

Chief Executives of HSS Trusts
Medical Directors of HSS Trusts
Consultant Obstetricians
Consultant Anaesthetists
Directors of Public Health
Directors of Nursing of HSS Boards
Directors of Nursing of HSS Trusts (for circulation to Midwifery Managers)

August 2000

Dear Colleague

CAESAREAN SECTION AUDIT

As you are no doubt aware there has, for some time, been much interest in the increasing caesarean section rate. There is no 'correct rate' for caesarean section but there is concern that the rate is rising. Caesarean section is undoubtedly a valuable obstetric intervention that has saved the lives of many women and babies. There is, however, no clear indication as to why rates are increasing. In addition to this increase there is also considerable variation in caesarean section rates between maternity units and these are not accounted for by differences in case-mix alone.

In light of this increasing rate the Department of Health in London has, through the National Institute for Clinical Excellence (NICE) commissioned an audit of caesarean sections in England and Wales. This audit is being led by the Clinical Effectiveness Unit of the Royal College of Obstetricians and Gynaecologists in collaboration with the Royal College of Midwives, Royal College of Anaesthetists and the National Childbirth Trust. Given the increasing rate in Northern Ireland and the professional and public interest in it, the Department was keen to have this audit extended to include Northern Ireland. The Clinical Effectiveness Unit has, on behalf of the Royal Colleges and the NCT, agreed to this request.

As you may know the audit has already commenced in England and Wales. It has two phases. Phase 1 is prospective and requires a questionnaire to be completed on all caesarean sections undertaken in England and Wales between 1 May and 31 July 2000. The second phase of the audit will be carried out in the autumn. It will include a survey of mothers and obstetricians drawn from a random sample of maternity units. The aim of the survey is to obtain information as to how the decision for caesarean section was reached.

Arrangements for introduction of the audit in England and Wales, including training of co-ordinators for each maternity unit, were too far advanced for Northern Ireland to be included at the same time. Staff at the RCOG's Clinical Effectiveness Unit, however, suggested that phase 1 and phase 2 could take place simultaneously in

Northern Ireland when phase 2 is being undertaken in England and Wales. Phase 2 is scheduled to commence on 1 November 2000.

We are writing to invite the assistance of all obstetricians and midwives in this audit. Trusts are requested to nominate a midwife who would act as local facilitator for the audit in their maternity unit. It is anticipated that the audit will require up to 3-4 hours per week of her time though this will vary depending on the size of the unit. Prior to commencement of the audit the local facilitators will receive specific training on their role in the audit, organised by staff at the Clinical Effectiveness Unit. The training (one-day) will be provided in Northern Ireland.

The DHSSPS is funding the Clinical Effectiveness Unit to organise and manage the audit in Northern Ireland. This funding will cover the data entry and analysis and the provision of an audit report for Northern Ireland.

Dr Jane Thomas and Alison Callwood of the Clinical Effectiveness Unit will liaise directly with individual maternity units about the audit, training of unit facilitators etc. It would, however, be helpful if individual units could identify an obstetrician and a midwife (facilitator) who would act as a contact point for them.

If you want further information about this audit please contact
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Yours sincerely

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