



Maternity Education Program

Undiagnosed Breech

Participant Resource Kit

CSDS



Clinical Skills Development Service



Maternity Education Program

The resources developed for MEP (Maternity Education Program) are designed for use in any Queensland Health facility that care for patients/women who are pregnant/birthing or postnatal. Each resource can be modified by the facilitator and scaled to the needs of the learner as well as the environment in which the education is being delivered, from tertiary to rural and remote facilities.



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Breech – Participant Resource Kit

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Who is this resource kit for?

This resource kit provides healthcare workers with knowledge and skills on assessing and managing an undiagnosed breech presentation during labour and birth.

Target audience

Midwifery and medical staff providing maternity care

Duration

45 mins – including simulation and debrief (15 min set up not included)

Group size

Suited to small groups (6 – 8)

Learning objectives

By the end of the session the learner should be able to:

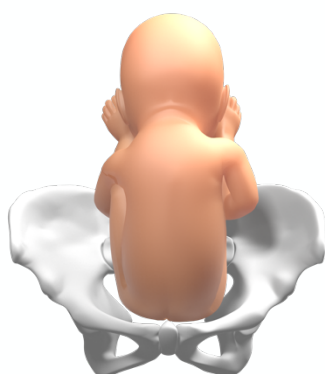
- Prepare resources to manage a safe vaginal breech birth.
- Provide appropriate information and support for a woman with a breech presentation, and her support person.
- Manage a breech birth.
- Prepare for a possible neonatal resuscitation.

Supporting documents

1. Interactive 3D animation tool and 2D pictures
2. Undiagnosed breech simulation



Overview



Breech presentation is when the fetus is lying longitudinally with its bottom and/or feet presenting first to the lower part of the mother's uterus.

Babies in a breech presentation during labour and vaginal delivery are at increased risk compared to babies in a cephalic presentation. This is because the largest part of the baby - the baby's head - presents last which may lead to complications during the birth process.

Caesarean section is often recommended as a safer method of birth for a breech presentation, but it also carries risks for the mother both immediately and for future pregnancies.

While vaginal breech birth may be safely completed, women need to be carefully selected for their suitability, and thoroughly counselled. They need to labour and birth where appropriate facilities and personnel are available (1).

Breech presentation occurs in 3–4% of term deliveries and is more common in preterm deliveries and nulliparous women. Breech presentation is associated with uterine and congenital abnormalities and has a significant recurrence risk. Term breech presentations tend to have a poorer outcome than cephalic presenting babies, irrespective of the mode of delivery.

A large reduction in the incidence of planned vaginal breech birth followed publication of the Term Breech Trial. Nevertheless, many babies continue to be born via vaginal breech delivery. Lack of practitioner experience has led to a loss of skills essential for these deliveries (2).

Types of breech presentation (see page 5):

- Frank breech (50-70%) - hips flexed, knees extended
- Complete breech (5-10%) - hips flexed, knees flexed
- Incomplete (10-30%) - one or both hips extended, foot presenting or knee presenting.

Obstetric Emergency is any clinical situation involving a maternity patient where immediate medical/ midwifery assistance is required.

Further readings and resources

Management of breech presentation at term	
Author	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
Link	https://ranzcof.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Management-of-breech-presentation-at-term-(C-Obs-11)-Review-July-2016.pdf?ext=.pdf
Management of Breech Presentation, Green-top Guideline No. 20b	
Author	Royal College of Obstetricians & Gynaecologists
Link	https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.14465
Fetal Presentation, Pregnancy Care Guideline	
Author	Australian Government Department of Health
Link	https://www.health.gov.au/resources/pregnancy-care-guidelines/part-j-clinical-assessments-in-late-pregnancy/fetal-presentation



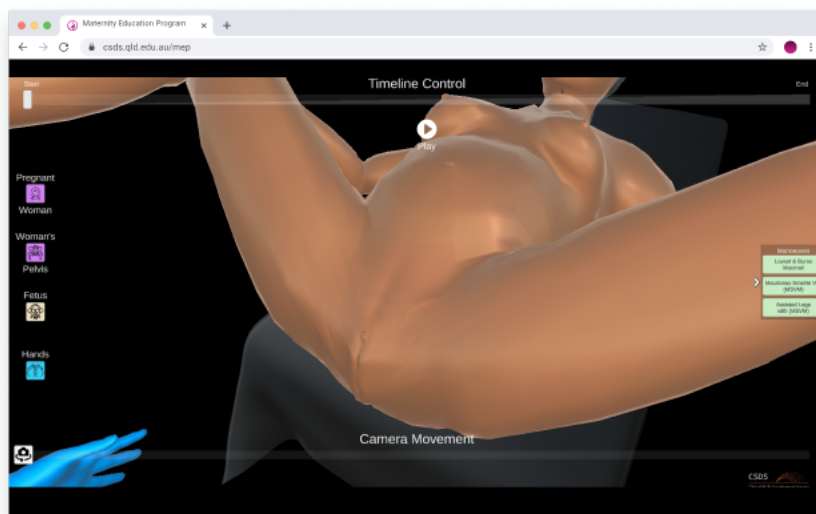
Emergency Management

Interactive 3D animation tool

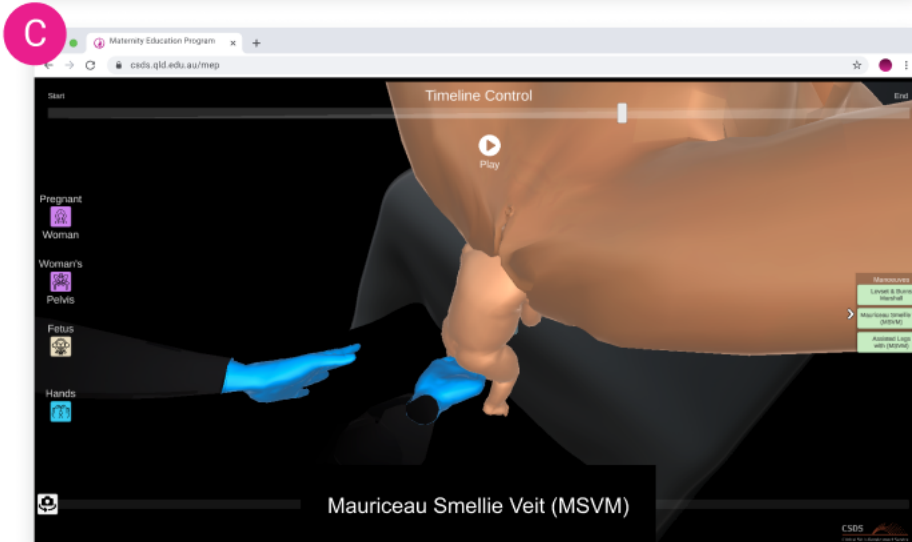
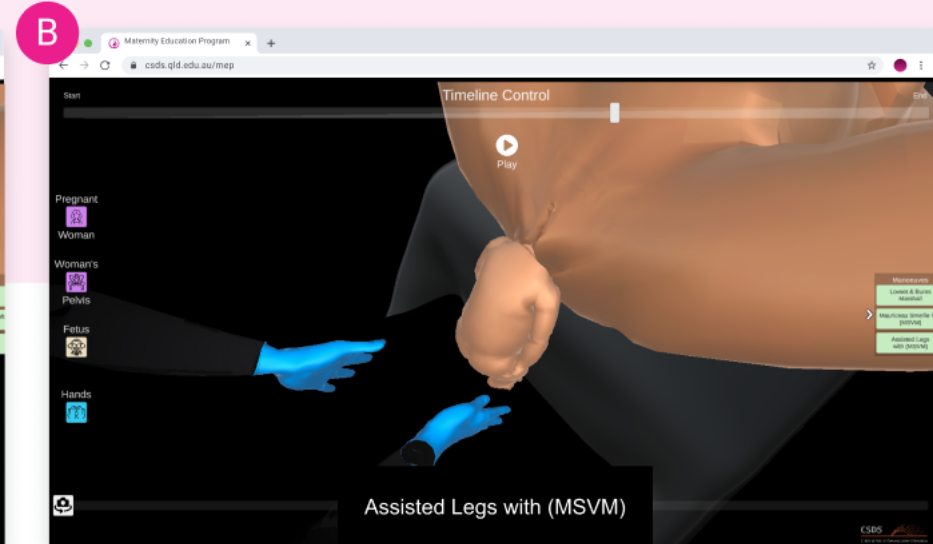
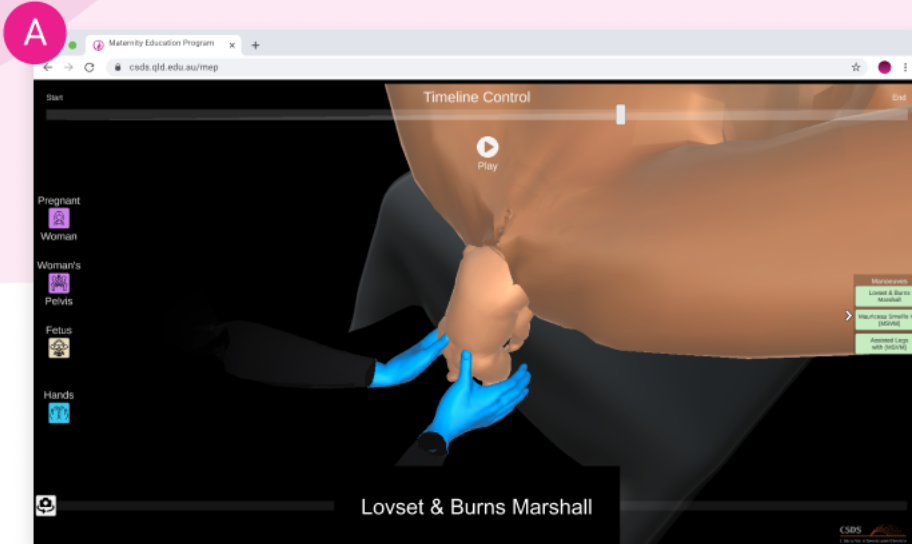
The interactive 3D animation tool was developed so it can be used as a training aid to teach the mechanisms and manoeuvres of a vaginal breech birth.

This interactive animation requires a modern browser capable of running WebGL. To check if your browser supports WebGL, visit <https://get.webgl.org/>.

Access the tool via <https://bit.ly/2GlXy6a>.



Notes on the interactive 3D animation


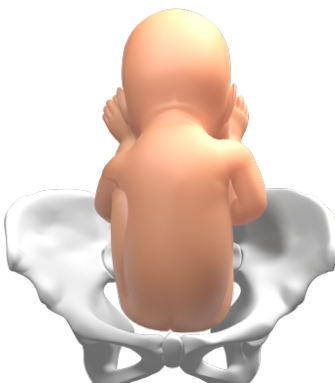


In vaginal breech birth, allow as much spontaneous delivery by uterine action and maternal effort as possible. Intervention should be limited to manoeuvres designed to correct any deviation from the normal mechanism of delivery.

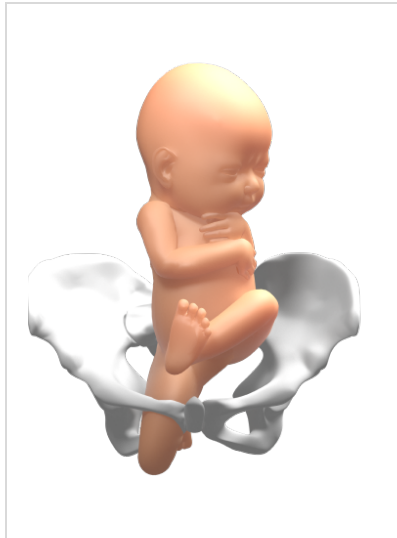
After the delivery of fetal arms:

- The fetal body should be allowed to hang from the vulva for a few seconds until the nape of the neck (hairline) is visible at the anterior vulva this flexes the head to allow descent. Please refer to screen captures A, B, and C.
- Once the fetal occiput has descended underneath the symphysis, the head may be delivered.

Breech presentations

 <p>Sacrum Posterior Position (SPP)</p>	 <p>Sacrum Anterior Position (SAP)</p>	<p>Frank Breech</p> <p>A frank breech is the most common breech presentation especially at full term. Of the 3-4 % of term breech births, the fetus is in the frank breech position 50-70 % of the time.</p> <p>A frank breech is when the fetus' bottom is presenting, and the legs are straight up, with the feet near the head.</p>
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	<p>Complete Breech</p> <p>Complete breech is when both of the fetus' knees are bent and the feet and bottom are closest to the birth canal. Presents in 5 – 10% of the breech presentations.</p>
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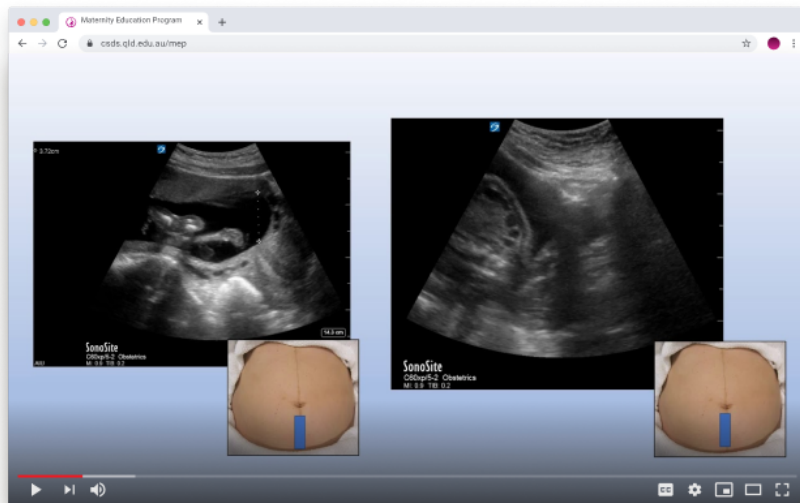


Incomplete – Kneeling Breech, Footling Breech

Incomplete breech is when one of the knees of the fetus is bent and the foot and bottom are closest to the birth canal. Presents in 10 – 30% of the breech presentation.

Online video about vaginal breech birth

Watch Obcast’s online video about vaginal breech birth at <https://bit.ly/3kTulhU>. This video is flagged as age-restricted and requires a viewer to sign in to confirm their age.



! Age-restricted video. Please sign in your Youtube account to confirm your age.



References

This resource kit has been inspired by the Optimus BONUS project of the Children’s Health Queensland’s “Simulation Training Optimising Resuscitation for Kids” service. To find more information about STORK and their Optimus project, visit their website at

<https://bit.ly/3km1wcZ>.

1. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. RANZCOG. [Online].; 2016 [cited 2020 8 11]. Available from: [https://ranzcof.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Management-of-breech-presentation-at-term-\(C-Obs-11\)-Review-July-2016.pdf?ext=.pdf](https://ranzcof.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Management-of-breech-presentation-at-term-(C-Obs-11)-Review-July-2016.pdf?ext=.pdf).
2. Royal College of Obstetricians and Gynaecologists. RCOG. [Online].; 2017 [cited 2020 10 9]. Available from: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg2ob/>.

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<https://www.surveymonkey.com/r/Z8Q398N>



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