2024-17

REPLY BY THE PRESIDENT OF
THE COMMITTEE FOR HEALTH & SOCIAL CARE
TO QUESTIONS POSED BY DEPUTY KAZANTSEVA-MILLER PURSUANT TO RULE 14 OF THE RULES OF PROCEDURE

At the CfHSC Scrutiny Hearing held on 2nd May 2024, Dr Rabey said that birth data by elective c-section was no longer being segregated and collected based on UK guidance.

Dr Rabey would like to apologise for the lack of clarity in his answer at the Scrutiny Hearing. He intended to convey that HSC no longer attempts to set targets for caesarean section rates, rather than that we have stopped keeping track of them.

1. Could you confirm what birth data is being collected?

HSC collects detailed data from maternity services in a monthly clinical scorecard for monitoring purposes. As noted in question 3 below, this data is for internal use and is not routinely published. The following data is collected in this scorecard:

- Total numbers of bookings, anomaly scans, birth mothers and babies born
- Birth Location – including hospital, midwifery led, homebirths, Alderney births, Births Before Arrival (BBA) and birth out of area (e.g. UK)
- Method of birth – including c-sections (elective or emergency, with various subcategories), instrumental births, vaginal births, births in water
- Additional data on blood loss, retained placenta, induction of labour, still births and neonatal deaths.

2. Do you segregate birth data into natural births and births by elective c-section?

Yes, as per the above, the scorecard referred to details births by Caesarean section, forceps, Ventouse (suction forceps), and vaginal births, with subcategories for some of those groups.

3. If yes, could you confirm whether this data is being published?

The scorecard information is used internally for service monitoring and improvement purposes. It is not routinely published as it is possible over a short timescale to identify individuals in some of the groups due to the small numbers involved.

4A. If not, could you explain why this data is no longer being collected or no longer being published?

Please see above.

4B. Could you provide reference to the UK guidance where this is advocated?

The UK guidance referred to in the Scrutiny Hearing related to no longer setting targets for caesarean section rates. HSC previously, in common with most birthing units, set target

figures for elective caesarean sections, as a low rate was felt to be desirable. This has changed in recent years.

New NICE guidance (NG192 – Caesarean birth) came out in 2021 and sections 1.2.26 to 1.2.31 deal with CS for maternal choice. It states: "*If, after an informed discussion about the options for birth (including the offer of perinatal mental health support if appropriate; see recommendation 1.2.27), the woman or pregnant person requests a caesarean birth, support their choice.*"

In 2021 the House of Commons Health and Social Care Committee published its report on "The safety of maternity services in England." Para 168 reads*: "It is deeply concerning that maternity units appear to have been penalised for high Caesarean Section rates. We recommend an immediate end to the use of total Caesarean Section percentages as a metric for maternity services...."* NHS England accepted this recommendation and issued a national maternity bulletin to this effect in September 2021.

The Ockenden report (March 2022) also made the following observation about high Caesarean section rates. Section 15:10 states "W*e also note the committee recognised that maternity units appear to have been penalised for high caesarean section rates and recommended that there should be an end to the use of total caesarean section percentages as a metric for maternity services. We note the progress on this with the recent advice from NHS England and NHS Improvement to Trusts to stop monitoring caesarean section rates. The recognition that Shrewsbury and Telford Hospital NHS Trust had a lower than average caesarean section rate (and was often praised for this) was identified in our first report. We noted that some mothers and babies had been harmed by this approach and we welcome the committee's findings and the progress on this."*

4C. Do you agree with this reasoning?

Yes.

4D. Do you agree that data around c-section birth, both medical and elective, continues to be of interest and importance to the community and expectant parents?

Yes. We continue to collect such data, although not to set targets for Caesarean section rates, in line with recent guidance. We engage with service user groups and provide data as required.

4E. How difficult and costly would it be to reinstate data collection and publication by birth type (natural, elective c-section or medical c-section)?

Please see above regarding data collection.

4F. Would you be willing to reconsider the decision not to collect/publish data around c-section birth based on public interest grounds?

The maternity service does collect this data as detailed above, and liaises with service users in terms of providing information. Regarding wider publication, maternity services are working on a report for publication which may include some of this detail, however it is important to avoid potential identification of individuals which is a risk given the small numbers of deliveries in some of the categories.

Date of receipt of questions: 3rd May 2024
Date of response: 17th May 2024