

DECISION-MAKING FOR BREECH BIRTHS

Decision Point #1: DIAGNOSIS of breech presentation at or near Term

Your midwife or doctor may diagnose breech presentation by palpation, and recommend further investigations such as ultrasound. Your decision—yes or no—will lead to the next Decision Point.

Decision Point #2: PLAN for VBB or VBD

Consider the capacity for vaginal breech birth (VBB) or delivery (VBD) at your intended place of birth; the skill and willingness of your primary maternity care team to proceed, and access to emergency obstetric and neonatal care if required. Consider the possibility of changing to another maternity service that is more able to support you.

Decision Point #3: ATTEMPT ECV

You may consider attempt(s) at external cephalic version (ECV), or non-medical strategies (see www.spinningbabies.com/).

As the time for birth approaches, your baby may be presenting cephalic (head first), or the breech presentation may persist. Await spontaneous onset of labour.

Decision Point #4: Onset of labour

Your midwife or doctor will advise you of recommended ‘boundaries’, such as gestational age of your baby, pre-labour rupture of membranes, and changes in your own or your baby’s condition.

Decision Point #5: Progress in labour

Your professional team will monitor your progress, and your baby’s wellbeing, as labour becomes established.

In summary, the progression of vaginal breech birth, or a medically assisted breech delivery, is likely to include:

- spontaneous onset of labour
- usually no augmentation of labour by ARM (artificial rupture of membranes) or synthetic oxytocic drugs
- usually no pain medications or epidural anaesthetic
- For VBB, birth in the upright, active position of your choice, such as kneeling, supported squat, or on ‘all fours’
- For VBD, birth in lithotomy position, with a skilled doctor in attendance
- second stage (pushing) by maternal effort and spontaneous expulsion guided by the midwife or doctor, who will provide skilled assistance when indicated.

This information is intended for consumer guidance, and is not able to provide advice in an individual situation. Decisions should be made in discussion with the practitioner who is professionally responsible for your maternity care at the time.

Deskilling of midwives and doctors

In recent decades vaginal birth of babies presenting breech has been discouraged by many maternity services; most breech babies have been born by caesarean surgery. This has led to ‘de-skilling’ of midwives and doctors, and has increased the number of elective pre-labour caesarean births.

If you plan vaginal breech birth, the most significant feature is that you, the mother, are labouring spontaneously, and intending for your baby to be born spontaneously, unless there is a valid reason to interrupt the intuitive natural process.

The skill of your midwife or doctor who is taking professional responsibility at the time of birth, and that person’s respect for your decisions, is highly significant in achieving a safe birth.

If you are thinking about a spontaneous, un-medicated breech birth here are some important points to remember:

- If you go into spontaneous labour at or near Term, and have good progress with the baby moving down in your birth canal, then it is likely that your baby is going to birth well
- You and your baby work together to aid the mechanism of birth, and you will need to be upright and moving in labour. Your practitioner is there to watch and assist if required*.
- “Hands off a birthing breech” is the well-known chant of experienced practitioners. The baby should not be manipulated unless clinically necessary*. The doctor or midwife who understands breech birth may turn the baby to release the arms, or assist as the head is being born.
- If you do not labour well, or your baby does not move down deep into your pelvis, decisions will need to be made about subsequent management. Although augmentation is avoided if possible, there will be some situations in which it is appropriate. This plan requires expert assessment, and proceeding with caution.

* What is really ‘necessary’ or ‘required’ are crucial points of professional knowledge.

For more information, go to Breech Birth Australia and New Zealand, <http://www.breechbirth.net/>, check out the references and other resources listed at that site, and search for us on Facebook. See also the Breech Birth *INFOSHEET* in this series.

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