Breeching the System: An exploration of women’s experiences and breech care recommendations

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Breeching the System

An exploration of women’s experiences and breech care recommendations

By Sara Morris RMRN

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Background

- Breech presentation occurs in 3-4% of term pregnancies
- Significant change in practice 20 years ago - Term Breech Trial (TBT) (Hannah, et al., 2000)
- Caesarean Section (C/S) primary mode of birth for breech fetuses
Breech Birth Trends

Impact of TBT in Aus & NZ
(Phipps, et al., 2003)

72% Pre-TBT
20% Post-TBT

WA 1990-2017

Morris, Geraghty & Sundin, 2021a
## Problems

| Limitation of birth mode choices and support for women experiencing a breech presentation at term | Lack of skilled and confident clinicians to facilitate vaginal breech birth due to lack of exposure to vaginal breech birth |
Methodology

Pragmatic Approach

Incorporation of:
- Consumer feedback
- Multi-disciplinary input
- Clinical guidelines

Mixed methods

- Clinical Guideline Review
- Semi-structured interviews with women
- e-Delphi study regarding recommended care

Morris, Geraghty & Sundin, 2021b
Results

Clinical Guideline Review

6 leading national and international clinical guidelines were reviewed.

Women's Experiences

Semi-structured interviews with 20 women who had given birth to a breech presenting baby in WA.

e-Delphi

Panel consisted of 15 midwives, 4 obstetricians and 1 academic.
Guideline Review

Consistencies

- Antenatal care structure - Ultrasound (USS), ECV, Counselling
- Indications for C/S
- TBT unanimously referenced

Inconsistencies

- Statistics relating to perinatal mortality, VBB success rates, C/S rates
- Counselling styles recommendations
- Recommendations not always evidence-based or based on poor levels of evidence
- Only one guideline provided a definition for a footling breech

Morris, Geraghty & Sundin, 2021c
Painting a Picture

- Explore women's experiences in WA
- Explore the power dynamics between women and their care providers
**Reacting**
Women's emotional response to change

**Information**
Seeking and processing information from various resources

**Bargaining**
For things such as time and birthing conditions

**Decision Making**
Decision making is a complex, multifaceted process.

**Acceptance**
A certain level of acceptance was achieved by all women

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Morris, Geraghty & Sundin, 2021a
# Disciplinary power in breech birth

Morris, Geraghty & Sundin, 2021a

<table>
<thead>
<tr>
<th>Disciplinary Control</th>
<th>Women report</th>
<th>Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Using power and knowledge to moderate people’s behaviour</td>
<td>• Biased information and limited birth options</td>
<td>• Navigators and negotiators of a restrictive system</td>
</tr>
<tr>
<td>• Controlling the flow of information can either empower</td>
<td>• Constant pressure to 'consent' to an epidural or C/S</td>
<td>• Midwives seen to have positive impact of women’s experiences</td>
</tr>
<tr>
<td>or disempower the subject</td>
<td>• Removal of a woman’s support people</td>
<td>• Showed their awareness of power dynamics</td>
</tr>
<tr>
<td>• Used in institutions such as hospitals and prisons</td>
<td>• Given sleeping tablets for ‘asking too many questions’ (chemical restraint)</td>
<td>• Informed women of their right to say no and provided them with alternative options</td>
</tr>
<tr>
<td>• Used when subject resists direction from those in power</td>
<td>• Perceived excessive force during a vaginal examination</td>
<td>• Perceived as empowering by women</td>
</tr>
</tbody>
</table>
The 5 Stages + Foucauldian Concepts

- The 5 Stages facilitates understanding women's experiences
- Knowledge and power in a disciplinary setting
- Improvements needed in information sharing and access to supportive and skilled clinicians
### Multi-national e-Delphi
(Morris, 2021)

<table>
<thead>
<tr>
<th>Care Pathway</th>
<th>From diagnosis to birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Skill Framework</td>
<td>For developing, maintaining and documenting skills</td>
</tr>
<tr>
<td><strong>Definition of Footling Breech</strong></td>
<td>Proposal for a standard definition of a footling</td>
</tr>
</tbody>
</table>
Footling Breech

Fetal hips are extended and the feet are in the vagina.

This is similar to the Canadian Clinical Guidelines which define a footling breech presentation as a fetus where “...one or both hips are extended” (Kotaska & Menticoglou, 2019).
# Clinical Care Pathway

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Follow Up</th>
<th>Birth - Planning VBB</th>
</tr>
</thead>
</table>
| • Occurs around 34 weeks  
• USS  
• Breech presentation and birth mode counselling, incorporating individual risk factors | • +/- ECV  
• Concerns addressed  
• Birth plan formulated and discussed | • No contraindications  
• +/- Continuous Electronic Fetal Monitoring  
• Advanced labour 6 hours after establishment  
• Team “Time out” |
<table>
<thead>
<tr>
<th>Elements of Competency</th>
<th>Evidence of Competency</th>
<th>Obtaining Competency</th>
<th>Maintaining Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to recognize deviations from the normal mechanism</td>
<td>Certificates</td>
<td>Obtaining knowledge of breech physiology and mechanism of birth</td>
<td>Monthly practice</td>
</tr>
<tr>
<td>Regular practice of maneuvers to alleviate deviations from the mechanism for traditional and upright birth positions</td>
<td>Audit trail</td>
<td>Observation in practice and review of breech birth videos</td>
<td>Case review</td>
</tr>
<tr>
<td>Reflection of practice (individual and peer)</td>
<td>Peer evaluation of the candidate’s management of births</td>
<td>Following a birth algorithm</td>
<td></td>
</tr>
<tr>
<td>Supporting others to learn breech birth skills</td>
<td>Self reflection and evaluation (i.e. diary)</td>
<td>Hands on practice under direct supervision of an experienced professional</td>
<td></td>
</tr>
</tbody>
</table>
Recommendations

01 More woman-centred approach

02 Implementation of skills development framework

03 Breech birth skills should be taught routinely rather than as an emergency

04 Information should be evidence-based, balanced and written
Appendix 7

**Recommendations**

05  Development and implementation of specialised pathways of care

06  Consider the implementation of dedicated multi-disciplinary breech services

07  Development of a standard definition for a footling breech

08  Further research into alternative models of care and non-traditional birth options and subsequent maternal and neonatal outcomes
References


Special thanks to my sister Kenzie for the artwork she provided - You’re amazing!