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College Statement

Title	**Timing Of Elective Caesarean Section**
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Statement

The timing of elective or pre-labour Caesarean section should be decided with consideration given to both maternal and neonatal factors.

From a maternal point of view timing of delivery should be considered on the basis of risks of morbidity and mortality to the mother from continuing the pregnancy. For example the presence of maternal medical disorders such as pre-eclampsia or obstetric complications such as placenta praevia may indicate early delivery.

From a neonatal point of view the balance between the risks to the baby from remaining in utero need to be balanced against the risks of being born early. For example significant intrauterine growth restriction may indicate early delivery.

One of the main risks of being born preterm is respiratory distress. This risk is also present for babies born by elective Caesarean section at term and this risk decreases with increasing gestational age. Morrison et al (1) found a significant decrease in respiratory morbidity from 42.3 per 1000 at 38 weeks to 17.8 per 1000 at 39 weeks. Respiratory distress includes both respiratory distress syndrome and transient tachypnoea of the newborn.

UK data (2,3) found that about 10% of women who were booked for Caesarean section at 39 weeks went into labour before their scheduled Caesarean section. The implication is that there will be a proportion of women who will need to have an emergency Caesarean section in place of a planned Caesarean section. This may have resource implications that need to be balanced with expected improved perinatal outcomes.

There is no Australian data available for term neonates. However for the group born between 30 and 36 weeks gestation, delivery without labour increases the risk of needing ventilatory support by the equivalent of about two weeks of gestation (4).

On the basis of the risk of respiratory morbidity following elective Caesarean section and the risk of labouring prior to Caesarean section it is recommended that elective Caesarean section in women without additional risks should be carried out at approximately 39 weeks gestation. Such women suitable for delivery at approximately 39 weeks gestation include breech presentation and uncomplicated repeat caesarean section.

Any co-existing problems may indicate earlier delivery. Also local factors, such as availability of emergency Caesarean section services should be taken into account.

Women should be informed of the risks surrounding elective delivery and the usual standards of documentation and consent should apply.

References

1. Morrison JJ, Renie JM, Milton PJ: Neonatal respiratory morbidity and mode of delivery at term: influence of timing of elective caesarean section. Br J Obstet Gynaecol 1995;102:101-6.
2. Thomas J, Paranjothy S, RCOG Clinical Effectiveness Support Unit. The National Sentinel Caesarean Section Audit Report. London: RCOG Press; 2001.
3. National Collaborating Centre for Women's Health: Clinical Guideline Caesarean section. London: RCOG Press; 2004.
4. Patel H, Beeby PJ, Henderson-Smart DJ: Predicting the need for ventilatory support in neonates 30-36 weeks' gestational age. J Paediatr. Child Health 2003; 39: 206-9.

Website Links

National Collaborating Centre for Women's Health: Clinical Guideline Caesarean section. London: RCOG Press; 2004. *http://www.rcog.org.uk/resources/public/pdf/cs_section_full.pdf*

Disclaimer

This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

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