

RESEARCH HIGHLIGHTS UK CAESAREAN POSTCODE LOTTERY, SAYS HUMAN RIGHTS CHARITY

PRESS RELEASE: EMBARGOED UNTIL TUESDAY 21ST AUGUST 9.30AM

<u>Birthrights</u> (the human rights in childbirth charity) has published research today concerning the treatment of women who request a caesarean section. The charity revealed on the Victoria Derbyshire show (21/08/18) that results of a nationwide Freedom of Information Act request show that the majority of Trusts in the UK make the process of requesting a caesarean lengthy, difficult or inconsistent adding anxiety and distress to women at a vulnerable time. And lawyers acting for the charity are concerned that at least one Trust may be acting unlawfully.

Official NICE guidelines states: 'For women requesting a caesarean section, if after discussion and offer of support... a vaginal birth is still not an acceptable option (Trusts should) offer a planned cesarean section.' But pregnant women in some regions who ask about the procedure are simply told to go elsewhere. Statistics show that 15% of Trusts have policies or processes that explicitly do not support maternal request caesarean, while 47% of Trusts have policies or processes that are problematic or inconsistent. Only 26% of Trusts offer caesareans in line with NICE best-practice guidance.

Commenting on these results, Chief Executive of Birthrights, Rebecca Schiller said:

"Maternal request caesareans are the the number one reason women contact the Birthrights advice service. The women we support have endured previously traumatic births, physical ill-health, childhood sexual abuse or have carefully examined the evidence available and made informed decisions that planned caesareans will give them and their baby the best chance of an emotionally and physically healthy start. It is clear that women requesting caesareans meet judgemental attitudes, barriers and disrespect more often than they find compassion and support. We are concerned that this lack of respect for patient dignity could have profound negative consequences for the emotional and physical safety of women."

Maya, whose son was born in October 2017, described her experience:

"I felt like a child being told off for doing something wrong. When I asked [the consultant] if we could discuss mode of delivery he stopped me mid-sentence and said my best option is vaginal birth. I said to him that I would like to explore other options such as elective caesarean. [The doctor] told me that they do not follow NICE guidelines and that I will never get elective cesarean at the John Radcliffe hospital for non-medical reasons. The word 'never' was stressed to me."



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On 27th July 2018 lawyers acting for Birthrights wrote to Oxford University Hospitals NHS Trust and Oxfordshire Clinical Commissioning Group asking for further information about the policy in place at the John Radcliffe hospital not to offer maternal request caesareans.

Birthrights Programmes Director Maria Booker explains, "Many women have contacted us about disrespectful treatment at the John Radcliffe hospital and we first wrote to the Trust and CCG on this issue in May 2017. Trusts are bound by human rights duties to offer individualised care. Any statement or policy from a Trust that caesarean would only be granted on medical grounds may be incompatible with Trusts' obligations to have an open, supportive, two-way discussion that explores all reasonable options. If such a policy is then applied in a blanket way then it could be incompatible with human rights law. We have made the Trust and CCG aware that we hope to resolve this issue without litigation and we encourage Oxford University Hospitals NHS Trust and its commissioners to begin to work with us constructively to change their policy. Otherwise we will look to explore all options, including judicial review, to ensure that women living in Oxford get the respectful care they deserve and that the law obliges their caregivers to provide."

ENDS

For comment from Birthrights please email press@birthrights.org.uk or call 0300 400 3401.

We can provide case studies and spokespeople.

Notes to Editors:

Full analysis and statistics from Birthrights Freedom of Information Act request are available in our attached report: "Maternal Request Caesarean". Please email press@birthrights.org.uk to receive an embargoed copy. The report will be published on 21st August 2018 and available on the Birthrights website.

An interactive map, showing NHS Trusts categorisation by Birthrights (as 'red', 'amber', or 'green' depending on their approach to MRCS) will be available at http://www.birthrights.org.uk/maternal-request-caesarean/ when the embargo lifts. Please click on each Trust to view their response to Birthrights' Freedom of Information Act request and any supporting documentation relating to their categorisation. All Trusts were made aware of their categorisation in May 2018 and were given the opportunity for comment and clarification.

Details of published correspondence to date with Oxford University Hospitals NHS Foundation Trust and Oxfordshire Clinical Commissioning Group are available in our 'Maternal Request Caesarean' report and additional information is available on our website. As of 17th August Oxford University Hospitals NHS Foundation Trust have not provided a substantive response to lawyers acting on Birthrights' behalf.



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About Birthrights: the UK's only organisation dedicated to improving women's experience of pregnancy and childbirth by promoting respect for human rights. We believe that all women are entitled to respectful maternity care that protects their fundamental rights to dignity, autonomy, privacy and equality. We aspire to advance the human rights and lawful treatment of all childbearing women.

What we do:

- Provide free, accurate and accessible legal information and advice on human rights and the law relating to childbearing women.
- Campaign, research and champion policy that respects- all women's rights in childbirth as fundamental human rights that maternity-service providers are legally obliged to respect and fulfil.
- Offer advice, assistance and training to caregivers, professional or otherwise.

Birthrights promotes women's right to receive evidence-based care that conforms to the best medical and midwifery standards. We do not hold views on clinical issues arising in maternity care.

Birthrights is a charitable incorporated organisation. Our registered charity number is 1151152. You can read more about our work on our <u>website</u> and read our press coverage <u>here</u>.

The <u>NICE Guideline CG132</u> on caesarean section states that:

- 1.2.9 Maternal request for CS
- 1.2.9.1When a woman requests a CS explore, discuss and record the specific reasons for the request. [new 2011]
- 1.2.9.2If a woman requests a CS when there is no other indication, discuss the overall risks and benefits of CS compared with vaginal birth and record that this discussion has taken place (see box A). Include a discussion with other members of the obstetric team (including the obstetrician, midwife and anaesthetist) if necessary to explore the reasons for the request, and ensure the woman has accurate information. [new 2011]
- 1.2.9.3When a woman requests a CS because she has anxiety about childbirth, offer referral to a healthcare professional with expertise in providing perinatal mental health support to help her address her anxiety in a supportive manner. [new 2011]
- 1.2.9.4Ensure the healthcare professional providing perinatal mental health support has access to the planned place of birth during the antenatal period in order to provide care. [new 2011]
- 1.2.9.5For women requesting a CS, if after discussion and offer of support (including perinatal mental health support for women with anxiety about childbirth), a vaginal birth is still not an acceptable option, offer a planned CS. [new 2011]
- 1.2.9.6An obstetrician unwilling to perform a CS should refer the woman to an obstetrician who will carry out the CS. [new 2011]

