

NHS Grampian

Elective Caesarean Sections in Dr Gray's Hospital as part of Model 4

In NHS Grampian, our clinical teams are keen to provide the option for the women of Moray to have an elective (planned) caesarean section closer to home in Dr Gray's as soon as the infrastructure and workforce is in place to ensure it is safe to do so.

In Model 4, midwife led labour and birth care will be offered as a choice to women who are eligible in a community maternity unit (CMU) model. **(1)**

The majority of caesarean sections are uncomplicated, however, serious complications can occur without warning as with any major surgical procedure, and this means that the support services required to safely deliver planned caesarean sections are different to those that are available in a CMU.

Local clinicians and vital clinical partners, e.g. the national neonatal transport service ScotSTAR, have told us that the staffing and infrastructure in Dr Gray's is not currently sufficient to make planned caesarean sections a safe part of Model 4.

Some examples of elements that are required to deliver planned caesareans safely are:

- A robust tier of staff, resident 24 hours a day, who are competent to provide routine post operative care and identify post operative complications including supporting the midwifery staff with the initial resuscitation of a woman, while awaiting senior medical help.
- Sufficient obstetric anaesthetists, anaesthetic assistants and other theatre staff to always allow safe timely access to theatre for women who require it, for the management of bleeding or other surgical complications.
- An on-site blood transfusion service to provide support in the management of a major haemorrhage during or after surgery.
- Access to on-site obstetric High Dependency Unit (HDU) facilities. Requires sufficient physical capacity and staff with relevant up to date knowledge and experience of caring for women in the immediate postnatal period.
- Access to on-site suitably staffed Special Care Baby Unit (SCBU) facilities to prevent separation of mothers and babies who require additional care for some breathing difficulties, which is more common in babies born by caesarean section.

The elements set out above will not be available as part of the Community Maternity Unit in Model 4.

Further considerations include the maintenance of skills of all staff involved in routine or post-operative emergency care where a low volume of planned surgery is expected. (1-2 per week)

We know it is vital to have absolute clarity about which services are available at Dr Gray's so that women can make informed choices about place of birth; and so that partner organisations such as the Scottish Ambulance Service can create and support appropriate

pathways of care for women who fall outwith CMU admission criteria. We also know that making elective caesarean sections a part of what is offered in a midwifery-led model can lead to confusion for women around the support that may be available if complications arise during their labour.

It may be possible to create the option for Moray women to have an elective section in Raigmore and we are keen to explore this possibility. However, as this depends on the availability of additional capacity in NHS Highland we are unable to suggest a timeline at this stage.

(1)

Who is suitable for giving birth in a Community Maternity Unit (CMU)?

- *Singleton pregnancy*
- *Cephalic presentation*
- *In spontaneous labour at ≥ 37 weeks gestation*
- *No known or envisaged medical, obstetric, anaesthetic or neonatal complications*
- *No evidence of a small for gestational age (SGA) baby in current pregnancy*
- *Nulliparous women with BMI at booking < 35*
- *Multiparous women with BMI at booking < 40 , with previous vaginal birth*
- *If membranes have ruptured, must be clear/ insignificant meconium*
- *Rupture of membranes must be less than 24 hours at onset of labour*
- *Age if < 16 and > 40 following a MDT risk assessment*
- *Hb ≥ 85 g/l and no maternal tachycardia or dyspnoea.*

Any women with clinical characteristics, medical conditions, previous or current pregnancy complications that fall outwith the above criteria may consider and choose to labour and birth in a midwife led setting following a discussion and individualised care planning with a consultant obstetrician.

If a woman attends a midwife-led setting with any factors outwith the above criteria but birth is imminent, an assessment should be made as to whether birth in the current location is preferable to transferring the woman to an obstetric unit and discuss this with the on call obstetrician/ coordinating midwife.
