Box 1

Key recommendations in the updated NICE guideline on caesarean section

► A woman requesting a CS because of anxiety or fear of childbirth should be offered a referral to a healthcare professional with expertise in perinatal mental health to help her to address her anxiety in a supportive manner. (This could be a midwife, obstetrician, psychiatric nurse, psychologist, psychiatrist or a GP with a special interest and expertise.) If following counselling the woman still wishes to request a CS a planned CS should be offered. If the obstetrician is unwilling to perform a CS the woman should be referred to an obstetrician who will carry out the procedure

► Prophylactic antibiotics should be administered before the skin incision. The antibiotic profile should cover endometritis, urinary tract and wound infections. (The incidence of infection is 8% in women having a CS). Co-amoxiclav should be avoided

► Category 1 CS (immediate threat to the life of the woman or fetus) should be carried out as soon as possible after making the decision, usually within 30 minutes
Category 2 CS (maternal or fetal compromise that is not immediately life threatening) should be carried out promptly, usually within 30 minutes, or up to 75 minutes

► Colour-flow Doppler USS should be used first line to diagnose morbidly adherent placenta but MRI can be used for further investigation to confirm this

► If a woman is taking highly active antiretroviral therapy for HIV and has a viral load of <400 copies/ml CS does not reduce the risk of mother to child transmission of HIV, the same applies to mothers on a single antiretroviral therapy with a viral load of < 50 copies/ml

► During recovery from the CS, the patient should be offered a debriefing about the indication for it. She should be given verbal and printed information about birth options for the future. Alternatively, if she prefers, information can be offered at a later date

► The risks of fever, bladder injury and surgical injuries are similar in women undergoing vaginal delivery and up to four CS

► The risk of uterine rupture is greater for planned vaginal delivery but is rare