



GUIDE



Vaginal Breech Birth Plan



The Ottawa Hospital | L'Hôpital
d'Ottawa



Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

Patient:

Primary Caregiver (OB/FP/RM): _____ Date:

Consenting Obstetrician: _____ Date:

*Please note: **OB**: Obstetrician, **FP**: Family Physician, **RM**: Registered Midwife*

Studies show that vaginal breech birth is a safe option when certain conditions are met. It is recommended that women who meet these conditions and choose to labour be closely monitored during their labour. This is very important to make sure they have a safe birth.

The Ottawa Hospital supports vaginal breech births.

I am a candidate for labour and a vaginal birth for my baby in breech position if I meet all these conditions:

- My baby is in **frank** or **complete** breech position (baby's buttocks come first, not feet).
- My baby's estimated weight is between 2500 – 4000 grams (5lb 6oz to 8lb 13oz) .
- My labour starts on its own between 37 – 42 weeks.



A. Complete Breech



B. Frank Breech



C. Footling Breech



D. Kneeling Breech

I understand that a Cesarean section will usually be recommended if:

- My labour requires induction.
- My labour does not progress adequately:
 - My cervix does not dilate from 5 cm to 10 cm within 7 hours
 - Birth is not close to happening after an hour of pushing
- There are concerns with my baby's heart rate.
- There are other problems during my labour e.g. fever, cord prolapse (the baby's umbilical cord comes out of the vagina before the baby).
- I have had a prior Cesarean birth and no previous vaginal births.
- There are other risk factors in my pregnancy that may increase the chance of problems with a vaginal breech birth.
- There is no attendant skilled in breech births available.

I also understand that:

- There is a higher risk of newborn death or serious injury with a vaginal breech birth.
The risk of newborn death from a vaginal breech birth with carefully selected candidates and appropriate labour management is approximately 1/500 (0.2%), compared to approximately 1/2000 (0.05%) for a cephalic (head first) vaginal birth.
- There is no difference in long term outcomes between vaginal breech births and normal births. There is a higher risk of short term problems for newborns with a vaginal breech birth. Some of these short term problems can include: a need for oxygen at birth; a need for intubation (a breathing tube) and help with breathing; and admission to the nursery for special care.
- There is a higher chance of cord compression and cord prolapse (cord in front of baby), especially if the baby's feet are coming down first. This may cause my baby's heart rate to drop and could affect the baby's oxygen supply. If this happens, an urgent Cesarean birth will be needed.
- There are also short and long term problems with a planned Cesarean birth:
 - Short term problems** for me may include:
 - increased chance of infection
 - increased bleeding, blood clots, and possible need for blood transfusions
 - other organ injury (including bladder/bowel injury, rare risk of urgent hysterectomy)
 - pain
 - longer hospital stay
 - Long term problems** with Cesarean birth include an increased risk of uterine rupture, major bleeding, and placental problems with future pregnancies. These problems occur more often with each added Cesarean birth.

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- The risk of maternal death, while very rare (from 1/10 000 to 1/100 000), is higher for Cesarean birth than for vaginal birth.

The following safety measures will be part of my care once my labour has started on its own. They will help reduce some of the risks of breech labour and will make sure a Cesarean birth can happen quickly if needed.

- My baby's heart rate will be closely monitored during labour.
- An Intravenous line (IV) will be placed in my arm. The IV can be capped with a saline lock until needed.
- An epidural (pain medication "freezing" given through a tube in my back) will be offered, if appropriate. This will allow me to be more comfortable if the baby needs assistance during birth and allow for a smooth transition to Cesarean birth if I require surgery. Most women can still walk and move easily with an epidural.
- An Obstetrician will manage my labour and birth. If my primary care provider is a Midwife or Family Physician, my care will be transferred to an Obstetrician in labour. My midwife or family physician can remain an active member of my care team along with the obstetrical team and they will be given an opportunity to assist me with the birth of my baby, if appropriate.

If your baby is in a breech position and you meet the conditions stated above, the obstetrical care team at TOH supports your right to choose to labour and have a vaginal breech birth. If you choose to labour and give birth vaginally, then you will be cared for in a safe and supportive manner in the Birthing Unit. Our goal is to make sure you stay healthy and your baby is born safely.

Please give a copy of this birth plan to the patient and send copy of page 1 to the Birthing Unit after discussion with patient.

Notes