INTRAPARTUM CARE

CARE OF THE UNEXPECTED BREECH

KEY POINT
On immediate diagnosis of breech presentation, call for an ambulance and prepare for transfer if possible. This guideline is for the management of the birth process when delivery is imminent and transfer is not able to be undertaken prior to birth.

Initial Management
1. Call an ambulance prepare for transfer (if possible).
2. Request assistance from the ‘support’ midwife as soon as the presentation is determined if not already present.
3. Perform a vaginal examination to exclude cord prolapse/presentation where appropriate.
4. Inform the support hospital and CMP on-call manager of the situation.
5. Care is to be provided as per CMP guideline Midwifery Care during the First stage of Labour, Active phase.
6. Ensure neonatal resuscitation equipment is available.

Management of the Second Stage of Labour
1. Support spontaneous pushing when the woman has a strong urge or the buttocks are on view. If the presenting part is not visible, perform a vaginal examination to confirm full dilatation prior to pushing.
2. Rectal dilatation will occur when the presenting part is at the level of the ischial spines.
3. Perineal bulging will occur as the breech passes through the spines.
4. Auscultate and document the fetal heart as per CMP guideline Midwifery Care during the Second Stage of Labour.
5. The maternal position for birth is usually all fours or standing.
6. Routine episiotomy is not required, but should be performed when indicated to facilitate birth.
7. Birth principles are; 
   - Consider catheterisation if the bladder has not recently been emptied.
   - Allow spontaneous descent until the shoulder blades are visible.
   - Fetal breech delivery manoeuvres should only be applied after spontaneous delivery to the level of the umbilicus.\(^4\)
   - Extended legs can be flexed at the knee joint by pressing behind the knees, and brought down.
   - If the baby births to the umbilicus in the sacro-posterior position, help rotation to sacro-anterior; **prevent any rotation posteriorly.**
   - Do not over handle / manipulate the cord.\(^5\)
   - If the arms do not birth spontaneously use the LØvset manoeuvre;\(^4,6\)
   - Consider placing a towel wrapped around the fetal hips. This may be advantageous as it preserves warmth and provides a grip on the skin.
   - Hold the baby by the hips with thumbs over the sacrum and lift the baby to allow the posterior shoulder to drop below the pelvic brim. Turn half a circle keeping the back anterior.

   ![Image of fetal delivery](image)

   - Apply downward traction
   - Deliver the anterior shoulder
- Place one or two fingers on the upper part of the arm and draw it down over the chest, as the elbow is flexed and sweep the hand downwards over the face.

- Turn the baby back half a circle keeping the back anterior.

- Apply downward traction.

- Deliver the second shoulder and arm under the pubic arch.

- Allow the baby to ‘hang’ at the perineum supported along the length of the accoucheur’s arm until the nape of the neck is visible.
• The after coming head may be delivered by the Mauriceau Smellie-Viet manoeuvre; support the baby on the left hand with the baby’s legs straddling the arm. Slide 3 fingers into the vagina, feeling for the cheekbones and chin. With the other hand put the middle finger against the occiput, to aid flexion and hook the fingers either side over the shoulder and apply traction.

• Alternatively the Burns-Marshall manoeuvre can be used; Grasp the baby by the ankles and direct the trunk in the wide arc upwards. The baby’s face will come over the perineum and can be cleared of blood and mucous if necessary. The head is then delivered slowly.
• If client is having active management of the third stage, withhold the administration of an oxytocic until the breech birth is completed i.e. until the head is delivered.

**Practical point** - If at this point it is difficult to deliver the head, you can gain a bit of time by putting your fingers in the vagina and pushing down the posterior vaginal wall in order for the baby to be able to take a few breaths while you regroup (Fowler, L)
This is the hands off approach in an upright position
REFERENCES / STANDARDS


7. Women and Newborn Health service, KEMH Clinical Guideline, Section B: Obstetrics and Midwifery guidelines, 2 complications of the pregnancy, 2.10.3 Breech presentation – Planned vaginal birth, Oct 2010


National Standards

1 Care Provided by the Clinical Workforce is Guided by Current Best Practice
2 Recognising and Responding to Clinical Deterioration
15 Safety Management Systems

Legislation – Nil

Related Guidelines / Policies: Nil

Other related documents :
Midwifery care when a Client Makes a Decision that Is Incompatible with the CMP Midwifery Standard of Practice

TRANSFER HOME TO HOSPITAL

RESPONSIBILITY

Policy Sponsor Nursing & Midwifery Director OGCCU
Initial Endorsement October 2008
Last Reviewed April 2013
Last Amended
Review date April 2016

Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.