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|  | | **Please read the checklist for submitting comments at the end of this form.** We cannot accept forms that are not filled in correctly or arrive after the deadline.  In addition to your comments below, we would like to hear your views on these questions:   1. Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?   [Developing NICE guidance: how to get involved](https://www.nice.org.uk/process/pmg22/chapter/introduction) has a list of possible areas for comment on the draft scope. | |
| Organisation name – Stakeholder or respondent  (if you are responding as an individual rather than a registered stakeholder please leave blank): | | Pelvic Partnership | |
| Disclosure  Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry. | |  | |
| Name of person completing form: | | Jennifer Campbell (co-ordinator) | |
| Type | | [for office use only] | |
| **Comment**  **No.** | Page  number  or **‘general’** for comments on the whole document | **Line**  **number**  or **‘general’** for comments on the whole document | Comments Insert each comment in a new row.  Do not paste other tables into this table, as your comments could get lost – type directly into this table. |
| 1 | General | General | We welcome the opportunity to provide comment on this draft guideline scope of the Intrapartum care for healthy women and babies guideline, to ensure the most responsive and considerate maternity care provided. The ongoing focus on assessing the women’s experience of labour and birth in making this analysis is particularly welcome. |
| 2 | 13 | 21-25 | We welcome further guidance on labouring positions for women in the second stage of labour, with and without an epidural in situ.  For many women with pregnancy-related pelvic girdle pain (PGP), it is important to encourage positions where the woman can comfortably move her legs apart without causing severe pain. This can have a significant impact on their pain during labour, and on their recovery from PGP postnatally.  We find that positions that work better for women with PGP include kneeling or on all fours, standing or leaning forward or lying on her side with the top leg supported. We consider these positions should also be continued even if fetal monitoring is taking place.  Water births are also recommended for women with PGP; as well as the relief from pain, labouring and birthing in water allows the woman to maintain control over her legs and reduce the chances of aggravating her PGP.  We consider that the lithotomy position should be particularly avoided as much as possible for women with PGP, to avoid extra strain on their pelvis.  When the woman has an epidural, it is even more important to suggest labour and birthing positions that offer support and don’t risk exacerbating the woman’s PGP, because she will have no control over her movements and therefore what positions her body is moved into. At this point, the woman with PGP may be at risk of severe pelvic dysfunction if her PGP is not taken into consideration. |
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| **Checklist for submitting comments**   * Use this comment form and submit it as a **Word document (not a PDF)**. * Complete the disclosure about links with, or funding from, the tobacco industry. * Include **page and line number (not section number)** of the text each comment is about. * Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation**. * Do not paste other tables into this table – type directly into the table. * Ensure each comment stands alone; do not cross-refer within one comment to another comment. * **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.** * **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted. * Spell out any abbreviations you use * For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline. * **We do not accept comments submitted after the deadline stated for close of consultation.**   **Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.  Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.  **Data protection**  The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.  By submitting your data via this form you are confirming that you have read and understood this statement.  For more information about how we process your data, please see our [privacy notice](https://www.nice.org.uk/privacy-notice). |