WESTERN WISCONSIN HEALTH

Policy & Procedure

Policy #: BC1013	Page: 1 of 2
Policy Title: Breech Birth; Planned Term Singleton	
Applies to: Birth Center	
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PURPOSE:
To ensure safe guidelines in planned vaginal breech delivery.

POLICY STATEMENT:
Western Wisconsin Health supports appropriately screened patients in their choice of planned term singleton vaginal breech birth, following ACOG guidelines and established policy. The risks to the mother for cesarean birth and risks to the baby for breech presentation have been well established. This policy attempts to balance and manage those risks to optimize outcomes, and reduce potentially unnecessary cesarean births.

DEFINITIONS:
Frank Breech: an intrauterine position of the fetus in which the buttocks present at the maternal pelvic inlet, the hips are flexed, and the knees extended

Complete Breech: a fetal presentation in which the buttocks present with the hips flexed and the knees flexed

Incomplete Breech: a fetal presentation in which the buttocks present with incomplete flexion/deflexion of one or both hips or knees

Footling Breech: a fetal presentation in which the feet or knees are presenting, and the hips are extending, and the knees flexed

GUIDELINE
Criteria for patient selection:

1. Patient is motivated for trial of labor.
2. Patient has been counseled about the risks of vaginal breech birth and cesarean birth at an office visit, and has signed the institutional consent before the onset of labor.
3. Gestational age greater than 37 weeks, 0 days and less than 42 weeks, 0 days estimated gestational age (EGA) when presents in labor.
4. If breech position is unknown, ultrasound is warranted. If ultrasound is not available, cesarean birth is recommended.
5. No known fetal anomalies per mid-pregnancy ultrasound examination.
6. Estimated fetal weight between 2,500 and 4,000 grams.

Contraindications:

1. Cord presentation.
2. Fetal growth restriction or macrosomia.
3. Footling breech presentation.
4. Fetal anomaly incompatible with vaginal birth.

Labor management:

1. Obtain ultrasound machine for bedside ultrasound for provider or order ultrasound from medical imaging per provider preference.
2. IV access preferred.
3. Continuous fetal monitoring preferred in the first stage and mandatory in the second stage. Patient may elect to ambulate or whirlpool for comfort. Utilize wireless monitoring.
4. Newborn Provider in birth room at time of birth.
5. Augmentation with oxytocin may be considered for uterine dystocia in active labor. Induction of labor is generally not recommended for singleton breech presentation, but data now suggests it may be safely used in select patients.
6. In the absence of adequate labor progress, cesarean birth is advised. Adequate labor progress is the best indicator of adequate fetal-pelvic proportions.
7. A passive second stage may last up to 60 minutes to allow for descent into the pelvis. Once active pushing begins, if birth is not imminent after another 120 minutes, cesarean is recommended.
8. Patient may deliver in the OR or in Birth Center, at discretion of the care team.
9. Provider who has privileges and experience to perform singleton vaginal breech birth should be present at delivery. If a qualified provider is not available, cesarean birth is recommended.

REFERENCES, REGULATONS, AND LEGISLATION:

SOGC Clinical Practice Guideline, No. 226, June 2009.
ACOG Committee Opinion, No 745, 2018.