VAGINAL BREECH DELIVERY : BIRTH PLAN & CONSENT FORM

BC WOMEN'S HOSPITAL+ HEALTH CENTRE
An agency of the Provincial Health Services Authority

Primary Careprovider (OB, FP or RM):

_____
Consenting Obstetrician:

_____
Reviewed by Attending Obstetrician(s) in labour:

_____

_____
(name of OB if care transferred at shift end)

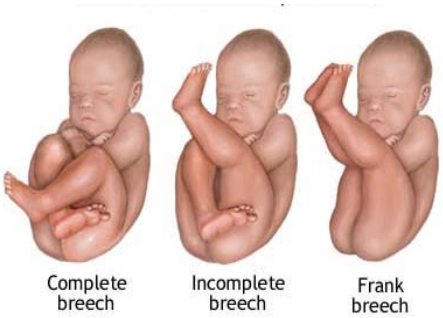
I,_____, understand that:
(patient name – please print clearly)

VAGINAL BREECH DELIVERY – BIRTH PLAN:

The medical literature and international evidence has shown that careful selection of women most appropriate for vaginal breech birth and strict labour management are of the utmost importance for safe vaginal breech birth. Therefore, the following criteria must be met in order to minimize the risks to the baby of a vaginal breech birth:

Mandatory Criteria - Trial of Vaginal Breech Delivery

1. Frank or complete breech (baby's buttocks comes first, not their feet). The head needs to be neutral or flexed (baby's chin on its chest, not extending backward). The baby's estimated weight should be between 2500-3800 grams, or 5 ½ to 8 ½ pounds). These assessments will all be made by ultrasound just prior to or during early labour.



2. Spontaneous labour that occurs between 37 to 41 weeks of pregnancy.

3. Induction of labor is not recommended. However, induction of labour can be discussed with the Attending Obstetrician on an individual and case-by-case basis.

Steady progress during labour (the cervix opening and the baby's buttocks moving down) are the best indicators that the baby is fitting nicely through the mother's pelvis and greatly reduces the likelihood of problems for the baby during the birth.

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A cesarean section will be recommended if:

1. Spontaneous labor has not occurred by 41 weeks of pregnancy.
2. Cervical dilation (opening) does not proceed by 1 cm/hour, or if dilation from 5-10 cm does not occur within 7 hours. Augmentation (speeding up) of your labour with oxytocin will only be considered after discussing the risks and benefits with the attending obstetrician.
3. Delivery is not imminent after one hour of active pushing.
4. There are concerns about your baby's heart rate during labour or the pushing stage.
5. There is no obstetrician trained in the management of breech delivery and its complications available to attend you at the time of your labour and delivery.

VAGINAL BREECH DELIVERY – CONSENT:

(Please initial next to each paragraph below as it is read)

____ Vaginal breech birth is associated with a higher risk of newborn death (the risk of fetal death due to the vaginal breech delivery itself is approximately 1 in 500, compared to 1 per 2000 for normal vaginal birth) and short-term newborn problems (approximately 2 in 100) than elective cesarean section. These short term problems can include: a need for oxygen at delivery, intubation (breathing tube) and ventilation (breathing machine), and admission to the nursery for care. Long-term outcomes of breech babies born vaginally or by cesarean section are similar.

____ Planned cesarean section has its own set of short-term problems (increased post operative pain, increased hospital stay and delayed ability to move easily). Long-term problems can include uterine scar rupture, and an increased risk of major bleeding with multiple cesarean sections. These problems occur more frequently with each additional cesarean section delivery. The risk of maternal death, while very rare overall, is higher for cesarean section than for vaginal breech birth.

____ A breech baby has a higher chance of umbilical cord compression and cord prolapse (cord falling out before the birth of the baby) during labour and birth, particularly if the baby's feet are coming first. This may result in your baby's heart rate dropping which could indicate the oxygen supply is being cut off. Due to the urgent nature of this complication, the decision to convert to a cesarean section will be made by the attending obstetrician.

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Although the above are all infrequent occurrences,
the following precautions will be put in place to assure quick conversion to cesarean section if needed:

1. Continuous electronic fetal heart rate monitoring is recommended in the first stage of labour and is mandatory in the second stage of labour (when pushing).

2. An intravenous line (IV) will be placed in your arm. It may be "saline-locked", which means that you do not need to have it hooked up to fluid running unless needed.

3. An epidural *without* medicine will be placed in your back so that in the case of an emergency cesarean you have less chance of being put under general anesthetic (being 'put to sleep'). Pain medicine added to the epidural catheter during labour is entirely your choice.

    - Advantages of an epidural include pain control in the event forceps are required, as well as a smooth transition to a cesarean section if necessary.
    - A "mobile epidural" will allow you more mobility in labour and better control during the pushing stage. This can be discussed with your attending anesthesiologist.

4. During the pushing stage, you may be moved to BCWH operating room for the delivery. The attending obstetrician, an anesthesiologist and a pediatrician will be present. Your family doctor or midwife may also be there to support you. You will likely be positioned on your back in stirrups, as occasionally vaginal breech birth requires the obstetrician to perform several maneuvers during the delivery, including:

    - Forceps, which may be needed to enhance the safe delivery of the baby's head.
    - Fifteen percent of breech deliveries require maneuvers for nuchal arms (arms stuck behind the head preventing its delivery) or an entrapped head (head stuck in the cervix or pelvis)

The obstetricians and staff at BC Women's hospital believe that a woman should have the right to choose how she delivers her baby. As well, we are committed to bringing vaginal breech birth back to everyday practice. Of course, the most important goal for everyone, especially for you and your family, is to ensure that your baby is born safely. Research evidence has shown that if we adhere closely to the above BCWH Vaginal Breech Birth Plan, the planned breech birth of your baby can be safely carried out.

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I, _____, (patient name) declare that I have read or had read to me the contents of this Vaginal Breech Delivery Consent Form. I have had an opportunity to consider its contents, review it with my health care provider and to ask questions, and all of my questions have been answered to my satisfaction. I agree to the BCWH Vaginal Breech Birth Plan as outlined in this document.

I consent to such additional or alternative investigations, treatments or operative procedures as in the opinion of the Attending Obstetrician are immediately necessary.

I further agree that in his or her discretion, the Attending Obstetrician may make use of the assistance of other surgeons, physicians, and hospital medical staff (including Trainees) and may permit them to order or perform all or part of the investigation, treatment, or operative procedure, and I agree that they shall have the same discretion in my investigation and treatment as the Attending Obstetrician.

Patient signature _____

Date _____

Patient's PHN _____

Patient's Birth Date _____

Witness signature _____

Date _____

Physician/Midwife signature _____

Date _____

STATEMENT BY PROFESSIONAL INTERPRETER
COMPLETE **ONLY** IF A PROFESSIONAL INTERPRETER IS USED TO OBTAIN CONSENT.
I have translated the above information to the: _____Patient/Client ____parent ____legal guardian or representative and I have interpreted their responses to the health care provider.

_____ _____ _____
SIGNATURE OF INTERPRETER PRINT NAME DATE SIGNED