

Interim Clinical Commissioning Policy: Caesarean Section

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Document Status

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Interim Clinical Commissioning Policy

Caesarean Section

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Policy Statement

NHS England will commission Caesarean Section in accordance with the criteria outlined in this document.

In creating this policy NHS England has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for patients where NHS England directly commissions this service.

Equality Statement

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

Plain Language Summary

A caesarean section is an operation to deliver a baby. It involves making a cut in the front wall of a woman's abdomen (tummy) and womb.

1. Introduction

Caesarean Section for non-clinical reasons is regarded as a procedure of low clinical value and therefore not routinely funded by the Commissioner.

Maternal request is not on its own an indication for Caesarean Section.

2. Criteria for commissioning

A planned Caesarean Section should be offered to women:

- With a singleton breech presentation at term, for whom external cephalic version is contraindicated or has been unsuccessful,

- In twin pregnancies where the first twin is breach
- HIV who:
 - o are not receiving any anti-retroviral therapy or
 - o are receiving any anti-retroviral therapy and have a viral load of 400 copies per ml or more.
- With both hepatitis C virus and HIV
- With primary genital herpes simplex virus (HSV) infection occurring in the third trimester of pregnancy
- A placenta that partly or completely covers the internal cervical os (minor or major placenta praevia)
- A previous caesarean section where it is clinically indicated.

A planned Caesarean Section should **NOT** be routinely offered to women:

- With an uncomplicated twin pregnancy at term where the presentation of the first twin is cephalic
- With a 'small for gestational age' baby.
- On the grounds of HIV status to prevent mother-to-child transmission of HIV to:
 - o women on highly active anti-retroviral therapy (HAART) with a viral load of less than 400 copies per ml or;
 - o women on any anti-retroviral therapy with a viral load of less than 50 copies per ml.
- with hepatitis B
- with hepatitis C
- with a recurrence of genital herpes simplex virus (HSV) at birth
- with a body mass index (BMI) of over 50 alone as an indicator

This is in line with the updated NICE 2012 guidance on Caesarean Section

The clinician proposing this intervention will make the decision to treat based on the criteria set out above.

If the patient does not fully meet this criteria the clinician may submit an application for exceptional funding

(Individual funding request policy, application form and contact details on NHS Internet –<http://www.england.nhs.uk/ourwork/d-com/policies/gp/>)

An annual audit will be completed to confirm that patients have been treated in accordance with these criteria.

3. Evidence Base

www.nice.org.uk/CG132