

Impact of a Dedicated Breech Clinic on the Incidence of Caesareans

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FERNANDEZ
H O S P I T A L

A unit of The **FERNANDEZ** FOUNDATION

Hyderabad, India

Overview

- Breech presentation occurs in 3-5% of singleton pregnancies after 37 weeks of gestation
- Term Breech Trial recommending universal Caesarean Section for breech at term and for failed ECV
- India, women are not offered the option, breech birth default
- Breech Births dying art

Definition

- A physiological breech birth is a vaginal breech birth
- The woman is encouraged to remain upright and active throughout her labour
- Assume the position of her choice for the birth, including upright postures
- PBB team care is provision of care from a PBB-proficient maternity care team member from the point of diagnosis of breech presentation after 36 weeks, until birth

Background

- Fernandez Hospital is a tertiary referral centre with 10,000 births annually across three sites providing maternity services
- Multi disciplinary physiological breech training by Shawn Walker in 2018
- Pathways and guidelines developed with dedicated breech team
- The breech clinic was introduced weekly in June 2019
- Previously, caesarean section was the option where ECV failed
- Most hospitals in India do not offer ECV

Methodology

- Retrospective case study of 68 mothers who attended breech clinic

- Time scale

June 2019 to March 2020

Pathway

- Information leaflets explaining the techniques of spinning babies
- Referral for spinning babies technique from 30 weeks
- ECV
- Evidence of breech
- Videos of physiological breech births shared by Shawn
- Transparency
- Consent

Leaflets

BREECH BIRTHS



VAGINAL BREECH AND BIRTH – ELECTIVE CAESAREAN COUNSELING AND INFORMATION

Mother's Name: _____ Age: _____ Date: _____

MRO: _____ EDD: _____ Current Gestation: _____ Gravida/Parity: _____

Consultant's Name: _____

Summary of Previous History to Care to date:

VAGINAL BREECH AND BIRTH – ELECTIVE CAESAREAN COUNSELING AND INFORMATION

Mother's Name: _____ Age: _____ Date: _____

MRO: _____ EDD: _____ Current Gestation: _____ Gravida/Parity: _____

Consultant's Name: _____

Caesarean birth increases the risk of complications in future pregnancies, including the risk of a repeat caesarean. An individual risk assessment should be made including consideration of the families future childbearing plans.	
If you attend the hospital in labour and the birth is near you may not be offered a caesarean birth as the risks are greatest to you and your baby and a vaginal breech birth may be the safest option at this point.	
<p>VAGINAL BREECH BIRTH Skilled birth attendants Having skilled birth practitioners at a vaginal breech birth is essential. At Fernandez Hospital, we operate a collaborative model of care which includes consultants, doctors and midwives. You will be cared for by some of the 'on call breech team'. This team includes all of the above professionals. All of them have undergone specific physiological breech birth training. You may not be cared for at the birth by your primary consultant but they will still be included in your care. Ideally, a member of staff you have already met at the breech clinic will be present but this is not always 100% possible.</p>	

Vaginal Breech and Birth – Elective Caesarean Counselling and Information

Breech Births Workshop by Dr Shawn Walker

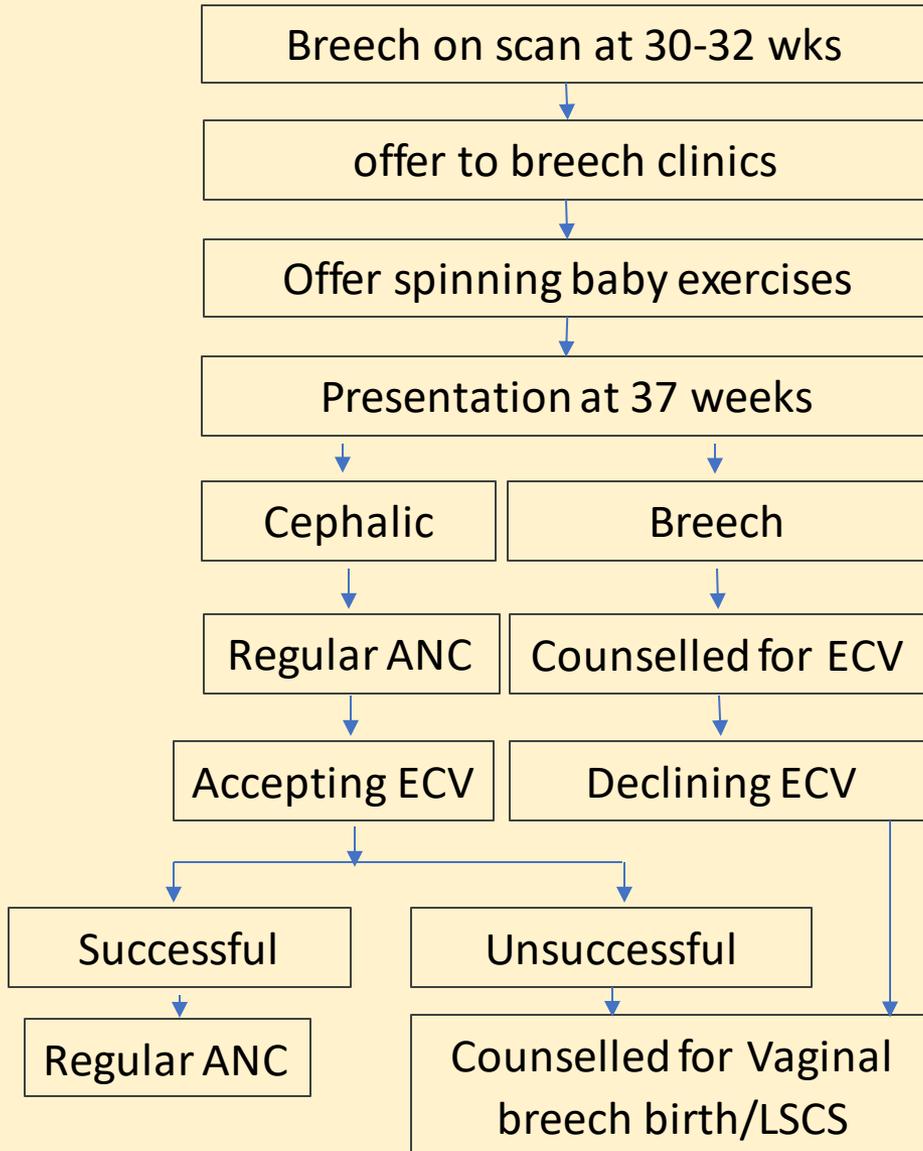


Management in Hospital of Term Breech Presentation

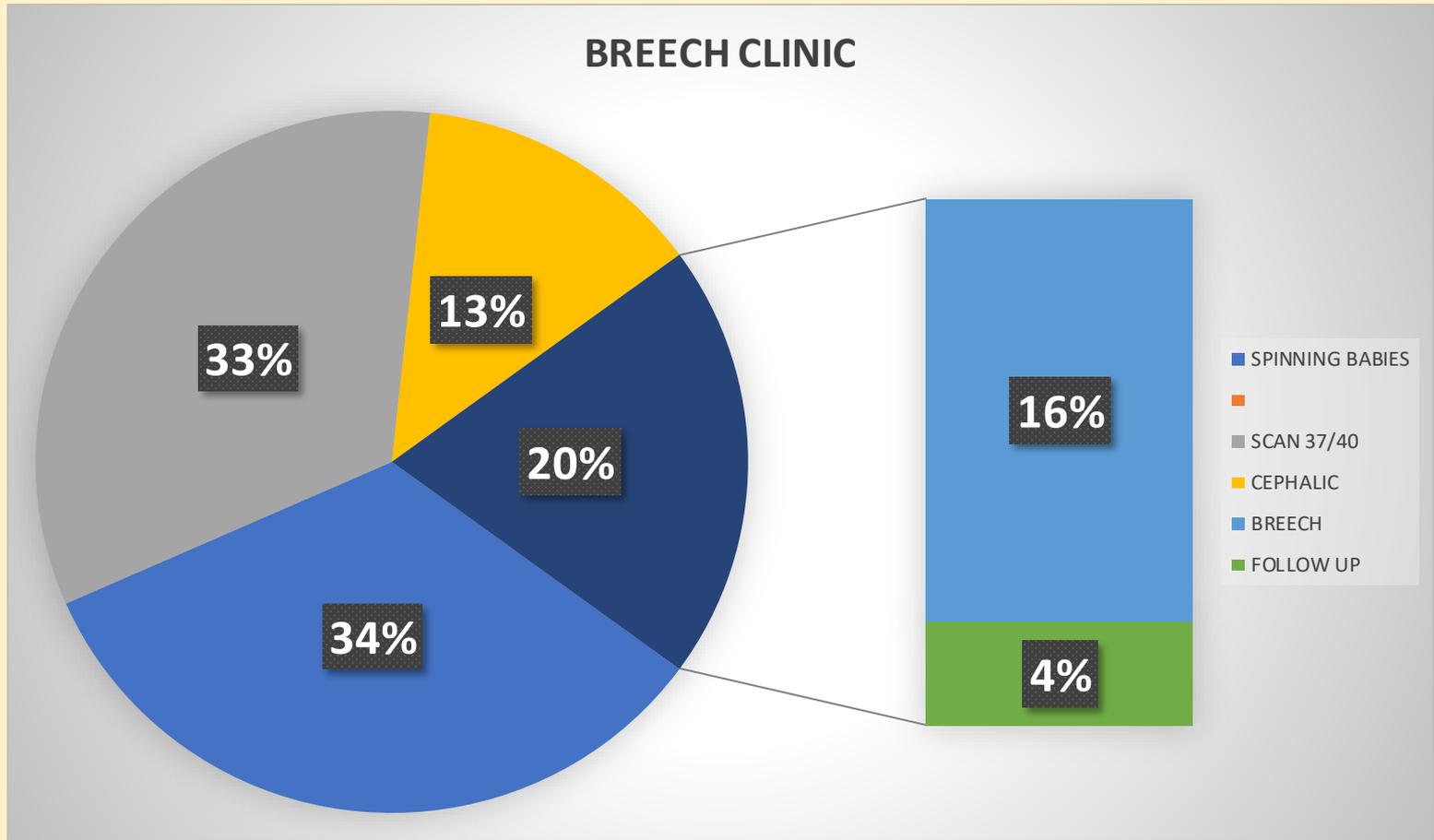
Vaginal Breech Delivery Proforma			
Date <i>dd/mm/yyyy</i>	Time <i>24 hours clock</i>	MRN NUMBER	
Consultant			
Person completing form (Scribe)	<i>Print name</i>	<i>Signature</i>	<i>Designation</i> <i>Date dd/mm/yyyy</i>
	<i>Tick when actioned</i>	<i>Time actioned as appropriate 24 hour clock</i>	
Time of Admission			
Consent in Breech Clinic Proforma	Yes/No		
Established Labour	Yes/No		
Breech team called	Yes/No		
Fetal Wellbeing			
CTG commenced	<input type="checkbox"/>		
Intermittent Auscultation/Doppler	<input type="checkbox"/>		
Maternal position			
Upright/Propped Up	<input type="checkbox"/>		
All Fours	<input type="checkbox"/>		
Lithotomy	Yes <input type="checkbox"/> No <i>Other detail</i>		
Episiotomy	Yes <input type="checkbox"/> No <i>Other detail</i>		
Progress	<i>Tick as appropriate</i>		
Full dilatation confirmed	<input type="checkbox"/>		
Onset of active pushing	<input type="checkbox"/>		
Position in second stage	<input type="checkbox"/>		
Manoeuvres Physiological/Traditional	<i>Tick as appropriate</i>	<i>Time actioned as appropriate 24 hour clock</i>	
Prayer Hand	<input type="checkbox"/>		
Bum Lift	<input type="checkbox"/>		
Running Position	<input type="checkbox"/>		
Chess Press	<input type="checkbox"/>		
Delivery of buttocks	<input type="checkbox"/>		
Legs (popliteal pressure)	<input type="checkbox"/>		
Scapula visible	<input type="checkbox"/>		
Arms (Lovsetts)	<input type="checkbox"/>		
Nape of neck	<input type="checkbox"/>		
Head (Mauriceau-Smellie-Viet manoeuvre)	<input type="checkbox"/>		
Forceps			
Umbilical Cord Visible	<input type="checkbox"/>		
Time of Umbilical Cord visibility to birth			
Birth	<i>Add time 24 hour clock</i>		
Time of birth			
Neonatal Condition	<i>Tick as appropriate</i>	<i>Time actioned as appropriate 24 hour clock</i>	
Apgars @	1 min: 5 min: 10 min:		
Resuscitation	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Attach cord gas results on reverse	<input type="checkbox"/>		
Admitted to NICU	<i>Tick as appropriate</i>	<i>Time actioned as appropriate 24 hour clock</i>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Admission			

Term Breech Presentation : Management in Hospital

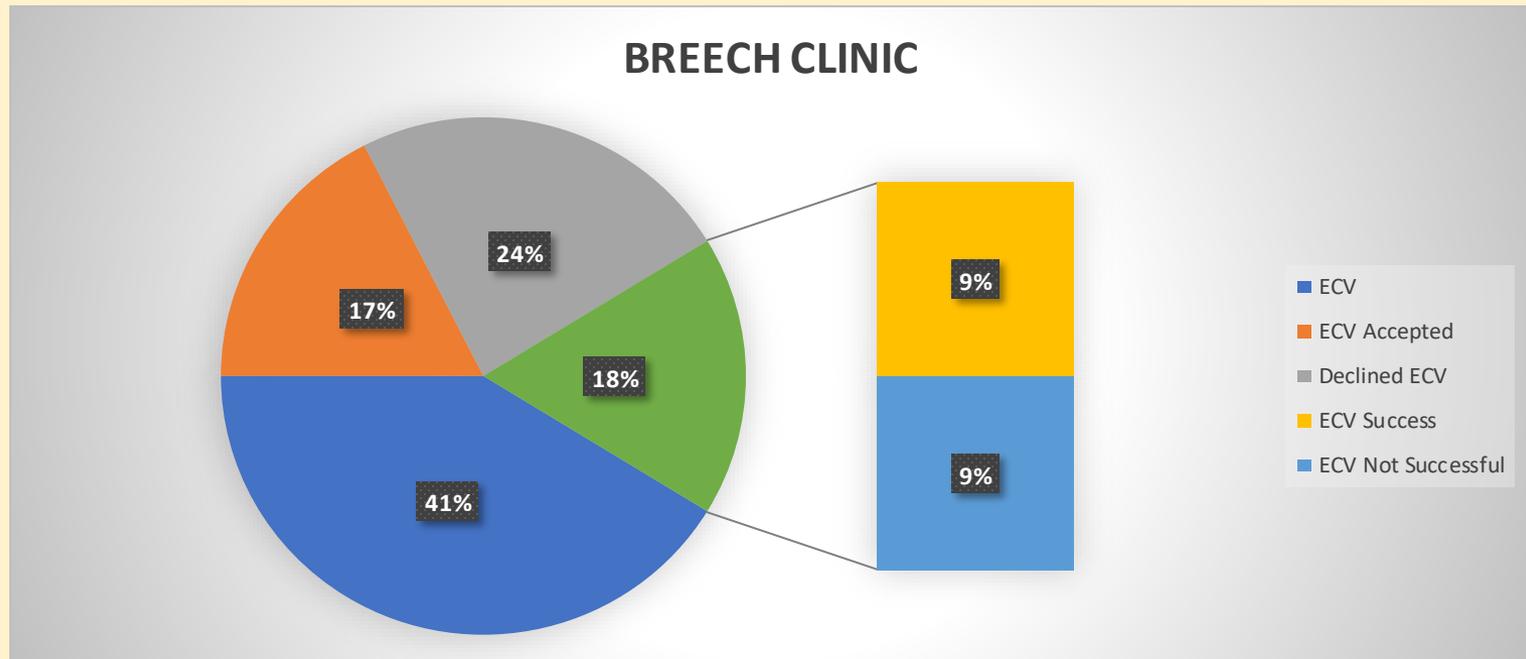
Term Breech Presentation : Management in Hospital



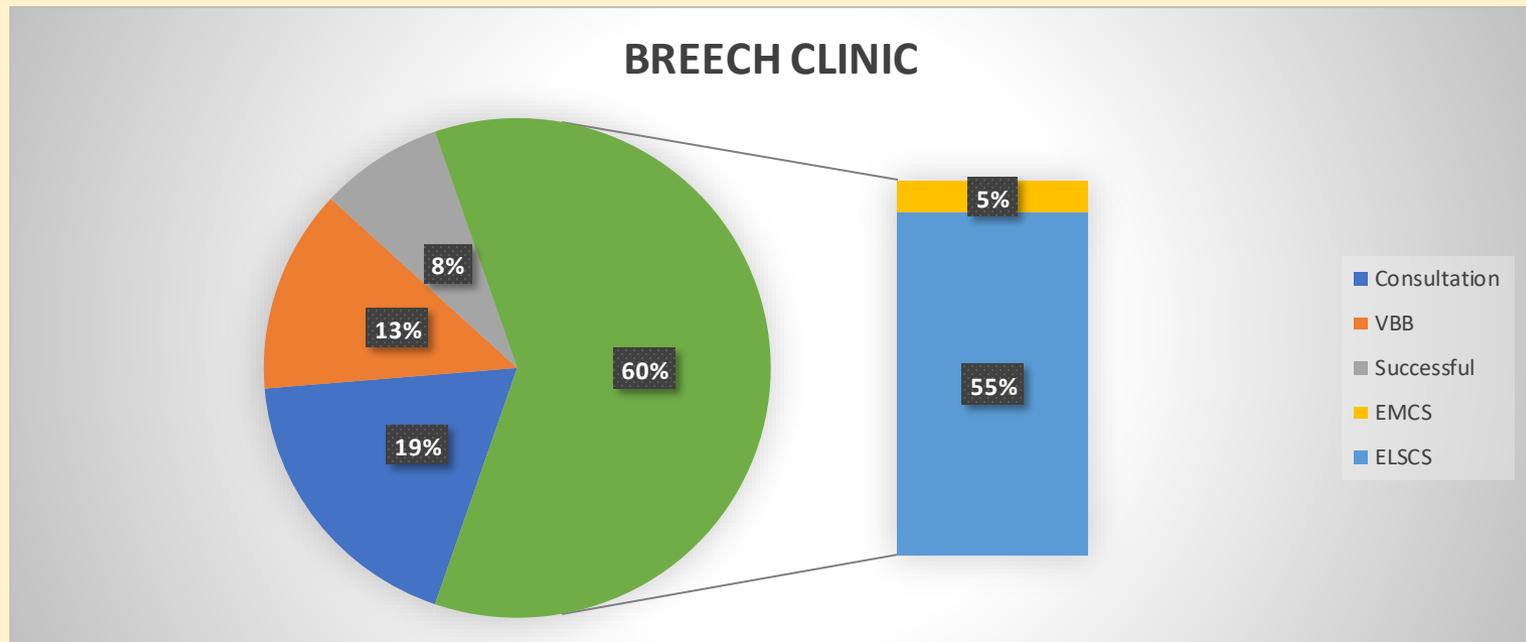
Spinning Babies

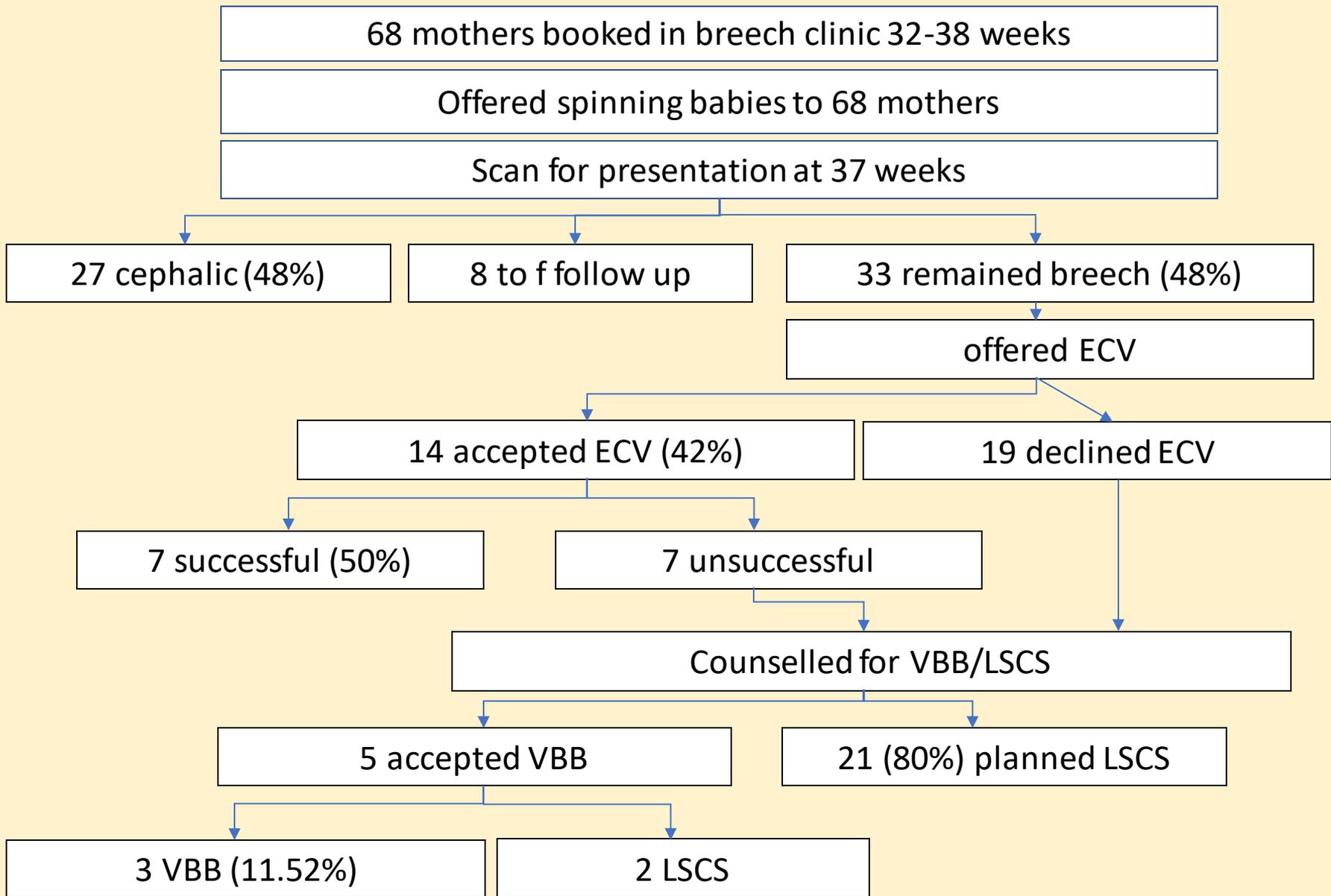


ECV



Outcomes





Betty Ann Davis MA, RM Fernandez, India 20.02.2020



Outcomes

- 11% ↓ CS
- No adverse neonatal outcomes
- Women's satisfaction ↑



Recommendations

- All Maternity units in India need a dedicated breech clinics
- Evidence based respectful care
- Choice of VBB