Clinical Practice Guidelines: Obstetrics/Breech birth

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<th>Date</th>
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<td>Purpose</td>
<td>To ensure consistent management of a Breech birth.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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A breech birth occurs when the foetus enters the birth canal with the buttocks or feet first, with common variations being complete, frank, footling and knee (see CPP: Breech birth).

The primary focus of pre-hospital management is the rapid recognition of a breech birth and limiting manipulation of the neonate until required, being gentle but timely with the necessary techniques and preparing for neonatal resuscitation.[2]

### Clinical features

**Clinical presentation includes:**

*Signs of imminent delivery:*
- increasing frequency and severity of contractions with an urge to push
- blood stained show – although this may not be an imminent sign
- membrane rupture
- bulging perineum
- appearance of the presenting part [1]

### Risk assessment

**Complications of breech delivery include:**[3]
- foetal hypoxia
- prolapsed cord
- head entrapment
- meconium aspiration
- postpartum haemorrhage
- inversion of the uterus

The incidence of breech presentation is around 3–4% at term and around 10% at 30 weeks, major risk factors being multiple pregnancy and pre-term labour. Breech birth has an associated high risk of maternal and foetal morbidity and mortality.[1]
Incorrect manoeuvres or rough handling can cause:

- spleen or liver damage
- spinal damage or fractures
- fractured bones or dislocations
- soft tissue injuries
- cerebral haemorrhage, if the delivery is too rapid.

Additional information

- Preparation for neonatal resuscitation should be made at the earliest sign of breech presentation. Consideration should be sought for early CCP and/or obstetric retrieval team backup.\(^4\)
- Ensure appropriate infection control measures at all times.
- Before performing the Lovesets manoeuvre, ensure that a dry cloth/pad is wrapped around the pelvis of the baby. This will prevent the paramedic’s hands from slipping during the procedure and provide some protection for the baby.
Recognise breech, prepare for neonatal resuscitation

Position mother so neonate can hang freely

Encourage mother to push, HANDS OFF

Cord compressed against pubic arch?

Yes: Gently move cord around to perineum

No: Encourage mother to push, HANDS OFF

Arms not released spontaneously?

Yes: Lovesets manoeuvre

No: Observe descent until occiput visible. Adapted Mauriceau-Smellie-Viet (MSV manoeuvre)

Assess immediately post-delivery is the neonate breathing or crying with good muscle tone and HR > 100?

No: Manage as per:
- CPG: Resuscitation – Newly born

Yes: Conduct post-delivery assessment and cares:
- dry baby
- maintain warmth
- provide maternal and neonate skin to skin contact
- clamp and cut the cord when cord stops pulsing
- APGAR score at 1 & 5 mins

Transport to hospital
Pre-notify as appropriate

Note: Officers are only to perform procedures for which they have received specific training and authorisation by the QAS