

# Natural-birth targets 'put lives of mothers at risk'

Chris Smyth Health Editor

Half of maternity units have been set targets to reduce caesareans in a practice condemned as "outright dangerous".

More than half of maternity units are graded on whether they encourage natural birth, with 47 per cent setting targets for caesareans, an analysis of inspection reports has found.

Campaigners said using these figures to measure performance could lead to pressure on midwives to limit the number of caesareans and deny women the freedom to choose how they gave birth.

Matthew Jolly, national clinical director for maternity at NHS England, said that caesarean rates should not be used as targets as this had "all sorts of unfortunate consequences" but argued that the NHS was moving away from doing so.

Women at three quarters of NHS maternity units were not guaranteed a caesarean if they wanted one, as stipulated by official guidelines. At the same time, a drive for "normal" birth at the Shrewsbury and Telford

hospital trust has been blamed for dozens of babies' deaths. The trust, which is under investigation, has been praised by the Care Quality of Commission for performing a low number of caesareans, an intervention that in some cases can be life-saving.

Analysis of 312 inspection reports on 130 NHS maternity units over five years found that 73 units were graded on rates of caesareans, normal births, home births, instrumental deliveries or vaginal births after a previous caesarean. Some are rated on several such measures, with 22 units explicitly scored on normal birth and 61 on caesarean rates.

Bradford Teaching Hospitals trust was praised this year for having a low elective caesarean rate at the same time as its stillbirth rates were above average. At Western Sussex Hospitals, by contrast, inspectors wrote: "In maternity services the trust was achieving excellent stillbirth rates, however elective caesarean sections rates were above average."

James Titcombe, who became a patient safety campaigner after the

death of his newborn son Joshua at the Morecambe Bay trust, said: "This research is deeply worrying. It's outright dangerous that maternity units are in effect being performance managed on their c-section rates in the absence of other hugely important information. This type of performance management can lead to the kind of approach that was found at Morecambe, where midwives adopted an overzealous approach to promoting normal childbirth that resulted in considerable harm and death."

Pauline Hull, editor of caesarean-birth.org, who compiled the figures, argued that caesarean rates were being interpreted as targets by local health trusts and inspectors, who pressed to bring rates down if they were above average.

Alison Wright, of the Royal College of Obstetricians & Gynaecologists, said "the approach should be more nuanced than promoting a particular maternity indicator". Mr Jolly said there were no national targets for normal birth, with financial incentives for hospitals to lower caesarean rates no longer used.

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