Skills Verification Form for Breech Presentation 701

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
I. Antepartum Breech Management Skills:		
A. Demonstrates the ability to determine a breech presentation		
(1) Performs palpation to determine presentation from 32 weeks on		
(2) Works to determine fetal presentation by utilizing the following skills:		
a. Determination of the difference between the fetal head and the fetal sacrum.		
b. Use of a fetoscope.		
c. Palpating for the fetal shoulder.		
d. Asking the mother about the movement she feels and interpreting what this means for position.		
e. If palpation is difficult due to uterine or ligament tightness, use techniques to soften tissues, then palpate again.		
f. Palpates for fetal position and type of breech presentation.		
g. Palpates fetal head to rule out doliocephaly.		
(3) Refers for an ultrasound or for another provider to palpate if presentation cannot be determined		
B. Provides education on the current and previous breech research and effects on breech options available		
C. Provides counseling and education to assist the mother in the decision making process for birth:		
(1) Turning the baby (through ECV, body balancing, stretching at home, slant board, chiropractic, homeopathy, hypnosis, acupuncture, etc.)		
(2) Vaginal breech homebirth with a skilled provider		
(3) Vaginal breech birth in the hospital with a skilled provider		
(4) Cesarean birth in the hospital		
D. Assists in turning a breech baby		
(1) Utilizes a pregnancy balancing routine for body balancing techniques and opening space using the soft tissues of the mother.		
(2) Demonstrates stretches/exercises such as Spinning Babies™ to do at home:		

Applicant's Name: _____	Knowledge Initial/Date	Skill Initial/Date
a. Windmill, pigeon pose, calve/hamstring stretch, forward lunge		
b. side-lying release, forward leaning inversion, belly sifting, slant board		
(3) Counsels regarding different methods for encouraging baby to turn including moxibustion, diving in a pool, music playing in the vagina, cold at the top of uterus with warm at the bottom, pulsatilla		
(4) Refers to providers who can assist with fetal positioning: Chiropractor, Homeopath, Craniosacral therapist, Physical Therapist, Massage therapist, Acupuncturist		
II. Intrapartum Breech Management Skills:		
A. Assessment Skills		
(1) Initial assessment in labor		
a. palpation		
b. assessment of labor pattern		
c. fetal heart tones		
d. vitals		
(2) Able to assess delayed progress in a breech labor		
a. 1st stage		
1. Lack of change (descent, rotation, or dilation) with uterine contractions would be evaluated per protocols of the applicant.		
2. Assesses FHR at regular intervals.		
3. Without progress after 6 cm, no augmentation would be provided in an in home setting. Transfer of care or recommendation of cesarean would be made.		
b. 2nd stage		
1. Positioning and Gravity in labor		
(i) Recognizes the importance of unhindered maternal positioning in labor.		
(ii) Creates the space and has the facility to assist the mother with positioning if needed.		
(iii) waterbirth and breech.		
• Recognizes and counsels regarding the benefits and risks of vaginal breech waterbirth.		
• Develops individual protocols for water birth breech based on experience and training.		
• Recognizes and counsels over the lack of visualization of the baby in a waterbirth		

Applicant's Name: _____	**Knowledge Initial/Date**	**Skill Initial/Date**
• Recognizes and counsels over the access for help in a waterbirth		
• Recognizes the use of gravity for physiological breech rotations in a waterbirth		
(iv) Recognizes the importance of "Hands off of the Breech" and "Respecting the Mechanisms of Breech" to the cardinal movements of physiological breech delivery.		
2. Refers to hospital setting for lack of descent and rotation prior to rumping.		
3. Recognizes the lack of rotation of a baby to SA once the body emerges as a marker for readying for help.		
4. Recognizes that one event per contraction or changes with each contraction indicates normal descent after rumping.		
5. Recognizes that a lack of descent of the body or head can be affected by maternal positioning.		
6. Assists in utilizing maternal hands and knees position and use of gravity.		
7. Makes sure space is available or can be created for the mother's head to be lowered in a hands and knees position tin case there is need to facilitate flexion for the head.		
8. Arranges birth space free of external obstructions.		
9. Encourages positioning where maternal sacrum is free from obstruction.		
10. Uses fetal indicators of well-being for assessment for intervention.		
11. Identifies factors for fetal well-being assessment including color, tone, cord pulsation, cord visualization, heart rate, reflexes, movement between uterine contractions, and continued descent with each contraction.		
12. Recognizes optimal physiological breech birth mechanisms.		
(i) Asymmetrical rumping.		
(ii) Cleavage being a sign of free arms.		
(iii) From the back of the baby (front of the mother) the clavicles of the baby are shaped "v" instead of "<" or ">".		
(iv) Rotation of a baby from any position to direct OA.		
(v) Visualization of an elbow or part of an arm as a sign of continued descent.		

Applicant's Name: _____	Knowledge Initial/Date	Skill Initial/Date
(vi) Visualization of a chin in flexion as a sign of continued descent.		
(vii) Recognizes Perez reflex as the baby rotates (and voids) is a normal sign.		
(viii) The tummy scrunch before the head appears is a normal reflex and can be reassuring as assists in flexion.		
(ix) A full perineum and a dilated rectum is reassuring that a head is in the outlet.		
13. Continually monitors and visualizes descent and fetal well being.		
14. Identifies a divergence from normal physiological breech birth mechanisms:		
(i) Lack of rotation into direct SA accompanied by lack of descent.		
(ii) Maternal perineum is empty and shape of bum is well curved and not flat when body out and head is high.		
15. Identifies the levels of the pelvis where head entrapment has occurred.		
(i) If the head is high in the inlet the applicant knows they will find:		
• The maternal perineum is empty and shape of bum is well curved and not flat when body out and head is high.		
• Potential external palpation of a chin over the pubic bone that can be tucked with surpra-pubic pressure.		
• Upon a vaginal examination, the chin is not in the outlet and all that is initially felt is neck.		
• Upon examination, the head is difficult to reach and midwife only feels up the neck to the part above the pubic bone.		
• The midwife moves the chin to rotate the head to the transverse (lateral) diameter for engagement.		
(ii) If the head is in the mid-pelvis or outlet.		
• If head is above the spines but engaged, identifying the typical rotation to the oblique to further descent.		
• Correcting the position of the head so that it continues the rotation to the outlet in the anterior-posterior diameter of the pelvis in direct anterior position.		
• Flexes the fetal head for delivery in the outlet using the signs and assessment markers listed (see section Assessement skills on delayed progress in labor).		

Applicant's Name: _____	**Knowledge Initial/Date**	**Skill Initial/Date**
• Assists the mother in lowering her head and raising her bum to assist in flexion.		
• Employs the assistance with the Gluteal Lift if descent ceases due to a tight perineum. Understands the Gluteal Lift can be used alone or along with the Shoulder Press to continue descent.		
(iii) Is able to identify and utilize the correct techniques for delivery per location of the head in the pelvis when necessary.		
16. Visually assess fetal well-being.		
(i) Watches and tracks cord for changes in color, shape, fullness, plumpness.		
(ii) Visualizes cord pulsation to track fetal heartbeat.		
(iii) If unable to visually assess cord or be reassured by infant responses, then auscultates with stethoscope or palpates cord if necessary to assess well-being.		
17. Auditory assessment of fetal well-being after descent.		
(i) Knows when fetal well being is in question to listen to the FHR to determine fetal-well being.		
18. Identifies when the mechanisms of rotation have deviated from normal and the signs of potentially entrapped arms/ breech shoulder dystocia.		
(i) Assists rotation of the fetal back to anterior (when the mechanism has deviated from normal).		
(ii) Knows how and when to use the Lovset maneuver properly.		
• Identifies how to grasp the pelvis and not soft tissues		
• Identifies the direction for rotation and the 180/90 rotation		
• Reaches up and sweeps the arms as they are freed		
• Returns the baby to a direct anterior position in alignment with the outlet		
(iii) Knows how to use the modified Lovset maneuver (prayer hands).		
• Placement of the hands to distribute pressure evenly without torsion		
• Identifies direction for rotation using either the 180/90 rotation or turning the baby to sacrum posterior and releasing the anterior arm		
• Reaches up and sweeps the arms as they are freed		

Applicant's Name: _____	Knowledge Initial/Date	Skill Initial/Date
• Returns the baby to a direct anterior position in alignment with the outlet		
(iv) Understands and is able to utilize the mechanics of the Louwen Maneuver to release the extended or entrapped arms.		
(v) Identifies when a change of position may be appropriate to open the pelvis to allow descent without other intervention.		
19. Performs rotational maneuvers for entrapment of arms or head.		
(i) Has the knowledge and skill to release the fetal arms:		
• Identification and signs of Entrapped arms.		
• Sweeping down the arms of the body.		
• Rotating the baby's body in the direction of the fingers on the extended arm with appropriate maneuvers.		
• Returning the baby to a position that would facilitate further descent.		
(ii) Has the knowledge and skill to manually flex the baby's head.		
• Smellie-Cronk maneuver (or Smellie Veit)		
• Shoulder Press		
• Burns Marshall maneuver if mother is reclined.		
• Moving the infant body to align with the maternal Curve of Carus.		
• Use of supra-pubic pressure.		
(iii) Has the knowledge to identify a head stuck at the inlet or mid-pelvis and use rotational maneuvers or maternal positioning for its release.		
• Moving the fetal chin into transverse.		
• Supra-pubic pressure to engage the head.		
• Allows for maternal lowering of the head to hands and knees to encourage release of the baby's head.		
- Has the knowledge to reposition a chin in the outlet to the anterior-posterior diameter (direct anterior).		

Applicant's Name: _____	Knowledge Initial/Date	Skill Initial/Date
- When head is not easily repositioned, having to lift the head up out of the bones and into direct anterior for delivery. With or without having to lift the head up out of the bones and into direct anterior for delivery.		
20. Closely observes the mother-baby unit.		
(i) Identifies reflexes of baby due to relationship.		
(ii) Creates a physically and emotionally safe birthing space for hormonal optimization.		
(iii) Is able to assess the safety and practicality of continuing in a vaginal breech birth.		
(iv) Recognizes the importance of the umbilical cord remaining intact during a Vaginal Breech Birth (VBB).		
(v) Encourages mother and partner to talk and connect to baby before and after the birth process.		
(vi) Identifies the spatial relationship and considerations of the maternal-baby unit.		
(vii) Identifies the location of the fetal arms or head in the pelvis.		
(viii) Understands the levels and largest diameters of the maternal pelvis.		
(ix) Helps to keep mother and birth team calm so that optimal hormones are maintained.		
III. Postpartum Breech Management Skills		
A. Neonatal Assessment and Expectations		
(1) Evaluation and Initiation of NRP when necessary.		
(2) Evaluation and Initiation of a non-emergent transport plan if necessary.		
(3) Evaluation and Initiation of an emergent transport plan if necessary.		
B. Normal Postpartum Maternal Assessment and Plan initiated following a vaginal breech delivery.		
(1) Assessment and performance: Normal and complete NBE		
a. Checking for normal hip rotation.		
b. Checking for clicks in the hips.		
c. Checking for infant perineal bruising, applying ice or arnica as necessary.		
d. Checking for bruising of the testicles, applying ice or arnica as necessary.		

Applicant's Name: _____	Knowledge Initial/Date	Skill Initial/Date
IV. Informed Consent, Counseling and Midwifery Foundations		
A. Facilitates an informed discussion using the values of maternal intelligence and autonomy while being realistic about the lack of a guaranteed outcome.		
(1) Familiarization and counseling regarding research.		
(2) Ability to listen and reflect mothers' concerns and address options.		
(3) Provides resources for further research and information.		
(4) Provides information about the experience and background of those attending breech births.		
(5) Uses a midwifery centered approach to care in counseling and support		
B. Counsels giving informed consent about risks of OOH vaginal breech birth		
(1) Benefits of laboring in an OOH environment		
(2) Delays of emergency care in a OOH setting		
(3) Preparation and communication		
a. Creates a neonatal and maternal emergent transport plan in the prenatal period.		
b. Discusses comfort and protocols of provider / applicant with the family in the prenatal period.		
c. Has an informed consent documenting all counseling of risks, benefits, and alternatives to an OOH vaginal breech birth.		

References:

Banks, M., 2007. Active breech birth: the point of least resistance. New Zealand College of Midwives Journal, 36, 6.

Bogner G, Strobl M, Schausberger C, Fischer T, Reisenberger K, Jacobs VR. Breech delivery in the all fours position: a prospective observational comparative study with classic assistance. J Perinat Med. 2014 Sep 10.

Evans, Jane. (2012). The final piece of the breech birth jigsaw? Essentially MIDIRS, 3(3), 46-49.

Evans, J., 2012. Understanding physiological breech birth. Essentially MIDIRS 3, 17–21.

Frye, Anne Holistic Midwifery Volume 2, 2nd Edition. Labrys Press, 2014.

Gupta JK, Hofmeyr GJ. Position for women during second stage of labour. Cochrane Database Syst Rev. 2004;(1):CD002006.

Løveset J. Shoulder Delivery in Breech Presentation. J Obstet Gynecol Brit Emp 1937; 44:696-704.

Frank Louwen [1], Betty-Anne Daviss [2,*], Kenneth C. Johnson [3], Anke Reitter [1] International Journal of Gynecology and Obstetrics. "Does breech delivery in an upright position instead of on the back improve outcomes and avoid cesareans?" Nov 2 2016. 10.1002/ijgo.12033

Tully, Gail. Breech Birth: Quick Guide. Maternity Press Publishing. 2016.

Reitter A, Daviss BA, Bisits A, Schollenberger A, Vogl T, Herrmann E, Louwen F, Zangos S. Does pregnancy and/or shifting positions create more room in a woman's pelvis? Am J Obstet Gynecol. 2014 Dec;211(6):662.e1-9. Epub 2014 Jun 17.

Shawn Walker, MA, RM[a,b,n], Mandie Scamell, PhD, RM (Dr)[a], Pam Parker, PhD, RN (Dr)[c]
"Standards for maternity care professionals attending planned upright breech births: A Delphi study"

Walker, Shawn. "Upright Breech: How and When to Help." Resource Sheet and Images, 2014.

Thank you to midwives Gail Tully, Diane Goslin, and Shawn Walker for reviewing and contributing to this work. A special recognition of Rindi Cullen-Martin for her formatting skills.