

Maternity - Supporting Women Planning a Vaginal Breech Birth

Summary This document provides LHDs with guidance to establish a planned vaginal breech birth service. LHDs are also encouraged to ensure that a consultation and referral process is in place within their tiered maternity network for women who may choose this birth option.

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MATERNITY – SUPPORTING WOMEN PLANNING A VAGINAL BREECH BIRTH

PURPOSE

This Guideline provides guidance to Local Health Districts (LHDs) to establish a planned vaginal breech birth service in order to ensure all women have access to this birth option. Alternatively, LHDs are encouraged to ensure that a consultation and referral process is in place for access to vaginal breech birth within their Tiered Maternity and Neonatal Network.

KEY PRINCIPLES

Local and international guidelines support the provision of vaginal breech birth in selected circumstances. For women with a singleton breech presentation at term, research has demonstrated that in maternity units with policies and guidelines to direct clinical care, there is no significant excess additional risk associated with planned vaginal birth compared with planned caesarean section.

USE OF THE GUIDELINE

Access to a supportive vaginal breech birth service within NSW is limited. It is an obligation of NSW Health to provide women with birthing options that offer appropriate safety controls and processes within a tiered network of maternity services. Consultation, referral and transfer processes should be in place to ensure all women are provided with the option of vaginal breech birth.

To ensure the best outcomes for mothers and babies, vaginal breech birth should be managed in services with expertise in this birth option, including support for informed decision making. Information should be provided on the benefits and risks, both for current and future pregnancies, of planned caesarean section versus planned vaginal birth for breech presentation at term.

REVISION HISTORY

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ATTACHMENTS

1. Maternity – Supporting Women Planning a Vaginal Breech Birth: Guideline.

**Maternity - Supporting Women Planning a Vaginal
Breech Birth**



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1 BACKGROUND

1.1 Background information

Breech presentation occurs in 3-4% of singleton pregnancies that reach 37 weeks gestation. The optimal mode of birth for a baby in breech presentation has been the subject of much debate and vaginal breech birth numbers have steadily declined since the year 2000. In 2010, 87.0% of breech presentations were born by caesarean section (CS) in Australia.¹ Consequently, midwifery and obstetric exposure in the management of vaginal breech birth has significantly diminished.

Local and international guidelines support the provision of vaginal breech birth in selected clinical circumstances.^{2,3} For women with a singleton breech presentation at term, research has demonstrated that in maternity units with policies and guidelines to direct clinical care, there is no significant additional risk associated with planned vaginal birth compared with planned caesarean section.^{4,5,6}

1.2 About this document

Access to a supportive vaginal breech birth service within NSW is limited. It is recognised that some women will opt for a vaginal breech birth despite the literature suggesting a slightly increased risk of perinatal mortality and short term morbidity compared with caesarean section^{7,8,9}, although this additional risk is not considered significant and the absolute risk remains small.⁹ Given some women may choose the option of a vaginal breech birth, Local Health Districts (LHD) should provide support for women and/or services to facilitate access to this care.

As outlined in [GL2016_018 NSW Maternity and Neonatal Service Capability Framework](#) Tiered Maternity and Neonatal Networks in NSW should have consultation, referral and transfer processes in place to ensure all women with a breech presentation have access to the option of external cephalic version and vaginal breech birth. For further guidance about the management of ECV clinicians should refer to [GL2016_024 Maternity - External Cephalic Version](#).

To ensure the best outcomes for mothers and babies, vaginal breech birth should be managed in services with expertise to manage this birth option and support services as described in [section 2.2](#) including support for informed decision making. Information should be provided on the benefits and risks, both for current and future pregnancies, of planned caesarean section versus planned vaginal birth for breech presentation at term.³

1.3 Scope of this document

This document provides guidance to LHDs who are seeking to establish a planned vaginal breech birth service. Alternatively, LHDs who are not in a position to establish a vaginal breech service are encouraged to ensure that a consultation and referral process is in place within their Tiered Maternity Network for women who may choose this option for birth.

1.4 Related documents

This document should be read in conjunction with the following most recent revision of:

- [NSW Health Midwifery Continuity of Carer Model Toolkit October 2012](#)
- [PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating.](#)
- [NSW State Health Plan: Towards 2021](#)
- [PD2010_045 Maternity - Towards Normal Birth in NSW](#)
- [PD2010_022 Maternity - National Midwifery Guidelines for Consultation and Referral](#)
- [GL2016_001 Maternity - Fetal Heart Rate Monitoring](#)
- [PD2009_003 Maternity - Clinical Risk Management Program](#)
- [IB2008_002 Fetal Welfare, Obstetric Emergency, Neonatal Resuscitation Training](#)
- [GL2017_007 Maternity - External Cephalic Version](#)
- [GL2016_018 NSW Maternity and Neonatal Service Capability Framework](#)
- [NSW Health Guide to Role Delineation of Clinical Services February 2016](#)

1.5 Key definitions

Tiered Maternity and Neonatal Network	Tiered Maternity and Neonatal Networks ('Tiered Networks') provide an integrated networked range of services within and across LHDs to meet the choices and needs of women and their newborns. Tiered Networks ensure systems are in place to enable women and their newborns to move seamlessly between maternity and neonatal services when the care they require is not available locally.
Service Capability	Service capability describes the planned activity and clinical complexity that a facility is capable of safely providing.

2 VAGINAL BREECH SERVICE REQUIREMENTS

There are a number of issues to be considered prior to the establishment of a vaginal breech birth service.¹⁰ in line with [GL2016_018 NSW Maternity and Neonatal Service Capability Framework](#). Important considerations include:

- Leadership and support to establish the service at a local level
- Skilled clinicians (obstetric, midwifery and paediatric)
- Staff training
- Operating theatres and anaesthetic staff
- Ultrasound services
- Pathology services
- Electronic fetal heart rate monitoring (EFM)
- Supportive birthing environment and equipment for alternative birthing positions
- Ability of the service to audit and present outcomes.

2.1 Developing and implementing the vaginal breech birth service

Strong clinical obstetric and midwifery leadership and commitment is essential to establish a well-functioning service. In order to achieve this aim, it is recommended a local Steering Committee and Working Party be established to guide the development of a vaginal breech birth service.

2.1.1. Establishment of a steering committee

The role of the Steering Committee is to engage with key stakeholders to provide higher level support; governance over the Working Party; and oversight of the development process and the initial stages of implementation. Suggested membership of the Steering Committee is as follows:

- Obstetric and Midwifery departmental leaders from the Tiered Maternity and Neonatal Network
- LHD Executive and Clinical Governance Unit representation
- Chair of the Working Party
- Consumer representation.

2.1.2 Working party and implementation

The Working Party is responsible for the development and implementation of the new service. Responsibilities include developing a project plan, procedural documentation and establishing a process for risk assessment prior to commencement of the new service. Further guidance for this process can be found in the [NSW Health Midwifery Continuity of Carer Model Toolkit kit](#).

This Working Party should have representation from obstetric and midwifery clinical leaders, from the unit where the vaginal breech service is to be established. Representation should also be sought from consumers. Through the Working Party Chair, this group is responsible for reporting progress back to the Steering Committee. An important function of the Working Party is to consult widely with clinicians who will be impacted by the new service e.g. midwives and obstetricians providing intrapartum care.

The Working Party will be required to conduct a process of risk assessment that includes identification of model components, associated risks and strategies to mitigate risks in line with [PD2009_003 Maternity - Clinical Risk Management Program](#).

2.2 Key elements for a well-functioning vaginal breech service

2.2.1 Clinical supports

Care should be provided in a maternity service which has the service capability in line with [GL2016_018 NSW Maternity and Neonatal Service Capability Framework](#) to ensure immediate and timely access to:

- An operating theatre available to perform emergency caesarean section
- Pathology services
- Portable ultrasound and cardiotocography (CTG)
- Neonatal / paediatric care staffing to support the planned vaginal breech birth service.

2.2.2 Staffing

An on-call roster system for intrapartum care is essential for a well-functioning vaginal breech birth service. This system will include on-call obstetricians 24 hours a day, 7 days a week to provide advice and direction during intrapartum care and to attend the birth.

The role of senior staff should also include a commitment to the training of obstetric registrars and midwives to increase skills in vaginal breech birth as described in [Section 2.3.2](#).

Paediatric specialist attendance may be required at birth, as per local guidelines.

Consideration should be given to a service delivery model that ensures:

- A philosophy of support for vaginal breech birth
- Midwifery and obstetric continuity of care for women
- Ongoing support for staff development
- Safe management of risk.

2.2.3 Training for obstetricians and midwives

- A mentoring system of training in vaginal breech birth is recommended to increase and maintain clinicians' knowledge and skills, to provide support and enhance sustainability of the service.
- Training in the clinical management of a vaginal breech birth is covered in the Fetal welfare Obstetric emergency Neonatal resuscitation Training (FONT) mandatory training day in line with [IB2008_002 Fetal Welfare, Obstetric Emergency, Neonatal Resuscitation Training](#).

2.2.4 Continuous one-to-one midwifery care in labour

Continuous one-to-one midwifery care in labour, ideally with a midwife known to the woman, should be provided for all women with a breech presentation in line with [PD2010_045 Maternity – Towards Normal Birth](#).

2.2.5 Provision of an enabling birth environment

The birth environment and staffing attitudes should promote a woman's confidence and reduce her fear. It is recommended that the birthing environment supports women to mobilise, use water immersion for pain relief (where appropriate fetal monitoring equipment allows) and adopt a range of positions for labour and birth.

2.2.6 Fetal welfare assessment in labour

Continuous EFM is recommended in labour for breech presentation in line with [GL2016_001 Maternity - Fetal Heart Rate Monitoring](#). In situations where it is not possible to acquire a good quality fetal heart rate (FHR) pattern with an external electrode, an internal electrode may be considered to be applied on the baby's buttocks. Breech presentation is not a contraindication for internal electrode application. The electrode needs careful placement over the fetal bony sacrum or buttocks immediately below the bony sacral area, avoiding the ano-genital region. Current evidence does not support Fetal Blood sampling from the buttocks.²

2.2.7 Review and audit

The monitoring of outcomes of a vaginal breech birth service is important to provide information that describes management against measurable and definable outcomes. Vaginal breech birth outcomes should be included in monthly perinatal review meetings and discussed routinely as part of overall service evaluation. Data items should be routinely collected and evaluated using current maternity data systems.

2.2.8 Neonatal wellbeing following breech birth

Following a breech birth, local procedures for neonatal wellbeing assessments should be in line with [PD2008_027 Maternity - Clinical Care and Resuscitation of the Newborn Infant](#) and for emergency obstetric and neonatal referrals in line with [PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating](#).

It is recommended that a hip ultrasound be performed on the baby at six weeks of age this should be documented in the neonatal discharge summary. The importance of this follow up assessment should be communicated to parents.

2.3 Supporting the woman to access vaginal breech birth

2.3.1 Suitability for vaginal breech birth

There are a number of clinical features that enhance the success of a vaginal breech birth. These clinical features include, but are not limited to, the baby being in a frank breech position, multiparity, estimated fetal weight 2.5 kg and 4kgs, head circumference up to 35cm, gestation <40 weeks and spontaneous labour.⁶

2.3.2 Access to vaginal breech birth

In some situations women will be booked at hospitals where a vaginal breech birth is not an option. In these circumstances, if the woman wishes and the clinical features favour a vaginal breech birth, women should be offered the opportunity to attend a hospital that does provide a vaginal breech birth service in line with [GL2016_018 NSW Maternity and Neonatal Service Capability Framework](#)

2.3.3 Comprehensive communication with the woman

Women with a breech presentation at term should be offered comprehensive information regarding all birth options in order to facilitate informed decision making. The information provided should be consistent and easy to understand. The consumer information brochure [Breech Baby at Term: Information about your care options](#) is available on the NSW Health website.

Adequate time should be provided to enable a comprehensive discussion with the woman regarding her options. The PREPARED mnemonic provides a framework for these discussion points (see [Appendix 1](#)).¹¹ An interpreter should be engaged for women who are not fluent in English or who are hearing impaired.

Clinicians should access reliable and current sources of evidence to enable an informed discussion. Suggested sources include recently published clinical practice guidelines such as the [Royal Australian and New Zealand College of Obstetricians and Gynaecologists](#). For further reading please see the reference list.

All documentation in the woman's medical record should be in line with [PD2012_069 Health Care Records - Documentation and Management](#). Documentation should include the details of the discussion, options presented to the woman and the agreed management plan.

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4 APPENDICES

Appendix 1: PREPARED mnemonic adapted for counselling and discussion with a woman regarding breech birth. ¹¹

Mnemonic	Topics for Discussion
P rocedure	Discuss and assess the woman's suitability for vaginal breech birth
	Explain the potential transfer of care to a facility with a vaginal breech service
	Discuss aspects of birth that will be particular to the management of a vaginal breech birth such as <ul style="list-style-type: none"> • Continuous intrapartum EFM • Monitoring of labour progress • paediatric support at birth
R eason ²	Explore and understand the woman's request
E xpectation	Explore the woman's expectations and concerns
P robability	Explain the likelihood that the outcome (vaginal breech birth) will be achieved
A lternative	Discuss birth options: planned / emergency caesarean section
R isks ³	Discuss risks of adverse outcome in relation to vaginal breech birth compared to planned caesarean section
E xpense	Individual circumstances may incur additional costs (e.g. travel and accommodation)
D ecision	Comprehensive and contemporaneous documentation of the discussion