

# Guideline consultation generates inevitable challenges but invaluable communication

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## Title

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## Signatory

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## Letter

Dear Sir,

As first author of one of the BJOG letters cited in Dr. Murphy's commentary on the '*unwelcome consequences of guideline authorship*'<sup>1</sup> ('*Montgomery is missing from RCOG's Assisted Vaginal Birth guideline*'),<sup>2</sup> and director of one of the organisations that submitted comments during the Royal College of Obstetricians and Gynaecologists' consultation, I would appreciate the opportunity to clarify my involvement and position in the matters described, to avoid potential misinterpretations or assumptions where individuals and organisations have not been named.

Dr. Murphy mentions 'individuals who... believe that forceps should be abolished entirely', and informs readers this view 'was reflected in one submission... from a patient advocacy organisation who suggested that planned caesarean section should be recommended to women as a means of avoiding AVB.' She then notes that our *Montgomery* letter<sup>2</sup> 'repeated the same point about planned caesarean section they had made during the consultation process.' For the record, the submission from my voluntary organisation, Caesarean Birth, did not suggest forceps should be abolished, and proposed offering, not recommending, planned caesareans.

I disagree with Dr. Murphy's assertion that our letter was 'hostile', and we stand by the concerns expressed therein. However, where I do agree with Dr. Murphy is in relation to the irrefutable challenge 'of reconciling polarised views'. While our criticism of the RCOG guideline may be perceived as 'an agenda' to 'undermine authors', it may also be perceived as a sincere effort to influence a hegemonic shift in maternity services in the face of unprecedented maternity litigation resulting from avoidable harm. These views may never be fully reconciled, but I believe we all share the same goal of improving health outcomes. Moreover, the RCOG has responded to criticism of its assisted vaginal birth and caesarean birth recommendations in the past; initially removing them from its website temporarily, and then permanently, five years later.<sup>3</sup>

Last year, the University of Aberdeen was awarded almost 1 million GBP to develop a novel decision aid, to be offered to all women, for planning mode of birth.<sup>4</sup> In my view, the option of planned caesarean birth should not be reserved for obstetricians or women who initiate discussions, as this does not constitute equitable care. Language in maternity services is changing too. While Dr. Murphy refers to 'caesarean section', both

the RCOG and National Institute for Health and Care Excellence (NICE) adopted ‘caesarean birth’ for their respective 2021 guideline and 2022 *Considering a caesarean birth* publications.

Finally, when Dr. Murphy highlights the lack of remuneration for guideline authors, she echoes my own experience of countless hours in unpaid consultation; barring one significant difference. Only authors have the privilege of determining the final version. We also concur on the importance of providing stakeholders the opportunity for public debate. Prior to reading Dr. Murphy’s commentary, I was not aware of the complaint she received, and certainly support individual safeguarding as we all navigate the inevitable disagreements ahead. Nevertheless, open channels of communication and consultation remain a valuable and indispensable method to examine, and in some cases disrupt, established ways of thinking, and they must not be diminished.

## References

1. Murphy DJ. The unwelcome consequences of Guideline authorship. *BJOG* 2023;00:1-2.
2. McDonagh Hull PM, Thomas K, Skinner E, Dawes A, Christensen P. Re: assisted vaginal birth: green-top guideline no. 26: Montgomery is missing from RCOG’s assisted vaginal birth guideline. *BJOG* 2020;127(10):1297–8.
3. Weston N. *Making sense of commissioning Maternity Services in England – some issues for Clinical Commissioning Groups to consider* . Royal College of Obstetricians and Gynaecologists, 14 August 2012.
4. Scientists awarded £1million to help women make childbirth choices. University of Aberdeen, 27 September 2022. <https://www.abdn.ac.uk/news/16386/>. Accessed 5 June 2023.