

Texas Midwifery Board
Breech Birth Guidelines
Approved February 8, 2016

Breech presentation is considered a normal variation in pregnancy. It is found more frequently in premature (<34weeks) pregnancy at rates of 15-25%. At term (>37weeks) breech position it is found to occur at 3-4%. With midwifery care and skill, most babies invert to head down. Approximately 1-2%, remain breech.

Due to some increased risks to the baby, the midwife takes care to ensure that her skills and knowledge are current. She also takes care to ensure that the mother is fully informed of the risks. All midwives and clients may not want to have a vaginal breech birth out of the hospital. However, when everyone is in agreement, a vaginal breech birth can be a safe option for women.

Breech babies are more likely to be delivered by cesarean in the hospital. Although there are increased risks to the baby born by vaginal breech, there are also risks to the mom and the baby associated with cesarean section. For this reason, midwives who choose to participate in vaginal breech deliveries are encouraged to have additional education and assistance during the birth.

Recommended Education (Minimum 3 hour course)

- Any classes offered at a midwife conference, including ATM, MANA, ACNM, The Gathering, Midwifery Today, etc.
- Spinning Babies
- Advanced Life Support in Obstetrics (ALSO)
- Birth Emergency Skills Training (BEST)
- Breech Workshop by Lynn Arnold
- Other education or training approved by the Board

Prenatal Recommended guidelines

- Assessment of fetal position during each prenatal visit
- Offer cephalic version or refer for cephalic version
- Continue efforts to turn the baby including inversions, Webster technique with a Chiropractor, acupuncture, and/or homeopathy,
- Perform a breech risk assessment at 38 weeks to determine the **best** mode of delivery
- Discuss risks and benefits of vaginal breech delivery out of hospital and cesarean delivery in hospital
- Address any fears or concerns before labor
- Diagnostic ultrasound after 36 weeks

Criteria for a Breech Homebirth

- Willingness of client AND midwife
- Client's comfort level with out of hospital birth
- The client is fully informed of the risks of vaginal breech birth out of the hospital and a signed Informed Consent Form is obtained
- The baby should be between 6-9 pounds. Optimal weight is 6-8 lbs.
- The ideal position of the baby is Frank or Complete Breech in an anterior position
- If midwife is unsure about her skill level, a more experienced midwife should attend the birth

Contraindications for Having a Breech Homebirth

- Client
 - Unwillingness to follow the midwife's instructions
 - History of complicated births
 - Pelvic restrictions
 - Other conditions or issues that would put mom or baby at risk
- Midwife
 - Lack of confidence in breech delivery skills
 - Lack of trust or confidence in client or the client's coping skills
- Baby
 - Footling breech
 - Baby in sacrum posterior position
 - Baby with a known anomaly
 - Baby predicted to be larger than 9 pounds or under 6 pounds

Management of First Stage

- Ongoing risk assessment
- Obtain all vitals according to standard of care
- FHT every 15 minutes with active labor and/or ROM
- Clear client/midwife communication with informed choice exercised
- Normal progressive labor documented at least every 2 hours

Contraindications for First Stage

- Developing risks found during ongoing risk assessment
- Cord prolapse
- Malpresentation such as footling, posterior, etc.
- Failure to progress
- Failed descent of the presenting part

Management of Second Stage

- FHT every 5 minutes
- Hands off delivery of normal breech until head management unless intervention is needed
- Pushing for no more than 2 hours unless birth is imminent
- Clear client/midwife communication with informed choice exercised
- Be prepared with a transport plan if necessary
- Normal progressive labor documented at least every 15 minutes

Contraindications for Second Stage

- Client not completely dilated
- Baby not moving down in steady increments
- Fetal distress
- Cord prolapsed