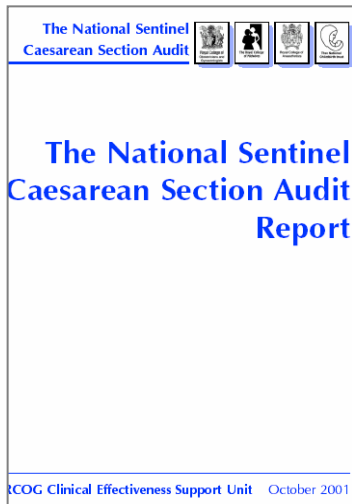


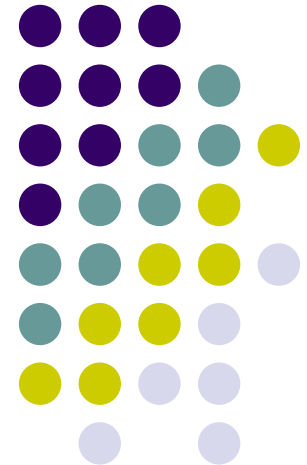
# The rising CS rate. Will guidelines help?



Jane Thomas

Consultant Obstetrics and  
Gynaecology  
Director NCC-WCH

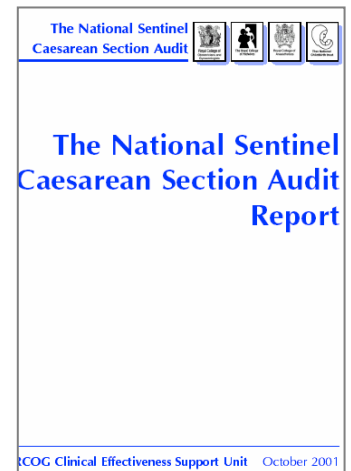
2.11.04



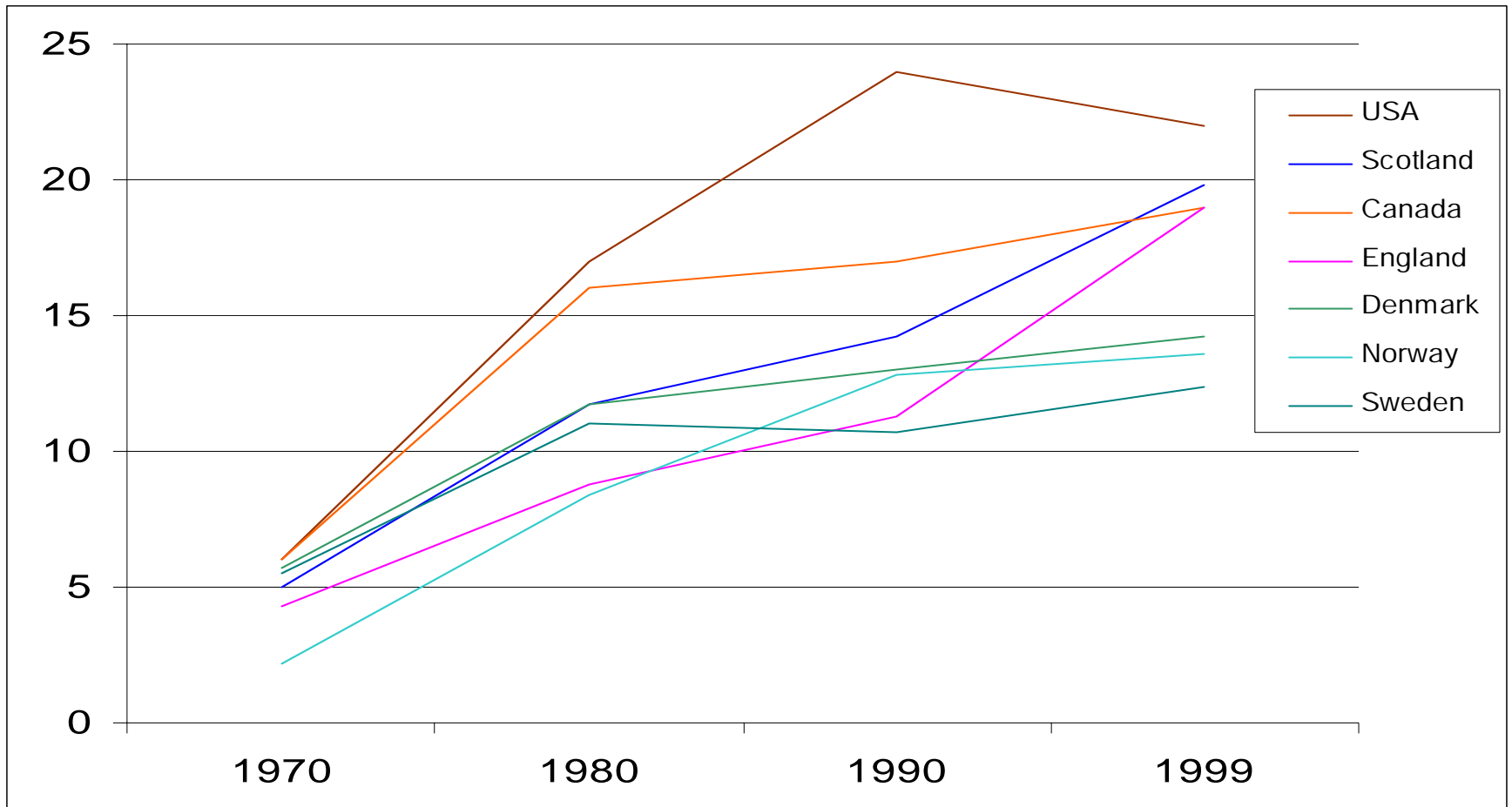
# Scope of CS Guideline



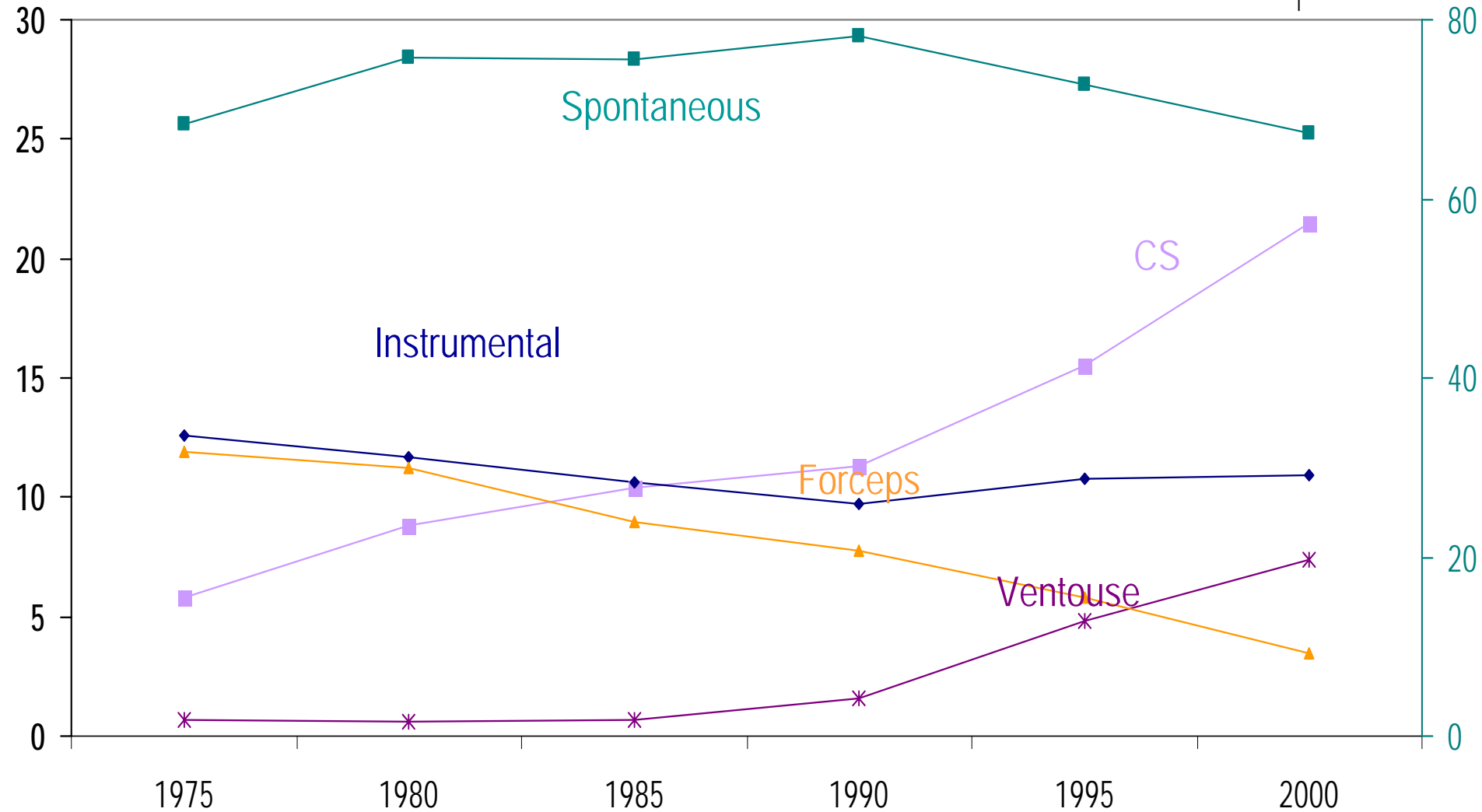
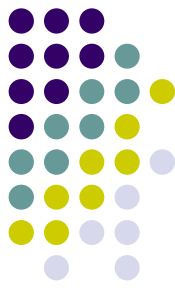
- **Commissioned by NICE**
  - **To reduce variability in CS rates**
  - **Ensure consistency of quality of care for women having CS**



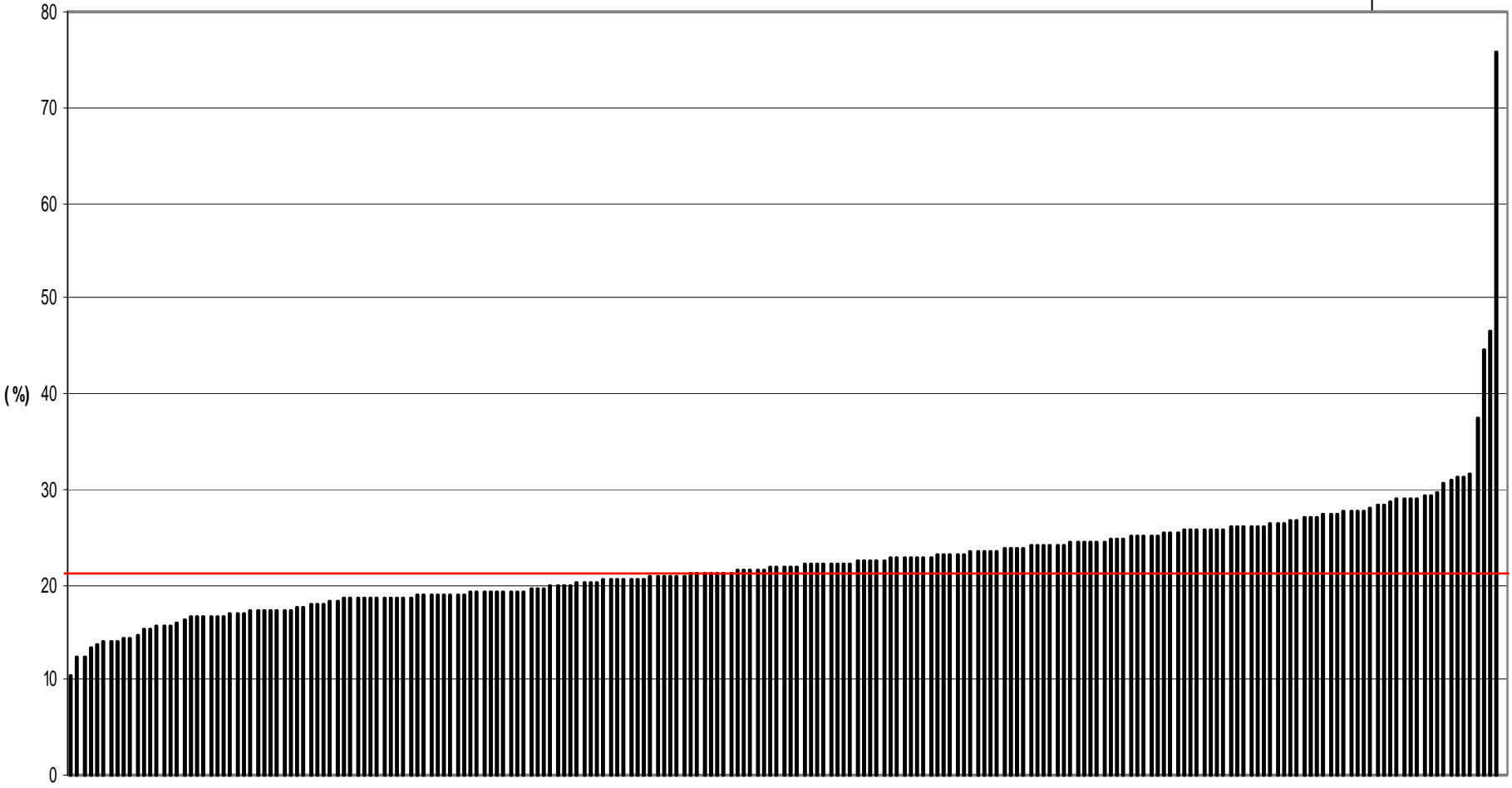
# Trends in International CS rates



# Birth Trends: England & Wales

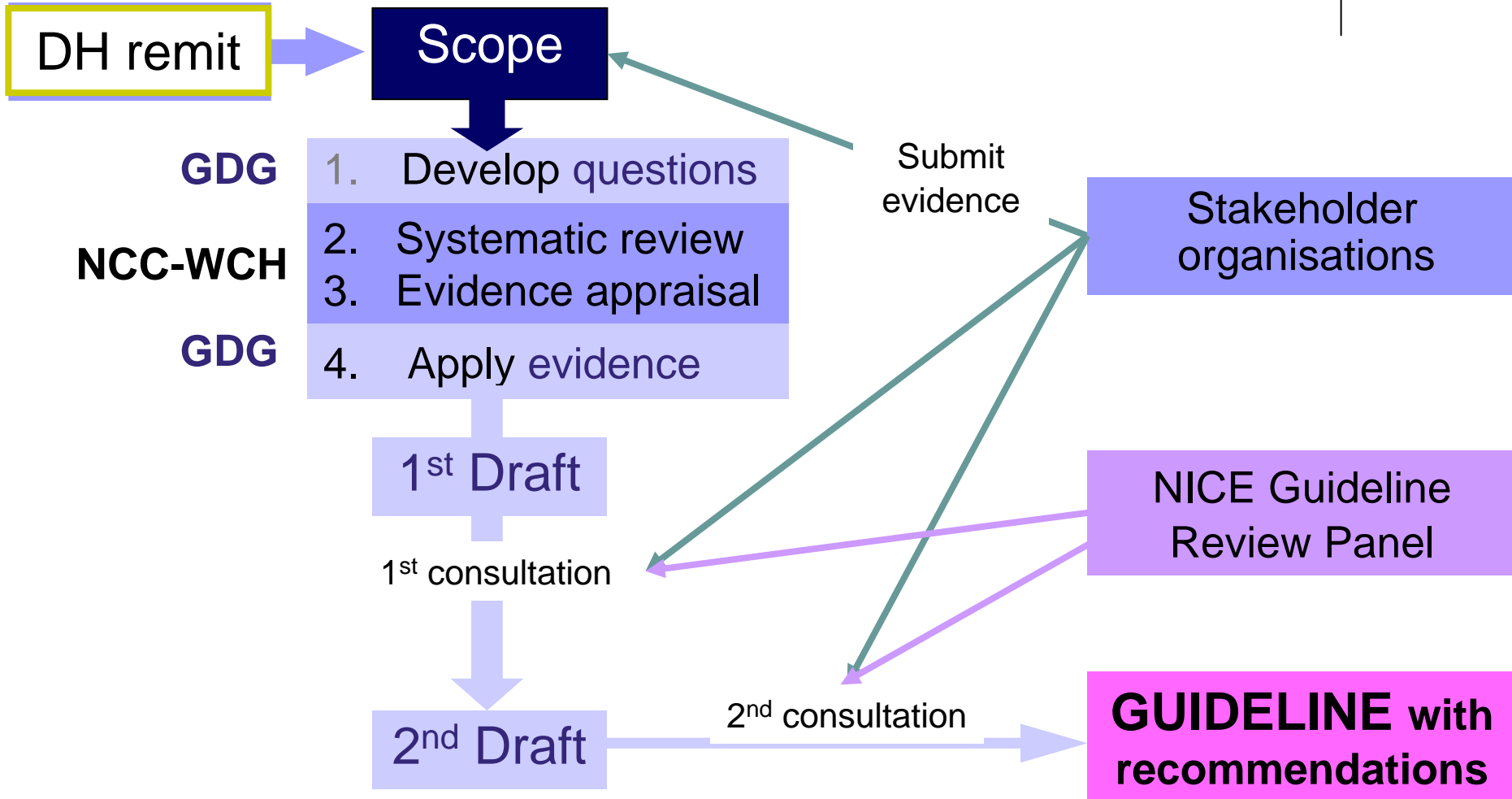
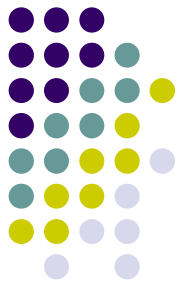


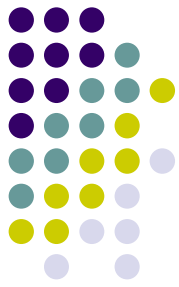
# Maternity unit CS rates



N=216

# NICE guideline development process





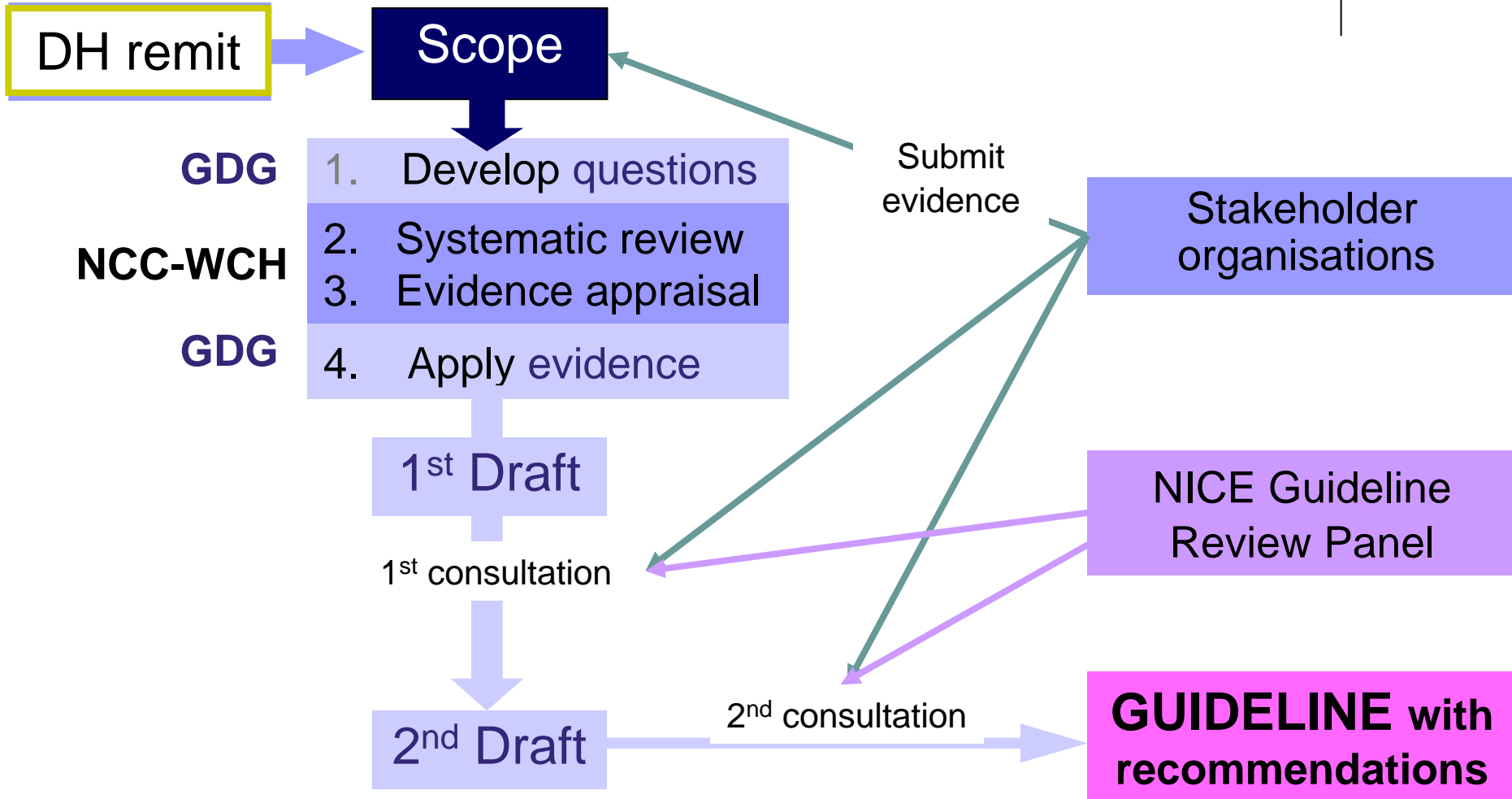
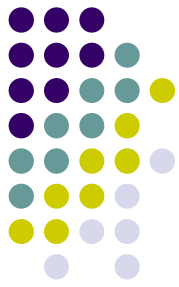
# CS guideline group

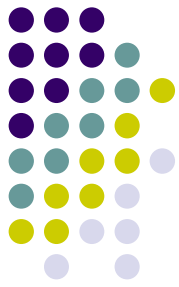
## GDG:

Group leader	J Sanders
Midwives	J Demilew, C Ruby
Anaesthetist	M Wee
Consumers	S Chaudhry, D Chippington Derrick
Obstetricians	B Beattie, D James
Paediatrician	J Madar
CEMACH	G Lewis
NCC-WCH	J Thomas, H Brown, S Paranjothy, HR Douglas G Roberts and A McNeil

1st meeting:	April 02
1st Draft :	Sept 03 (comments 675)
2 <sup>nd</sup> draft :	Nov 03 (comments 762)

# NICE guideline development process

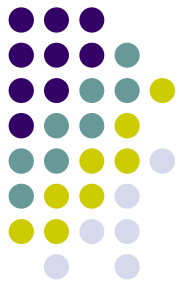




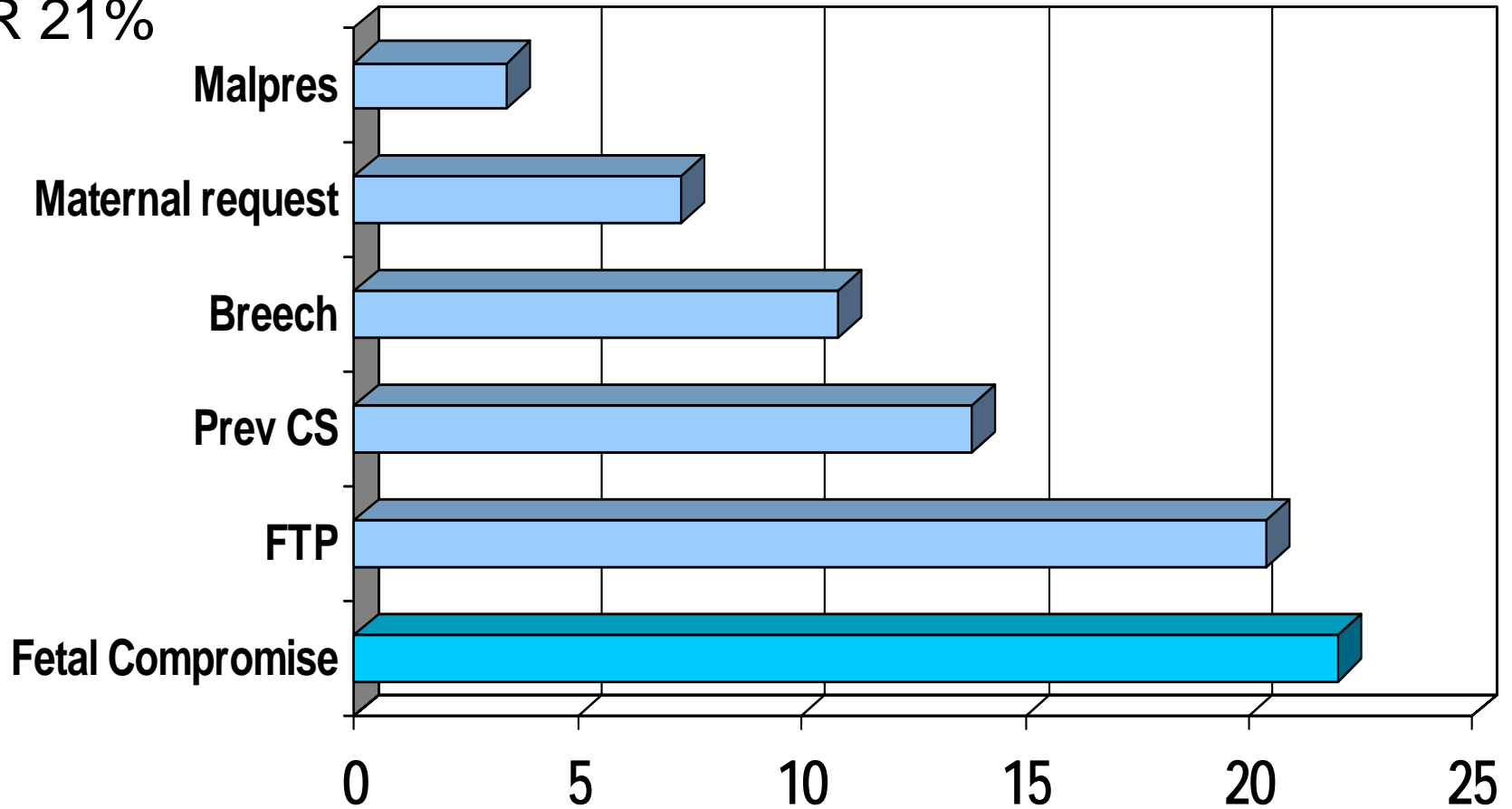
# Scope of CS Guideline

- **Provision of evidence based information**
- **Woman centred care**
  - Risks and benefits of CS
  - Indications for CS
  - Approaches to avoid CS
  - Anaesthetic aspects
  - Surgical aspects
  - Interventions to reduce morbidity and mortality of CS

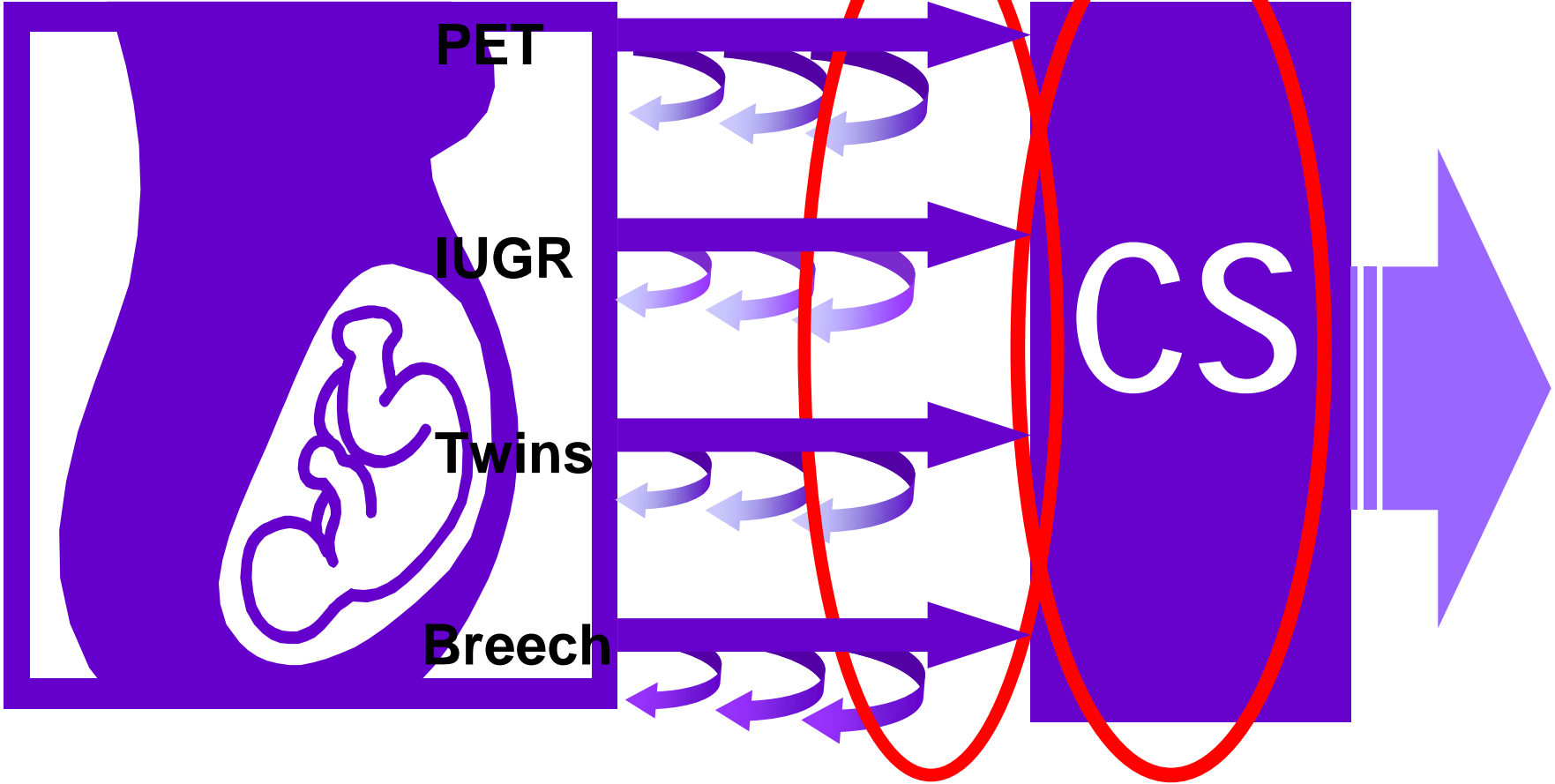
# Fetal compromise

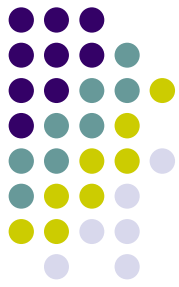


CSR 21%



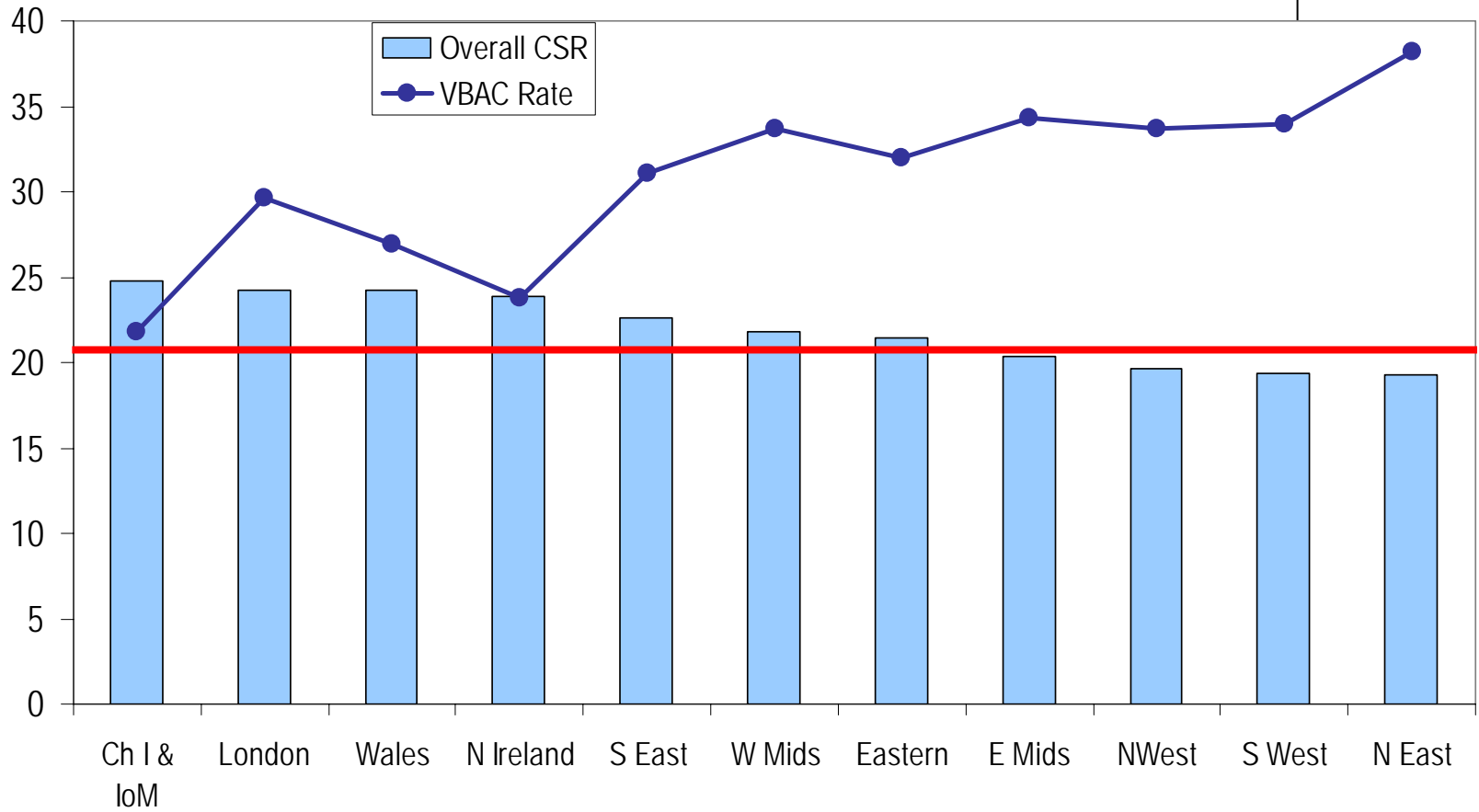
# Clinical questions

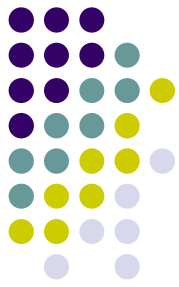




- Don't use continuous EFM on admission or in labour
- Offer ECV to women with breech at 36 weeks
- Offer VBAC to women who want VBAC
- Use a partogram with 4 hour action line....but not routine active management/ARM/syntocinon
- Care about CS- every CS and audit rate

# VBAC rate and CS rate





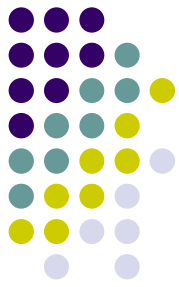
# For 1000 CS:

## Prevents

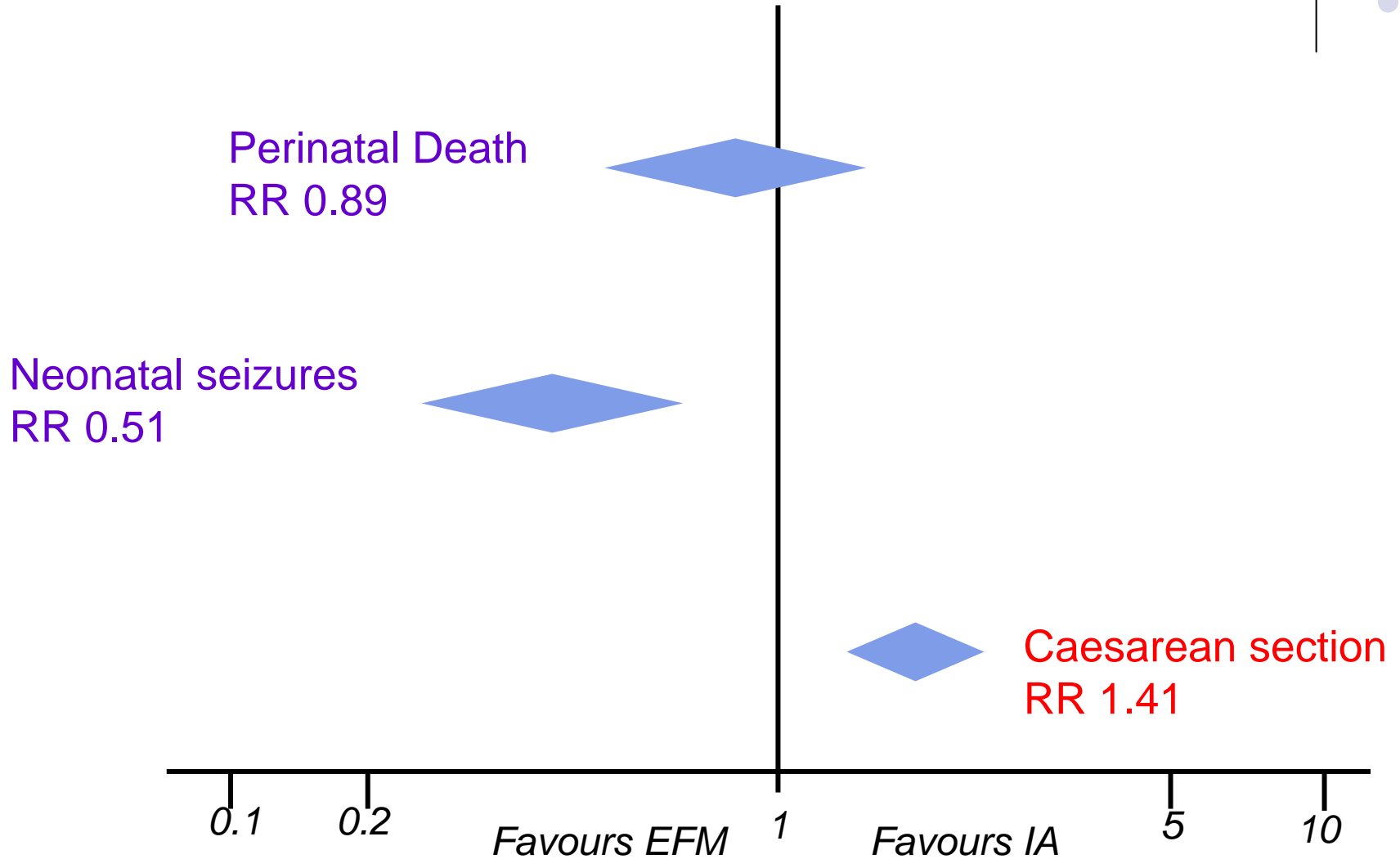
- 😊 2 uterine ruptures
- 😊 1 baby dying

## Possible harms

- ☹️ 30 TTN/RDS
- ☹️ 3 hysterectomies
- ☹️ 2 placenta praevia
- ☹️ 1 bladder injury



# Summary of outcomes EFM v IA

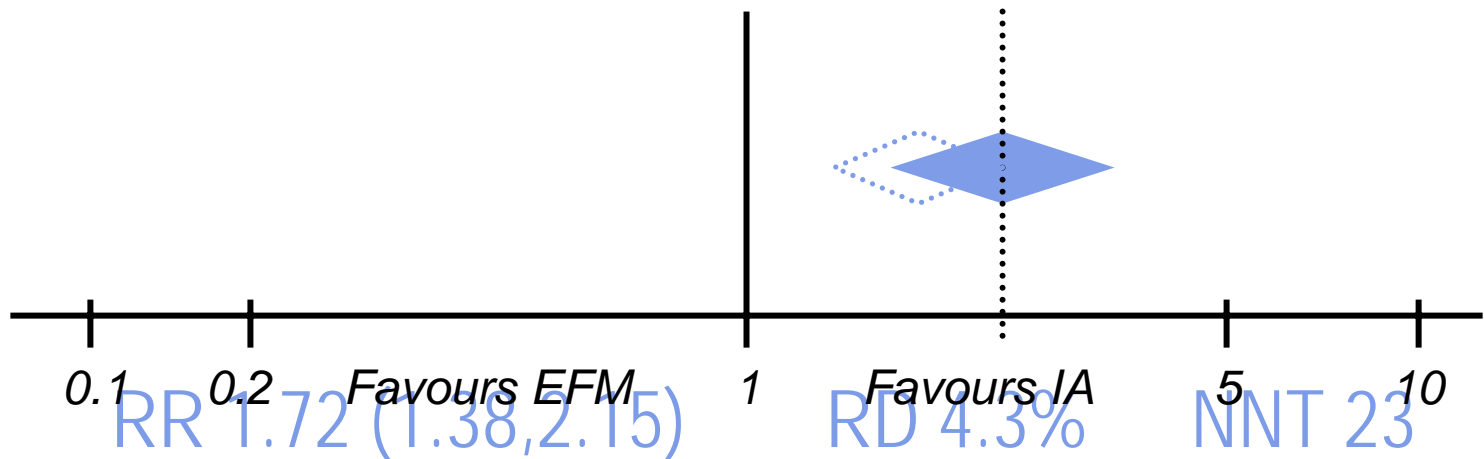




# EFM and CS rates

LSCS (Trials using EFM alone)

194/1916 (10.1) vs. 109/1887 (5.8)

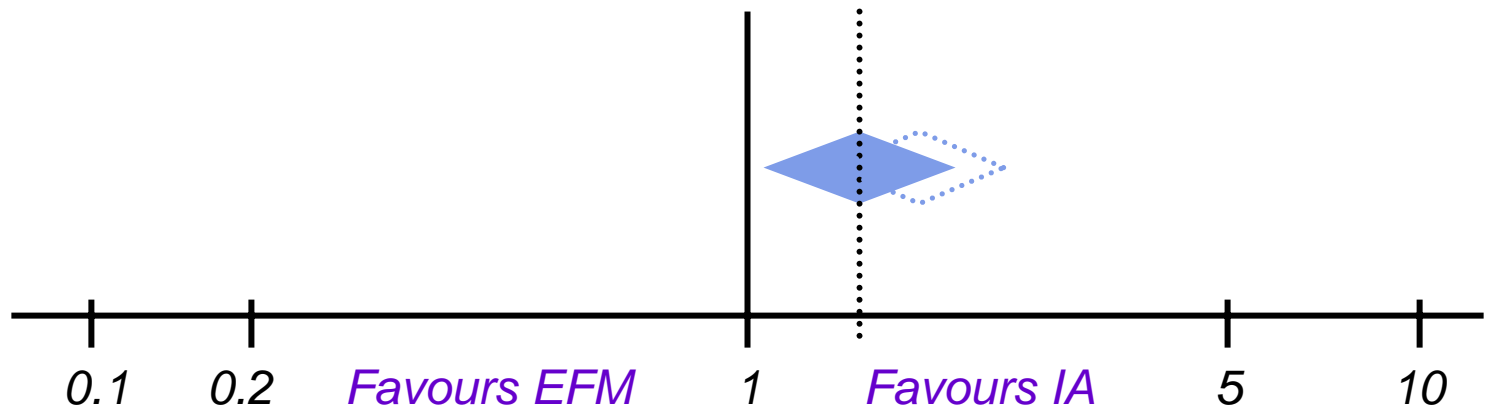




# EFM and CS rates

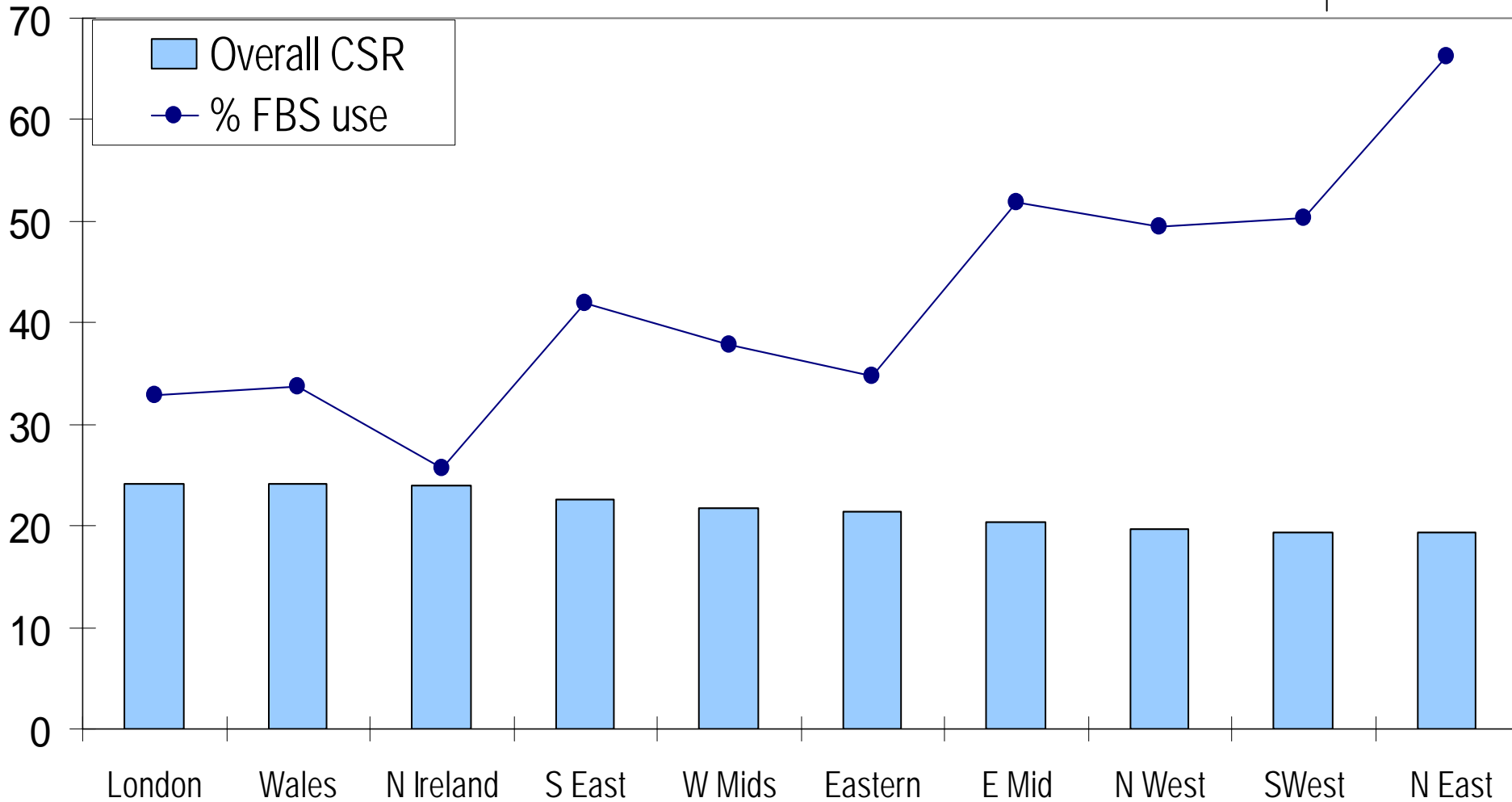
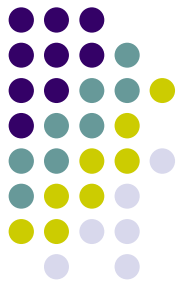
LSCS (EFM with FBS)

270/7482 (3.6) vs. 218/7507 (2.9)

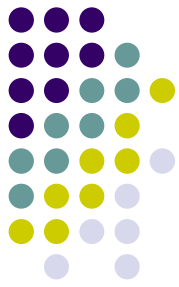


RR 1.24 (1.05,1.48) RD 0.7% NNT 142

# Use of FBS and CSR by region



# Use of Fetal Blood Sampling



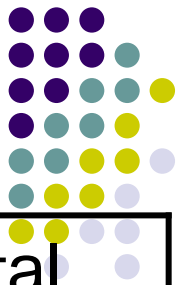
- 5% units used in all cases
- 9% units never used
- Cases where standard not met contributed 4.6% to the overall CSR
- ~1% of all births

# Survey findings -use FBS



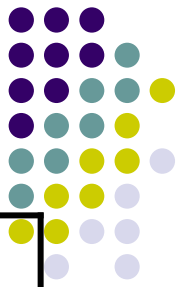
04 99	Not using	Using	don't know	total
Not using	3% (6)	5% (10)	0.5% (1)	8% (17)
Using	2% (4)	82% (170)	3% (6)	87% (180)
don't know	1% (2)	0.5% (1)	2% (5)	4% (8)
total	6% (12)	88% (181)	6% (12)	100% 205

# Survey findings -use continuous EFM



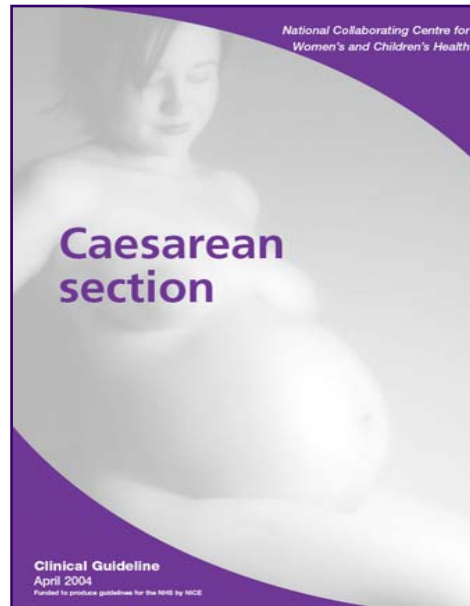
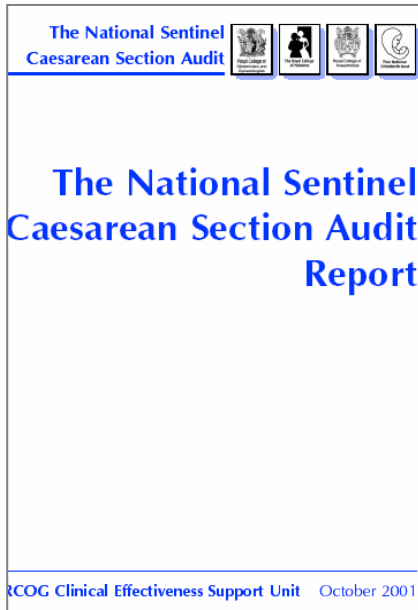
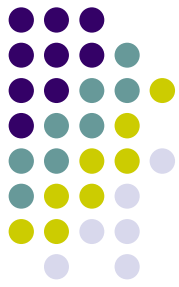
04 99	Not using	Using	don't know	total
Not using	84% (172)	2.4% (5)	3% (6)	89% (183)
Using	5% (11)	0%	1% (2)	6% (13)
don't know	1% (2)	0%	3% (7)	4% (9)
total	90% (185)	2% (5)	7% (15)	100% 205

# Survey findings -use admission EFM



<b>04 99</b>	Not using	Using all	Select use	don't know	total
Not using	4% (9)	0.5% (1)	6% (12)	0.5% (1)	11% (23)
Using	10% (20)	12% (25)	64% (131)	2% (3)	87% (179)
don't know	0.5% (1)	0%	0.5% (1)	0.5% (1)	2% (3)
total	15% (30)	13% (26)	70% (144)	2% (5)	100% 205

# Thank you



<http://www.nice.org.uk>

[www.rcog.org.uk](http://www.rcog.org.uk)