This Quick Reference Guide Flow Chart must be used in conjunction with its respective Clinical Guideline, O&M: Complications of Pregnancy: Abnormalities of Lie/ Presentation: Breech Presentation: Planned Term Vaginal Birth. Medical and midwifery staff should be familiar with the contents of the full guideline.

NB:
Women planning a breech birth who develop complications which are contraindications to a planned term breech birth must be referred for review by the team consultant. If the consultant is unavailable or after hours, the woman must be reviewed in MFAU / Labour and Birth Suite by the Senior Registrar.
The Consultant / Senior Registrar must have an informed discussion with the woman (and her support person if available) including options, recommendations and the possible outcomes.
This conversation and the final decision should be clearly documented in the notes by the medical officer with the appropriate level of seniority undertaking the counselling.
**NOTE 1: DEFINITION OF UNCOMPLICATED BREECH**

- Flexed or extended legs
- 37-42 weeks gestation
- No evidence of cephalopelvic disproportion (CPD)\(^1\)
- Clinical estimation of fetus >2.5kg and < 3.8kg
- Well flexed head\(^1\)
- No anticipated mechanical difficulty

**NOTE 2: PROGRESS OF LABOUR**

- Cervical dilatation of 1cm per hour regardless of parity
- In second stage – should be progressive descent of the buttocks through the pelvis, and the breech should be on the pelvic floor within 1 hour of full dilatation, even in the absence of active pushing.

**NOTE 3: LABOUR RECOMMENDATIONS**

- Inform the Obstetric Consultant at the onset of labour, and when the woman’s cervix is fully dilated.
- Notify the paediatrician at the onset of labour, and arrange also to be present at the birth.
- Continuous fetal monitoring\(^1\)
- Availability of facilities to perform a caesarean section.\(^1\)
- Arrange additional equipment – e.g. breech towel, lithotomy stirrups.
- Confirm the cervix is fully dilated prior to pushing to ensure the woman does not have a premature urge to push.
- When fully dilated the women should not be encouraged to actively push until she has a strong urge to do so, or the buttocks are on view.
- Birth should be imminent after 1 hour of active pushing in a nullipara, and after ½ hour of active pushing for a multipara.
- Consider urinary catheterisation prior to birth.
- Controlled and gentle birth of the neonate’s head:
  - Maurice Smellie-Veit grip (or adaptations for active birth positions)
  - Forceps to the after-coming head
- **No** breech extraction

**Do not** administer third stage oxytocic until after the breech birth is completed i.e. until the head is delivered.
TERM BREECH LABOUR AND BIRTH FLOW CHART

Woman in labour with uncomplicated TERM breech presentation

Note 1

Obstetric registrar or above informed and management plan discussed

Known breech?

YES

NO

Advanced labour/birth imminent?

Note 3

NO

YES

Planned vaginal birth?

YES

NO

Satisfactory progress?

Note 2

YES

NO

Discuss with Consultant Obstetrician re further management

NO

Fully dilated, breech on perineum?

NO

Caesarean section birth

YES

Vaginal birth with consultant present

Note 3

• Review contraindications
• Discuss options
• Informed choice and consent

Note 3

YES

Continue with documented birth plan

NO

Continue with documented birth plan

YES

Caesarean section birth

Vaginal birth with consultant present

Note 3
References and resources


Related policies

WNHS policy available only via Health Point – Consent

Related WNHS policies, procedures and guidelines

Breech Presentation: (Uncomplicated Term) -Planned Vaginal Birth
Breech Presentation

| Keywords: | Breech presentation, vaginal breech birth, breech flow chart, planned vaginal uncomplicated term breech, breech |
| Document owner: | Obstetrics, Gynaecology & Imaging Directorates |
| Author / Reviewer: | O&G Evidence Based Clinical Guidelines |
| Date first issued: | 08/2005 |
| Last reviewed: | 26/05/2017 |
| Next review date: | 26/05/2020 |
| Endorsed by: | MSMSC |
| Date: | 30/05/2017 |
| Standards Applicable: | NSQHS Standards: 1 Governance, 9 Clinical Deterioration, |

Printed or personally saved electronic copies of this document are considered uncontrolled.
Access the current version from the WNHS website.