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Into the breech: A multi-national e-Delphi study exploring breech presentation and birth care

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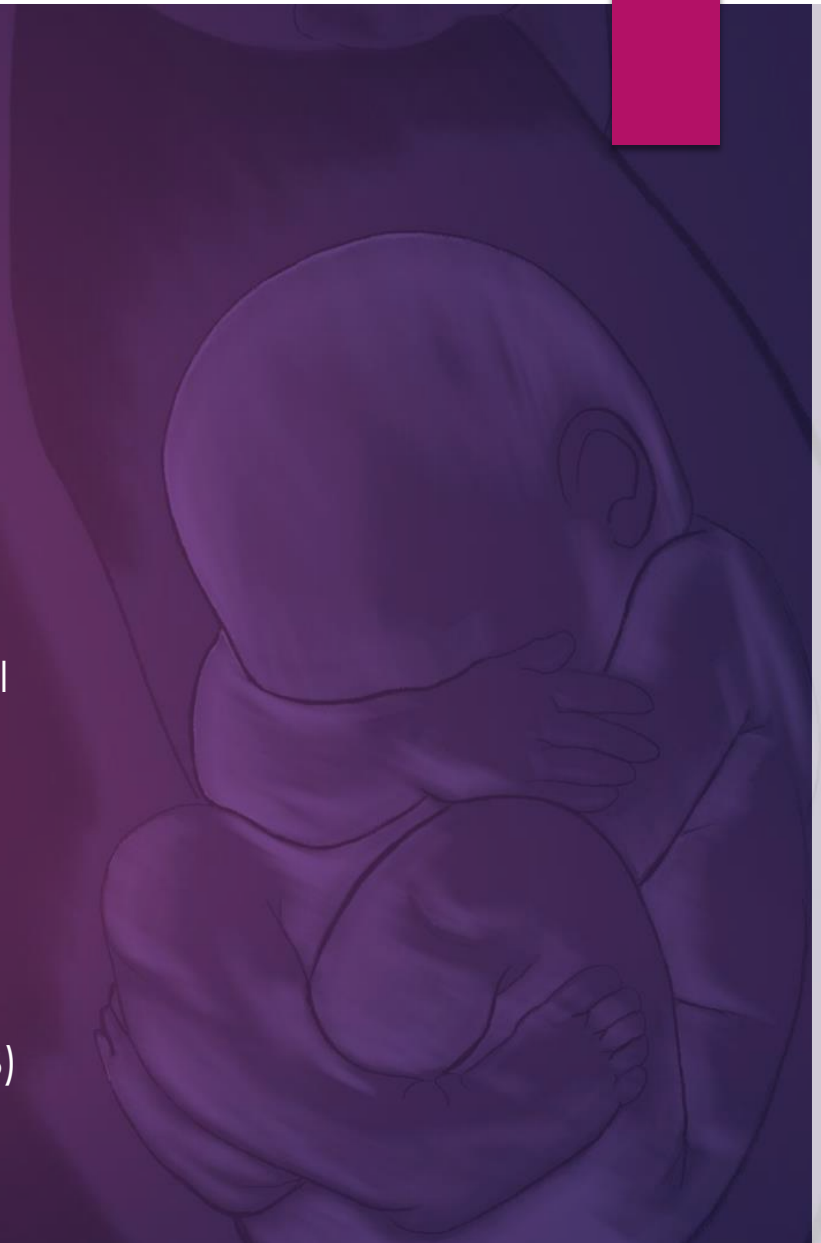
Into the Breech

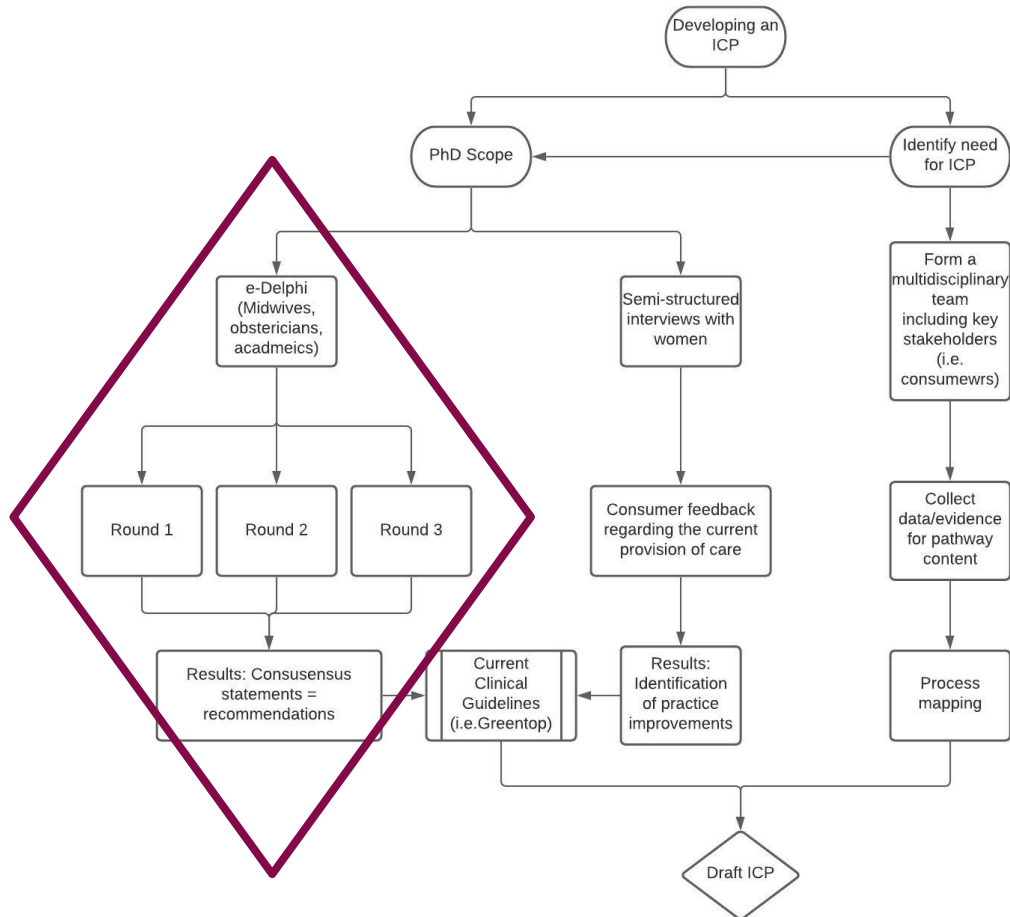
A MULTI-NATIONAL E-DELPHI STUDY
EXPLORING BREECH PRESENTATION
AND CARE

By Sara Morris
RMRN

Background

- ▶ 3-4% of term fetuses will present breech
- ▶ Term Breech Trial (TBT) – recommended planned Caesarean Section (C/S) (Hannah, et al, 2000)
- ▶ Australia and New Zealand: 52% reduction in offering planned Vaginal Breech Birth (VBB) by obstetricians after the publication of the TBT (Phipps, et al., 2003)
- ▶ Limitation in birth choices for women
Loss of skill and confidence around VBB for clinicians (Vlemmix, et al., 2014; Morris, Geraghty & Sundin, 2018)

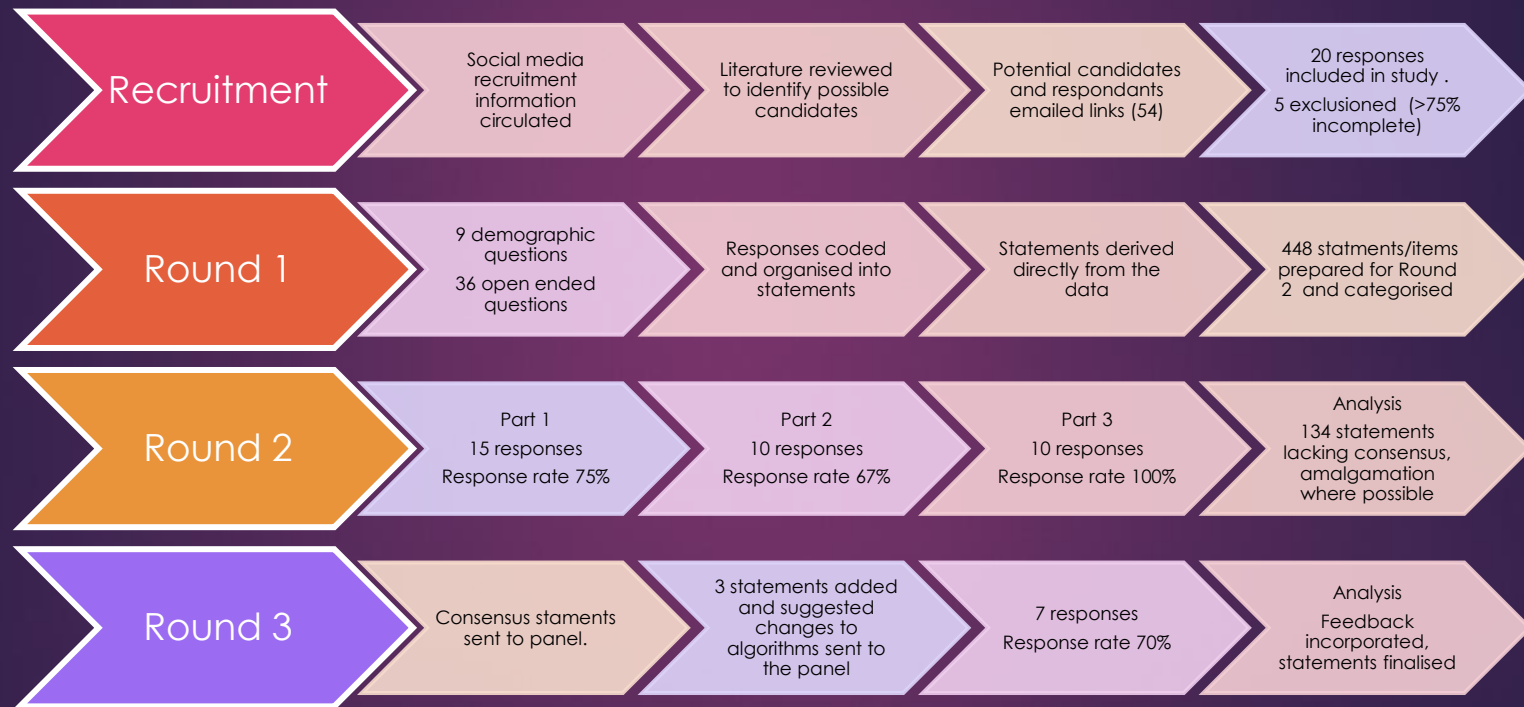





My PhD

MORRIS,
GERAGHTY &
SUNDIN, 2021

The Delphi Process for this study



Main Results



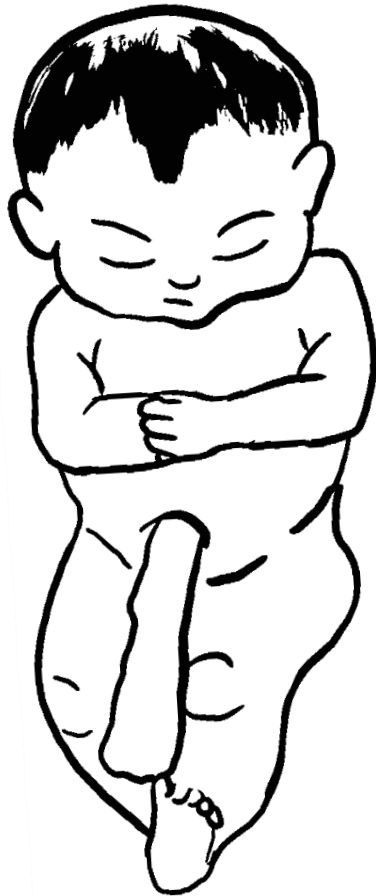
Multidisciplinary, midwifery-led continuity of care.

Care pathway from diagnosis to birth.

Breech birth skills to be taught as a non-emergent event.

Framework for developing, maintaining and documenting breech birth competency.

Definition for a footling breech.



Footling Breech

Fetal hips are extended
and feet are in the
vagina



Clinical Care Pathway

FROM DIAGNOSIS TO BIRTH

CLINICAL CARE PATHWAY - DIAGNOSIS

- Diagnosis ideally occurs at 34 weeks gestation
- Woman undergoes a breech clinic assessment (or equivalent)
 - USS to rule out fetal abnormalities
 - Breech presentation and birth mode counselling – including discussion of cephalic version techniques, balanced information regarding risks/benefits of VBB & C/S incorporating individualised risk factors





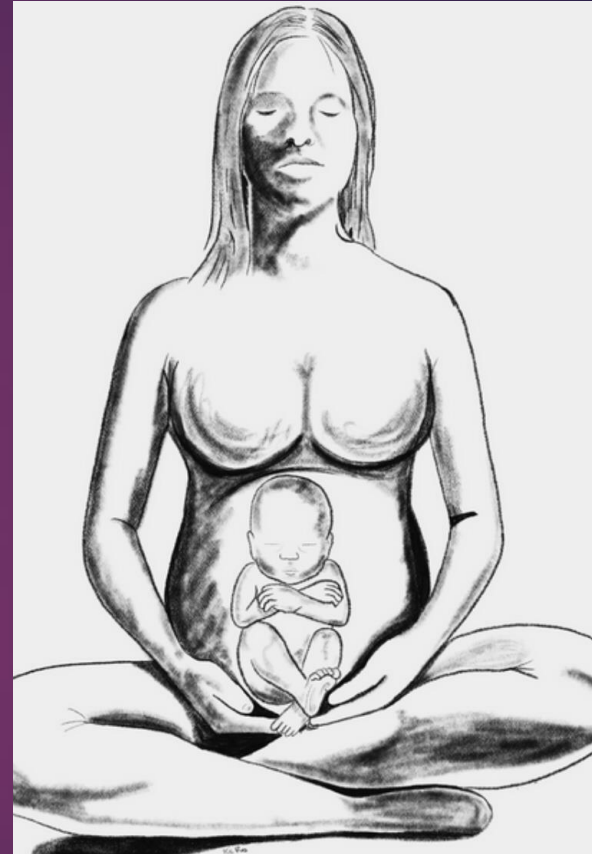
CLINICAL CARE PATHWAY - FOLLOW UP (WEEKLY)

- ECV in the absence of contraindications
- Concerns of the woman and her support people addressed
- Birth plan formulated and discussed

CLINICAL CARE PATHWAY – BIRTH


For women planning a vaginal birth:

- No contraindications to a VBB
- Continuous electronic fetal monitoring (if agreeable to the woman – telemetry considered ideal)
- Woman in advanced labour 6 hours after establishment
- Team “Time out” to discuss individual roles (prior to second stage i.e. primary acoucher)





Exploring Clinical Skills



▶ Training for midwives and obstetricians should be the same (with the exception of performing forceps and C/S)

▶ Most important aspect for clinical safety was knowledge of the mechanism of breech birth

▶ Midwives should be able to up-skill to include basic 3rd trimester USS and ECV

▶ Framework for clinical skills development and maintenance

Obtaining Competency

It is recommended that breech birth competency be achieved through a combination of:

- ▶ Obtaining knowledge of breech physiology and mechanism of birth
- ▶ Observation in practice and review of breech birth videos
- ▶ Following a birth algorithm
- ▶ Hands on practice through simulation and lived experiences under direct supervision of an experienced professional

Elements of Competency

- ▶ Ability to recognise deviations from the normal mechanism
- ▶ Regular practice of manoeuvres to alleviate deviations from the mechanism for traditional and upright birth positions
- ▶ Reflection of practice (individual and peer)
- ▶ Supporting others to learn breech birth skills

Maintaining Competency

- ▶ The updating of breech birth skills should occur regularly and involve monthly practice and case review.

Evidence of Competency

- ▶ Certificates
- ▶ Audit trail
- ▶ Peer evaluation of the candidate's management of births
- ▶ Self reflection and evaluation (i.e. diary)
- ▶ Log book of real and simulated births

Strengths & Limitations

Strengths

- ▶ Routinely used in healthcare research
- ▶ This research ratified Dr Walker's findings
- ▶ Consensus without disregarding minority opinions
- ▶ Flexibility to adapt the protocol to suit the needs of the project
- ▶ Online is cost-effective and connects geographically dispersed participants (Taylor, 2020).

Limitations

- ▶ Small study
- ▶ Quasi-anonymous
- ▶ Predominantly midwives
- ▶ Potential for participant and researcher bias
- ▶ Risk of result polarisation due to individual interpretation of the questions posed

Recommendations

- ▶ Maternity health services should implement frameworks to promote the development of breech birth skills and offer regular opportunities for their employees to engage in breech birth skills workshops/simulations to promote familiarity with the physiology and normal mechanisms of breech birth in order for them to be able to identify deviations and be able to perform the manoeuvres to restore the mechanism. This will improve the accessibility to skilled, confident clinicians for women who desire a vaginal breech birth and subsequently the safety of VBB.
- ▶ Breech birth skills, both traditional and upright or physiological should be as a routine rather than an emergency skill to undergraduate students and post graduates of midwifery, paramedics and medicine. This could aid in changing the deep-seated fear and mistrust of VBB.
- ▶ Information provided to women regarding birth mode options should be evidenced-based, balanced and written to aid decision making such as that authored by Emma Spillane (2019) and available from <https://breechmidwife.files.wordpress.com/2019/07/breech-leaflet-bbn-july-2019-pdf.pdf>.
- ▶ Maternity services should consider the implementation of specialty breech services which offer multidisciplinary, continuity of care. The implementation of specialty teams or clinics if staffed by appropriately skilled and neutrally-minded staff would improve consistency of information related to birth mode options for the women's experiences and potentially improve outcomes for both women and their fetuses.
- ▶ A standard definition for a footling breech presentation should be developed and be applied throughout clinical practice guidelines to reduce or stop individual interpretations which may lead to unnecessary (and perhaps unwanted) clinical intervention.
- ▶ Further research into alternative models of care and non-traditional (upright, physiology promoting) birth options and subsequent maternal and neonatal outcomes is needed.

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