



*Protecting human rights
in childbirth*

Registered address:
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Union House
111 New Union Street
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0300 400 30 400

12th May 2020

Dear Professor Harrison,

I am writing to you from the human rights in childbirth charity Birthrights, regarding the decision of Milton Keynes University Hospital NHS Foundation Trust to withdraw maternal request caesareans during the current pandemic.

We run an advice service for women and for healthcare professionals, and we were very concerned to be shown your standard operating procedure which states that “the Directorate has taken the decision NOT to offer Elective Caesarean Sections for Maternal request” during the current pandemic, and in addition that the surgeon taking consent for a caesarean will “specifically advise the women of the risks of caesarean section and women will be encouraged not to have a caesarean section for maternal request.”

Your position contravenes NICE Guideline CG132 which states that women should be offered the option of a caesarean birth after a discussion of the risks and benefits, and an offer of perinatal mental health support if appropriate. If an individual doctor feels unable to offer the surgery, they should refer to a doctor who will (see CG 132 1.2.9). Furthermore, the Montgomery vs Lanarkshire (2015) decision created an obligation in law to discuss the risks and benefits of “all reasonable options”, and confirmed that the individual patient is the decision maker and that the role of the healthcare professional is to offer expert advice.

Whilst the pandemic does give Trusts some leeway to reorganise services, all changes must be to achieve a legitimate aim (protecting the health of others) and proportionate to achieving that aim. You will be aware that neither the [RCOG/RCM guidance](#) that relates specifically to maternity services, nor the [NHSE guidance on the temporary reorganisation of maternity services during the coronavirus pandemic](#) recommends that elective caesareans should be cancelled.

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In fact the NHS guidance states that " A shortage of obstetricians or anaesthetists may mean there is insufficient capacity to meet demand. In **extreme circumstances**, there may no option other than to temporarily suspend access to elective procedures. Trusts **should make every effort to avoid this situation** and, in particular, should work as a LMS or maternity clinical network to keep options open, either by pooling staff or by making transfers of care available to women".

In our experience, women asking for a maternal request caesarean have a very good reason for making this request, even if this may not meet a clinical threshold. The anxiety and distress created by withdrawing these procedures cannot be underestimated. On the other hand the capacity released is likely to be relatively small. Given the exhortations in NHSE guidance above to safeguard the mental health and wellbeing of women as well as part of keeping them safe, we ask you to:

- share the analysis you have undertaken of why this measure is necessary, and the impact it would have on women's safety compared to the capacity it would release
- confirm that this measure has been cleared by your Board safety champion, and your internal governance processes, and has been notified to NHS England presumably on the basis that you have reached the "extreme circumstances" outlined in the guidance, and that all efforts have been made at a regional level to avoid this situation
- confirm that your MVP Chair has been involved in making this decision in line with the NHSE guidance.

Alternatively we would urge you to reconsider this policy. We specifically ask you to look at the case of Jessica Cunniffe, who has currently been left without care at 30 weeks pregnant, due to this policy. Jessica has written to you today and her letter is attached.

We look forward to your timely response.

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Yours sincerely,

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Julie Cooper - Head of Midwifery
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