Predicting caesarean birth for cephalopelvic disproportion in labour

1.2.14 Do not use pelvimetry for decision making about mode of birth. **[2004, amended 2021]**

1.2.15 Do not use the following for decision making about mode of birth, as they do not accurately predict cephalopelvic disproportion:

- maternal shoe size
- maternal height
- estimations of fetal size (ultrasound or clinical examination). **[2004, amended 2021]**

Mother-to-child transmission of maternal infections

HIV

1.2.16 Provide women with HIV information about the benefits and risks for them and their baby of the HIV treatment options and mode of birth as early as possible in their pregnancy, so that they can make an informed decision. Obtain specialist advice about HIV in pregnancy from a sexual health specialist if necessary. **[2011, amended 2021]**

Hepatitis B virus

1.2.17 Do not offer pregnant women with hepatitis B a planned caesarean birth for this reason alone, as mother-to-baby transmission of hepatitis B can be reduced if the baby receives immunoglobulin and vaccination. **[2004, amended 2021]**

Hepatitis C virus

1.2.18 Do not offer women who are infected with hepatitis C a planned caesarean birth