Dear Ms Schiller,

Thank you for your letter dated 25 May 2017 regarding the Oxford University Hospital NHS Foundation Trust’s guideline on elective caesarean sections for maternal request.

It is true that we are informing women at booking that we do not offer this option unless it is clinically indicated. The rationale for this decision is not related to targets but to good practice and reducing short and long term harm to women.

Our maternity services align with the government’s National Maternity Review, Better Births, as you will be aware is a five year plan to improve the outcomes of maternity services in England. This includes providing a kind, professional, family-friendly service where every woman has access to unbiased information to enable her to make decisions about her care. However, we recognise that the issues around a maternal request for an elective Caesarean section (CS) without a clinical indication are complicated and emotive. We accept there may be some benefits to a woman requesting a CS in those circumstances, but there may also be serious consequences for her and her baby.

Many of these requests are from mothers who are frightened of birth, or have had a previous poor birth experience. However, this does not mean that a CS is necessarily the best option for them. The priority is to meet and explore in more depth the woman’s fears, which may be addressed with a different approach that helps her to avoid having a CS.

Women who have severe anxieties around birth, or have had previous poor outcomes associated with birth, are seen and assessed by our Perinatal Mental Health Team. They may indeed require a CS and additional emotional support. These requests are all considered on an individual basis and a plan for the woman’s care put in place.

The processes detailed above make up the main recommendations found in the NICE guidance around the management of women who request an elective CS without a clinical indication. The NICE guidance also recognises that Obstetricians are not required to perform a CS without a clinical indication and cannot be made to do so.
At the OUH the Obstetricians support performing a CS for clinical indications which include mental health issues. However, if no clinical indication is found despite a thorough assessment, then the woman is referred to an Obstetrician in a neighbouring Trust who may support her request. This approach is in full compliance with NICE guidance.

Yours sincerely

Jane Hervé
Head of Midwifery

c.c. Dr Bruno L Holthof, Chief Executive