, 2010, Department of Health)...

2014: 'Active Birth Classes' were also provided to promote normal birth... the new head of midwifery (who was also a consultant midwife for normality) was very supportive and made a big impact on staff, and they were hopeful the culture would change. However, because this midwife was also a consultant for normality, the staff were concerned they may be expected to take risks that could be against guidance and they were worried they would be disciplined as a result. Innovation, improvement and sustainability: Consultant midwives for normality and public health were in post.

2014: The caesarean section and induction of labour rates were above the national average for a low-risk unit. The maternity unit were working to reduce the numbers, by promoting normal birth within the staff group and to pregnant women.... Work was underway to attempt to address this by encouraging normalising birth. It was felt amongst the midwives that the medical teams were not engaged in the process of normalising birth... There was work underway to ensure medical staff were aware of best practice guidelines in terms of normalising birth... We were told there was no sense of urgency by some of the medical staff to address significant issues such as the caesarean section and induction of labour rates. This could have an impact on the safety of women and their unborn babies... Action the hospital SHOULD take to improve: ...ensure they engaged in processes designed to reduce the caesarean section and induction of labour rates.

2014: Leadership of service: ...none of the leadership roles had a clear remit to promote 'normality' in child birth. Action the hospital SHOULD take to improve: Clarify a leadership role with a clear remit to promote 'normality' in child birth as supported by the Royal College of Midwives Campaign for Normal Birth and the National Childbirth Trust Birth Policy.

Pressure to Reduce Caesarean Rates

45% (58/130) of Trusts have information in their CQC inspection reports outlining specific actions taken by managers and/or maternity care staff to reduce their caesarean rates. These actions include:

audits, daily case review, business plan, weekly multidisciplinary meetings, reviews, action plans, outlier alert, strategies, service improvement plan, regular multi-professional caesarean section meetings, steering group, forum, priority, package, goal, task force, weekly meeting, unit strategy, deep dive, governance meeting, initiatives, training, visit to other Trusts, investigating, flagged red, vision, innovation, normalisation, monthly meetings, revised guidelines, safety committee, reviewed cases, strategic plan, measures, processes, cases reviewed daily, programme, escalation report, reviews daily & weekly, dedicated project, risk register, newsletter, snapshot audits, plans for service, evaluation, improved pathways, daily reviews, ecv, monitoring, changes to practice, business plan objective, extensive action plan, developing pathways, daily discussions, continuously reviewed, team review, steps

CQC inspectors often expect to see birth rate targets and plans to reduce caesarean rates (e.g.):

2016: We asked the management team for the strategy to reduce the caesarean section rate.

2016: There were no targets recorded on this dashboard therefore it was not possible to understand if the trust was performing better or worse than expected.

2015: Innovation, improvement and sustainability: There were no clear plans for improvements to the service such as reducing the number of caesarean sections.

2018: There were 14.7% (622) elective caesareans compared to an England average of 11.9%. As of 29 September 2017 there was an active maternity outlier which related to higher than expected rates of elective caesarean sections, specifically among women with a single pregnancy with a normal presentation, with and without a previous caesarean section and for single pre-term pregnancies with a normal presentation. The trust were acting on this by conducting audits of numbers of caesareans per consultant and an audit of 30 notes in response to CQC alert. De-brief discussions were held following caesareans to check if the procedure had been appropriate.

2017: Staff could share their views on the caesarean section strategy. This was part of the 'Pathways to Success – a self-improvement toolkit focusing on normal birth and reducing caesarean section rates'. The first survey was undertaken some time ago and was on the theme of 'Caesarean section - keeping birth normal'. The next survey on 'keeping first pregnancy and birth normal' was currently ongoing...

2017: Action the hospital SHOULD take to improve: Review the high number of caesarean sections developing an action plan to reduce these.

2016: The trust should ensure measures are in place to reduce the caesarean section rate.

2016: There was a clear strategy for the maternity unit. The key areas for focus were reducing the caesarean section rate, increasing the normal birth rate and the development of the midwifery led unit and the perinatal mental health clinic.

2016: A trust target of 24% was set for all caesarean sections (CS).

2016: The previously high caesarean section rate was now in line with the national average... This was achieved by changes in clinical practice.

2016: The trust had worked to decreasing caesarean rates and had run an internal project... The aim was to reduce caesarean section rates and promote vaginal birth... This had been successful...

2015: Maternity services had identified that reductions in the caesarean section rate were possible and had set a goal to do this on the maternity dashboard. An audit of the caesarean section rate had been undertaken in November 2014... The newly appointed Clinical Director (June 2015) advised us that a 'Task Force' would be established to address the issue of the caesarean section rate with a review of caesarean sections on a daily or weekly basis.

2015: Governance, risk management and quality measurement: To ensure all staff engagement in the 'normal birth' programme to address the higher than desired caesarean section

2015: The caesarean section rate was close to the national average in spite of the service seeing a high number of high risk women for whom caesarean section was indicated. The goal of reducing the caesarean section rate to 26% or lower had been met in three months...the figure was 27.6% for the year. Processes had been put in place to reduce unnecessary procedures... There was a programme to increase the percentage of women having a normal birth (without any medical intervention) to meet the service goal of 40%.

2014: Staff were working to reduce the rates of caesarean section such as encouraging a vaginal birth after previous caesarean. However, the rates for elective caesarean were increasing. Most senior members of the medical and midwifery staff told us that they actively encouraged women to have normal deliveries where possible... Audits had been undertaken to look at the root cause and analysis of what could be done to reduce the rate.

2014: Daily audits of all caesarean sections took place on the labour ward...

2014: Innovation, improvement and sustainability: A visit had taken place to another NHS trust to see if there was some good practice to learn from them as they were reporting low rates for caesarean sections.

Pathways to Reduce Caesarean Rates

Supporting all (place and mode) birth choices, and providing balanced antenatal education so that women can make an informed decision regarding their birth plan, should be standard practice everywhere by now.

We need a new normal in NHS maternity care.

2017: Staff in the service encouraged women to have a vaginal birth after caesarean (VBAC). The service aimed for 72-76% women who were on the VBAC pathway to achieve normal birth.

2017: Staff told us they would be focusing on developing pathways to help reduce the caesarean section rate. They had a regular slot on the mandatory study days to support and promote their approach to midwives across the trust.

2016: Women were encouraged to have a normal birth for a second child after a caesarean birth first time... Managers told us women's choice was respected although some midwives thought there was pressure on women to agree to VBAC... We noted meetings... recorded the struggle to keep caesarean sections under 30%, which caused us to question the reliability of the figures staff were recording.

2016: Normal births were promoted...

2016: We asked the management team for the strategy to reduce the caesarean section rate; this was explained and we saw an action plan. The plan included: an improved pathway for external cephalic version for breech presentations; monitoring of ELCS, daily caesarean section case review and reviewing practice and training around CTGs. We saw that there was a VBAC pathway aimed at reducing the caesarean section rate...

2016: The trust carried out an audit of elective caesarean sections and recommendations from the audit included, developing the information women were given to help inform their choice and produce a patient directive to encourage women to have normal vaginal deliveries.

2016: ...there was a vaginal birth after caesarean (VBAC) clinic held by the consultant midwife using a pathway aimed at reducing the caesarean section rate.

2016: A vaginal birth after caesarean section (VBAC) clinic was held by the supervisors of midwives aimed at reducing the caesarean section rate...

2016: Other 'hot topics' that had been the subject of audit recently were sepsis and vaginal birth after a caesarean with a view to reducing the rate of elective caesarean sections.

2016: We asked the management team for the strategy to reduce the caesarean section rate. We were told, and saw, that this is part of the Maternity and Neonatal Action Plan developed... The plan included an improved pathway for external cephalic version for breech presentations; monitoring of ELCS; daily caesarean section case reviews and reviewing practice and training around CTGs. We saw that there was a VBAC pathway aimed at reducing the caesarean section rate... a weekly VBAC clinic...

2016: The hospital was higher than the England average rate (25%) on caesarean sections with a rate of 28%... Plans to reduce this included changes to VBAC services (vaginal birth after caesarean) to reduce this rate.

2016: A vaginal birth after caesarean and a birthing without fear clinic were also provided to target the high caesarean rates... The Next Birth after Caesarean Section clinics... has led to a birth after caesarean section pathway to be developed... A specialist midwife ran an 'extra input' antenatal clinic to support women with psychological or significant anxiety issues around childbirth.

2015: (Outstanding) A breech delivery care pathway was introduced six weeks ago and the last quarter statistics indicate a drop in elective sections and an increase in home deliveries.

2015: Antenatal women who had concerns about their impending labour and delivery could be referred to the Talking about Birth midwifery-led clinic. The aims of the clinic were to: reduce patient anxiety levels and also to reduce elective caesarean rates (where not clinically indicated); (also cited in maternal request section)...

2015: The vision in the five year plan was, 'To promote normality with appropriate medical intervention whilst maximising patient safety and experience.

2015: ...there was a clinic and a discussion group for women having a second baby, after having had a caesarean section with their first. This was to encourage women to think about planning for a normal birth with their second baby where there was no obstetric reason for another caesarean section.

2015: The team of midwifery supervisors led on the normality agenda for women and actively promoted normal births through the normal birth champion group, supporting women and midwives with normality initiatives.

2015: The number of home births was low at 17 in the past seven months, compared with the trust's target of 45 per year. There was a strategy in place to improve home birth rates... The senior midwives and managers had a clear vision for moving the maternity services forward in terms of introducing more specialist antenatal clinics and actions to decrease caesarean sections... The focus was on normalisation and for women to be admitted to hospital only if absolutely necessary and then for the shortest possible time.

2014: Vaginal birth after a caesarean section in a previous pregnancy had been promoted for several years within the service and had helped reduce the numbers of caesarean births.

2014: The trust has developed a service improvement plan for increasing the proportion of normal births that includes the implementation of midwife-led pathways... The trust had a draft maternity service improvement plan designed to increase the proportion of normal births in order to reduce the higher rates of caesarean sections... Vision and strategy: We were told of plans to increase the ratio of normal births – in order to decrease the number of caesarean sections. There were plans to increase the midwife-led pathways for 'vaginal delivery after caesarean section', breech, low risk twins...

2014: Innovation, improvement and sustainability: Improvements had been made in lowering rates on caesarean section, ...achieved through using the NHS toolkit and focusing on achieving a normal birth for women who had a previous caesarean section.

2014: There was a new vaginal birth after caesarean (VBAC) process in place with a lead midwife to help reduce the number of elective CS... The Midwifery team were short-listed for the Royal College of Midwives awards for their work on reducing Caesarean Sections through for their new VBAC process.

2014: The service had introduced the birth choices clinic specifically to reduce caesarean section rates. All women were offered an appointment for this clinic. Staff had developed a proforma, which was completed at the birth choices clinic to ensure there was a detailed plan of care in place.

2014: : A 'vaginal birth after caesarean section' clinic had been set up by a committed midwife. The aim of the clinic was to reduce the caesarean section rate, and encourage women to choose a more natural birth, if safe to do so, following a previous caesarean section birth. This meant that the trust was taking positive steps to reduce the caesarean section rate.

2014: The service had reported an increasing rate of caesarean sections (22.7%)... This figure included both planned and emergency caesarean sections. In response to these findings, there was a project underway which aimed to reduce caesarean section rates by supporting more women to choose midwifery-led care.

Impact on Maternal Request

CQC 'Choosing maternity care' (2017): 'You should be fully supported by staff to make informed decisions.'

2018: Women who requested a caesarean section because of anxiety about childbirth were referred to a specialist counselling service. This was in line with national recommendations (NICE Caesarean section: QS32, statement 3, June 2013). [QS3 says: Pregnant women who request a caesarean section because of anxiety about childbirth are offered a referral to a healthcare professional with expertise in perinatal mental health support]

2018: Staff were committed to providing and promoting normal birth... The October 2017 maternity newsletter informed staff of a new pathway for the mother and infant mental health service... Maternity services had recently been allocated a consultant psychiatrist for one day a week. The service also had a lead mental health midwife.

2017: The hospital had introduced measures to try and reduce the number of caesarean sections performed... Women who requested elective caesarean section due to fear of childbirth were offered therapeutic counselling to address their fears and concerns. A vaginal birth after caesarean section clinic was also established...

2017: Matrons, midwives and the consultant team were involved in agreeing plans of care for women making choices outside of recommended guidance, for example requesting homebirth with either a current or previous high risk pregnancy or an elective caesarean section. The team clearly focused on supporting women's choices of birth while ensuring they were making fully informed choices.

2017: A pre-operative assessment clinic ran for women who were choosing to have an elective caesarean.

2017: The trust had introduced measures to try and reduce the number of caesarean sections performed... Women who requested elective caesarean section due to fear of childbirth were offered therapeutic counselling to address their fears and concerns. A vaginal birth after caesarean section clinic was also established. Meeting people's individual needs: Women who requested a caesarean section because of anxiety about childbirth were referred to a specialist counselling service, in line with national recommendations (NICE, 2012).

2016: Innovation, improvement and sustainability: The service had secured funding for personal health budgets for women who are tocophobic. Once women were approved they would receive £500 towards the cost of alternative therapies to help them achieve a normal birth.

2016: The caesarean section rate scored between 25% (green) and 34% (red). We discussed these findings with the senior staff who indicated that maternal choice was an important factor in the figures.

2016: The service had identified an increase in women who chose to deliver their babies by caesarean section. An action plan had been developed which addressed the factors which contributed to the

increase. The effectiveness of the action plan was monitored through the maternity dashboard. However it was not clear as to how widely disseminated the action plan was and how effective it would be in the medium and long-term...

2016: The total caesarean section rate was between 29% and 35% which was higher (worse) than the national average of 25.5%, and the trust target of 25%. The elective caesarean section rate...was 15% and the emergency rate was 18%. Staff told us they thought their performance was due to the number of women choosing a caesarean section.

2016: The trust wide caesarean section rate was between 19% and 26% which was generally lower (better) than the national average of 25.5%, and the trust target of 26% ...performance was due to the success of the birthing clinic which supported women with their fear of childbirth, and helped reduce the number of women choosing caesarean section.

2016: We asked about the drop in the caesarean section rate and they told us that the new consultant obstetric lead for labour ward had been a key influence in getting 'buy in' to reduce the rates. The key strategy introduced was that women's concerns were addressed individually, for example all first time mothers requesting elective caesarean section were seen in the VBAC clinic to enable time for a full discussion of the risks and benefits of the procedure.

2016: A patient story was recently in the local press "natural birth for concerned mother" where praise was paid to the midwives for providing good information to make the choice.

2016: [Recent] caesarean section rate (CS), showed that...the trust result was 24.6% (below the 25% threshold), but this had increased...to 26.1%. To address this the trust had several actions including a steering group which focused on reducing the CS rate, a project board to review the lower segment caesarean section (LSCS) workforce and induction of labour, a daily review of women who have undergone CS and a review by a consultant midwife for those women requesting CS...

2016: The trust subsequently told us that, excluding maternal request, the overall section rate year to date was 27.6%... The trust mitigated against the high rate of caesarean sections by publishing data for elective caesarean section (ELCS) due to maternal request which was 2.8% for the same period. The senior team told us that the difficulty in reducing the caesarean section rate was poor uptake of vaginal birth after caesarean section (VBAC) and the numbers of women requesting ELCS.

2016: We did not see evidence that the trust had a standard operating procedure for women requesting caesarean section in the absence of clinical indication. However, the trust had 'guidelines for individualised care planning for women that choose care options outside of local/ national policies'. The guidance aimed to support practitioners to deliver individualised care to women who requested care outside of usual pathway guidance.

2016: Experienced midwives ran a Birth Talk clinic to support women who requested Caesarean Section to inform their choice through discussion.

2016: The trust mitigated against the high rate of caesarean sections by publishing data for elective caesarean section (ELCS) due to maternal request which was just over 2.0% for the same period. Further

scrutiny of the demographics revealed that 70% of women were from outside the catchment area... We saw evidence of robust pathways for women requesting elective caesarean section which if all avenues of the pathway are exhausted and the woman is still requesting a caesarean then choice is offered as per NICE CG132. The senior team told us that the difficulty in reducing the caesarean section rate was poor uptake of vaginal birth after caesarean section (VBAC) and the numbers of women requesting ELSC... We asked the management team for the strategy to reduce the caesarean section rate; this was explained and we saw an action plan. The plan included: an improved pathway for external cephalic version for breech presentations; monitoring of ELCS, daily caesarean section case review and reviewing practice and training around CTGs.

2015: Innovation, improvement and sustainability: Professionals had noticed that elective C-section rates had increased significantly due to misguidance on natural birthing, control and choice, sexual function concerns, media attention and fear of natural birth. The supervisory team were taking the lead on a project to increase the normal birth rate.

2015: The Birth Choices Clinic provided support throughout pregnancy to women with tokophobia (fear of childbirth)

2015: Meeting people's individual needs: There was a policy not to offer caesarean section upon request. Patients were referred to surrounding hospitals for an opinion and, if necessary treatment, if they made this request.

2015: Antenatal women who had concerns about their impending labour and delivery could be referred to the '*Talking about Birth*' midwifery-led clinic. The aim of the clinic was to: reduce patient anxiety levels and also to reduce elective caesarean rates (where not clinically indicated); discuss any 'issues' outstanding from a previous birth which were impacting on the current pregnancy; and discuss and formulate birth plans when women were expressing a choice which fell outside the criteria for their individual risk (National Service Framework, Standard 11, 2004).

2015: The trust had a Commissioning for Quality and Innovation (CQUIN) improvement goal around promoting normal birth through evidence-based practice and learning... Particularly that there was a documented discussion to show that all pregnant women who requested a caesarean section as opposed to a normal vaginal birth had the risks and benefits explained and discussed with them... Midwives and managers expected this would help to reduce the caesarean section... rates to within parameters expected by the trust.

2014: There was no pathway in place for maternal request caesarean section, which meant there was no mechanism for questioning the decision.

2014: Priority areas for development [includes:] carry out a 'deep dive' into caesarean section rates and develop a corresponding action plan...ensure women who request a caesarean section are able to access specialist perinatal mental health support before making their decision.

2014: Culture within the service: A few senior midwives...said they sometimes found the service was very consultant-led. Midwives expressed concern with the level of medical intervention and said they felt it difficult to change ideas and practice within the department...We were also informed of medical decisions for caesarean sections and third stage labour overriding midwives when they felt the woman was progressing well and could have a normal delivery. Staff also informed us that women wanted a medical approach to delivery and they had high proportion of women requested caesarean sections.

2014: Audit work was ongoing, aimed at reducing the numbers of caesarean sections. It included Keeping the first birth normal and reducing the number of maternal request caesarean sections...

2014: The percentage of caesarean sections was 24.9%... Reviews had taken place of all cases which demonstrated that all were clinically necessary.

2014: The consultant midwife had weekly clinics to discuss mode of delivery for women who had previously delivered by caesarean section, or were requesting a caesarean section after a previous traumatic birth. This was also to include women having their first babies', who were requesting an elective caesarean section, in an attempt to address their concerns.

2013: Respecting and involving people who use services: The provider was not meeting this standard.

Reasons for our judgement: ...mother told us she would have preferred a caesarean section, but she felt she was not listened to and that staff involved were "pushing [her] into a natural delivery".

Reference to RCOG Recommended Rates

CQC inspectors frequently cite Royal College of Obstetricians and Gynaecologists recommendations from 2007 and 2008, which may suggest that new updated guidance is urgently needed post-Montgomery.²

2018: The royal college of obstetrics and gynaecology good practice guide suggests use parameters and red, amber, green indicators to show when results were at a high or low threshold.

2017: ...used a maternity dashboard as recommended by RCOG (2008). The RCOG guidance states 'Individual maternity units should set local goals for each of the parameters monitored, as well as upper and lower thresholds'.

2017: The trust used a maternity dashboard to monitor key areas as recommended by... (RCOG).

2017: More recently the maternity dashboard from April 2016 to July 2016 showed spontaneous vaginal deliveries had increased with between 67% and 71% of births recorded. This was within the RCOG 'Making normal birth a reality' 2008 guidelines.

2017: ...the service introduced a maternity dashboard that identified key performance indicators and patients outcomes benchmarked against the...(RCOG) maternity dashboard... in line with the (RCOG) guidance.

2017: The RCOG Good Practice guideline No. 7 (Maternity Dashboard: Clinical Performance and Governance Score Card) recommends the use of a maternity clinical dashboard to monitor outcomes in a maternity service... The rate for elective caesarean sections was similar to expected results... Staff were considering using midwife VBAC champions to lower the elective caesarean rates of women who had had one caesarean still further.

2016: The percentage of vaginal deliveries was 61% which was below the service target of 65%, although the RCOG recommendation was 70%... The service aimed for 72-76% women who are on the VBAC pathway to achieve normal birth in line with the RCOG standard.

2016: The normal delivery rate was 61%, which was similar to the RCOG recommendation of 60%.

2016: RCOG results indicated the trust performed in line with the national average for:- normal vaginal deliveries; ...numbers of planned and emergency caesarean sections;... The caesarean section rate scored between 25% (green) and 34% (red).

2016: Patient outcomes: the normal delivery rate was 50.3%... less than the RCOG recommendation of 60%.

2016: The normal delivery rate... was 53.2%, which is below the RCOG recommendation of 60%.

2016: The trust provided information which demonstrated the normal delivery rate was 55% in 2015, which is below the RCOG recommendation of 60%.

2016: The maternity services maintained a dashboard with clinical outcomes rated as red, amber or green (RAG). This related to birth figures and complications during perinatal care. The parameters of this were

checked against Royal College of Obstetricians and Gynaecologists (RCOG) recommendations or against local targets if these were of a higher standard than national benchmarks. We reviewed the clinical dashboards... elective and emergency caesarean sections was 21% which was below (much better than) the national average of 26%.

2016: The maternity services maintained a red, amber, green (RAG) rated dashboard of clinical outcomes. This related to birth figures and complications during perinatal care. The parameters were based on RCOG recommendations.

2016: There was further work to be done in normalising birth to reduce the higher than average caesarean section rates but the trust was aware of this and taking action to improve performance against this particular measure... The trust was a pilot member of the RCOG Patterns of Maternity care in English NHS Hospitals.

2016: The normal delivery rate was 57%, which was worse than the RCOG recommendation of 60%.

2016: ...the normal vaginal delivery rate (without any assistance) was 52%, which is lower than the royal college of obstetricians and gynaecologists (RCOG) recommendation of 60%.

[2015](#): Policies and guidelines were developed in line with the Royal College Of Gynaecologists (RCOG), Safer childbirth (2007)...

2015: RCOG [2013] report recommended medical teams engaged in processes designed to reduce the caesarean section rate...

2015: Policies and guidelines were developed in line with both National Institute for Health and Care Excellence (NICE) and RCOG guidelines, Safer Childbirth (2007)... The service promoted normal birth as much as possible and where appropriate.

2015: ...the normal delivery rate was 67%, which is better than the RCOG recommendation of 60%.

2015: The rate of forceps or ventouse deliveries was 13%, which was better than the RCOG recommended target of 15%.

[2014](#): The trust wanted to reduce their rates of caesarean section and induced labour. An action plan had been developed as a result of the Royal College of Obstetricians and Gynaecologists (RCOG) visit in November 2013, and the subsequent report.

Inspecting Death and Injury Rates

Over five years, 95% (123/130) of NHS Trusts received CQC inspection reports containing references to caesarean rates, and there is evidence that Trusts often audit, monitor and discuss each individual caesarean birth, sometimes on a daily basis (p14). They can account for every single one.

But ask how many babies died or were injured during this period. This has proved harder to track:

2016: ...we found it hard to determine how many babies who had died either in the antenatal period, in labour or shortly after birth. We found that six babies had died antenatally, two died in labour and seven neonatal deaths. The trust later confirmed that in 2014/15 there were six stillbirths and 11 neonatal deaths, and between 1 April and 30 December 2015 there were seven stillbirths and nine neonatal deaths. 171 babies were unexpectedly admitted to the neonatal unit (NNU). We saw evidence that the admission of term babies to the NNU was 61.5%... we could not accurately identify how many intrauterine deaths and stillbirths had taken place in maternity.

Even the RCOG did not begin to know until very recently.

Dr David Richmond, RCOG President: 'Before we began Each Baby Counts, little evidence was available about the scale or causes of intrapartum harm to babies. The best available estimates suggested that, each year in the UK, between 500 and 800 babies died or suffered a severe brain injury at term as a result of incidents during labour... Since January 2015, the Each Baby Counts programme has been collecting and pooling the results of local risk management reviews to gain a national picture to better understand these tragedies.'³

CQC inspectors consider caesarean rates to be a key quality indicator (they are not alone):

2017: Patient outcomes: There were no risks identified... total number of caesarean sections was similar to the expected England average...

The parents of babies who die or are injured as a direct result of delayed, denied or absent caesarean surgery, are often much more critical of the focus on rates, targets and normality. In '[Alexandra's Story](#)' (published on patientstories.org.uk in 2013), a bereaved and forceps injured mother explains:

'It wasn't just to do with one individual doing something, one thing wrong, although that was part of it. It was this whole institutional denial of bad things can go wrong... There's absolutely nothing unique about what happened to us. It's just what happens in maternity wards. We just got caught up in it. It was just absolutely normal to them,... The other issue, that they are pushed to do, or not to do, so many c-sections, you know, so you become part of that whole institutional, target based culture.'

Caesarean Rate Targets (Who Sets Them?)

This is an important question.

WHO

Caesarean rate targets first came into public consciousness in 1985, when the World Health Organization (WHO) recommended its 10-15% threshold.⁴ This was challenged in 2008, and in 2009, the WHO conceded: 'no empirical evidence for an optimum percentage' exists and an 'optimum rate is unknown'; world regions 'might want to continue to use a range of 5-15% or set their own standards'. However, a new WHO statement in 2015 claimed: 'when the rate goes above 10%, there is no evidence that mortality rates improve', and therefore 'Caesarean sections should only be performed when medically necessary'.

Government

In 2011, the government's Department of Health said it 'did not set a specific target rate for caesarean sections in England, but instead set out policies to promote 'normal' birth...'⁵

In 2018, the Department of Health and Social Care said: '**The Government has set no targets for the rates of caesarean section (CS) or vaginal deliveries in England.**' No reference was made to normal births.⁶

NICE

In 2011, the National Institute for Health and Care Excellence (NICE), published evidence based recommendations for maternal request support.⁷ In 2013, it published a Quality Standard for caesarean birth, which said: 'There are a number of different indications for the procedure, and there is local variation in caesarean section rates. The quality standard on caesarean section focuses on improving the decision-making process and the information available to women who may need, request or have had a caesarean section. **It does not define acceptable caesarean section rates.**'⁸

RCOG

In 2012, the Royal College of Obstetricians and Gynaecologists published controversial recommendations for all Clinical Commissioning Groups (CCGs), advocating the reduction of caesarean rates to 20%, and increasing normal birth rates: 'It is important to try to increase this rate as well as that of vaginal birth, which includes delivery by forceps and ventouse.'⁹ These recommendations were archived and removed from the RCOG website in November 2017, though it is evident from CQC inspection reports that concerted efforts to reduce caesarean rates remain a key focus. In January 2018, a spokesperson said: 'All three organisations agreed that it was no longer relevant to the current commissioning and maternity landscape, and that at this time **it's not appropriate to promote an optimal caesarean section rate.**' In terms of communicating this however, a July 2018 RCOG review of an NHS Trust still cited low caesarean rates as a 'strength of maternity services'.

In September 2018, in response to a statement request for this report, Dr Alison Wright, Vice President of the Royal College of Obstetricians and Gynaecologists said: 'Maternity indicators of medical interventions, such as a caesarean birth and other birth interventions, are strongly inter-related and should be evaluated together to provide a comprehensive insight into performance or quality of care.'

'The need for a medical intervention can vary dramatically across services and regions, depending on the local demographics and the health needs of women. Therefore, we believe **the approach should be more nuanced than promoting a particular maternity indicator, such as a caesarean birth rate**. Very high or very low results may also be due to differences in detection or data recording.'

'The experience of women as an indicator is crucial and provides a more comprehensive picture of outcomes... Overall, a decision about whether a caesarean birth is the most appropriate and safest option should always be driven by the individual woman's circumstances and wishes. Women should be given clear information about their birth options and supported in making an informed decision about the most appropriate and safest birth option for them.'

RCM

In April 2018, in response to a statement request for this report, The Royal College of Midwives' Head of Health and Social Policy said: 'Regarding caesarean sections, **the RCM does not have a position on a target rate for caesarean sections** but we do believe that maternity services should always be reviewing their caesarean section rates as part of a regular review of clinical practice and the organisation of services.'

CQC

Over the past five years, Care Quality Commission maternity inspectors have been clear in their communication that birth mode targets are both welcome and preferred:

2018: Action the trust SHOULD take to improve: Review the maternity dashboard to ensure it includes all required performance indicators and local or national targets.

2017: ...key performance indicators... included... the caesarean section rate.

2016: Maternity and gynaecology dashboards had been developed, which gave a snapshot of important indicators that were being used to monitor performance, quality and safety against set targets. For example, the percentage of caesarean sections...

2015: maternity performance dashboard...a valuable at a glance overview of performance.

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APPENDIX

There are six Trusts included in the calculation of 47% (61/130) of Trusts with targets for how women give birth where the word 'target' does not specifically appear in the CQC inspection report. Nevertheless, their inclusion was deemed justified and details are provided below.

- (1) The maternity service adhered to and closely monitored the NICE standard number 32 for caesarean sections...caesarean section rate at 26.8% compared to the national benchmark target of 26.20%... The trust participates in a number of national audits to benchmark itself against the national picture.
- (2) The maternity dashboard for the trust indicated a caesarean section rate of 27.1% to 31.2%...This was measured against a key performance indicator (KPI) of 25% for caesarean sections performed.
- (3) The trust had set a goal of 23% for this rate with a 'red flag' for any rate above 24%.
- (4) Activity indicators where the service scored a red flag included the total rate (planned and unscheduled) of caesarean sections. The service scored red throughout May, June, July and August 2016 with an average caesarean section rate of 29%; this was against a threshold of 26% or below. The trust had introduced measures to try and reduce the number of caesarean sections performed.
- (5) Both 2016 and 2017 Trust Board of Directors Meeting Minutes refer to caesarean rate targets: 'The caesarean section rate is higher than target...' and 'The caesarean section rate continues to be higher than target...'
- (6) There was a programme to increase the percentage of women having a normal birth (without any medical intervention) to meet the service goal of 40%.