











































## 10. References

1. National Institute for Health and Care Excellence: Clinical Guidelines. Caesarean birth. London: National Institute for Health and Care Excellence (NICE) Copyright © NICE 2021.; 2021.













## Appendix E- Evidence to Decision framework

### Benefits and harms

### Important harms

Two large systematic reviews of observational studies (NICE 2021, SBU 2022) were identified which consider the benefits and harms of planned elective caesarean section compared to planned vaginal birth. No RCTs were included in the systematic reviews. A whole-of-population cohort study (the Swedish National Birth Registry) was used by SBU 2022 to inform maternal benefits and harms.

These reviews include elective caesarean section for indications other than maternal request as existing registers (the source of most evidence in these systematic reviews) do not always contain information on whether the caesarean section is carried out in the absence of a medical indication. Although this is not the population of interest, indirect evidence can be obtained from these reviews as included studies were adjusted for possible confounding factors that may contribute to a decision on caesarean section.

Outcomes are presented in four categories:

- 1. Short ter**



**Values and preferences**

Substantial variability is expected or uncertain

**Research evidence**

Eide et al., (2019) - 17 semi structured interviews with women and 6 focus groups with midwives and obstetricians - Fear of birth emerged most commonly as a result of a previous traumatic birth experience that prompted a preference for a planned caesarean birth to avoid a repetition of the trauma. For some women postnatal care and the puerperal period were their crucial past experiences, and giving birth by planned caesarean was seen as a way to ensure mental rather than physical capability to care for the expected child after birth. Others were under the impression of being at high risk for an emergency C-section, and requesting a planned one was based on their perceived risk. Such perceptions included having a narrow pelvis, hereditary factors, or previous birth outcomes. Some primiparas requested a planned caesarean birth based on a deep-seated fear since their early teens, accompanied by alienation towards the idea of giving birth.

Maternal reasons for requesting plan9(e)5.011.5 8(s)6.9902-2.98763(o)99825(ng )7.98763(a)3.52387(r)8.01!





