

SCENARIO

Vaginal Breech Delivery

LEARNING OBJECTIVES

Identification of breech presentation
Counsel mother on options for delivery of breech presentation
Be aware of unfavourable features that increase the risk of vaginal delivery
Appropriate communication with team – SBAR
Knowledge and use of manoeuvres to deliver vaginal breech
Avoidance of inappropriate manipulation of baby
Management of complications;
-fetal distress
-slow progress
-head entrapment

EQUIPMENT LIST

Mannequin Noelle/SimMom/PROMPT Pelvis	Delivery Pack
Suturing Pack	Forceps (NBF /Keillands)
Baby	CTG/Monitoring

PERSONNEL

MINIMUM: 2
Trainee
Midwife
Paediatrician
Partner

FACULTY

MINIMUM: 1
Facilitator

TIME REQUIRMENTS

TOTAL 35minutes

Set up: 5 mins	Simulation: 15mins
Pre Brief: 5 mins	Debrief: 10mins

INFORMATION TO CANDIDATE

PATIENT DETAILS

Name: Anne Jinbes

Age: 25

Weight/BMI: 29

Gestation: 39+5

Phx: Asthma PRN Salbutamol

Allergies: Nil

G2P1 Prev SVD

SCENARIO BACKGROUND

Location: Triage/Labour Ward

Situation:

Anne presents to triage at 39+5 with history of regular painful contractions and rupture of membranes from 0500hrs. Midwife performed a VE she is 9cm dilated and a possible breech presentation.

CTG: cont 4:10, 125 bpm, variability 10, no decelerations no accelerations

Task: Please review and manage Mrs Jinbes

RCOG CURRICULUM MAPPING

Module 10: Management of Labour

Management of the breech in labour

Module 11: Management of Delivery

Recognise undiagnosed breech

Vaginal breech delivery

INFORMATION FOR ROLEPLAYERS

BACKGROUND

Your name is Anne Jinbes. You are 25 years old this is your second pregnancy. Your first pregnancy was very straightforward with no problems. You had a normal delivery. This pregnancy has been uncomplicated. You are usually well with mild asthma that only requires occasional inhaler use. You smoke 5 cigarettes a day. Your BMI is 29.

You have attended labour ward today at 39+5 weeks you think you might be in labour. Around 5am your waters broke as you started loosing clear fluid. Your baby's movements have been normal and you have started to have regular painful contractions.

The midwife examines you and finds that you are 9cm dilated- you are a little shocked. The midwife then says she thinks the baby might be breech. You aren't really sure what that means. She leaves quickly to get the doctor.

QUESTIONS

Can this be dangerous for my baby?
I am very scared of having a section; can I have a normal delivery?

INFORMATION TO FACILITATOR

SCENARIO DIRECTION

Candidate introduces self to patient/partner

Takes brief history- focus to elicit any unfavourable features for vaginal breech

Assessment:

Abdominal: Longitudinal, breech, engaged

Vaginal: Anterior Rim, fetal anus palpable, sacrum anterior and at spines

Communicates findings with patient/midwife, coordinator, anaesthetics, consultant

USS; Findings extended breech

CTG : Contractions 4:10 130bpm variability 10 variable decelerations with <50% contractions no accelerations

Counsel patient on mode of delivery- patient wishes vaginal breech

Position patient – semi recumbent or all fours depending on patient preference and clinicians experience (RCOG 2017)

IVC/FBC/G&S- Discuss Epidural

Inform coordinator, paediatricians and request consultant on call to attend,

45mins later breech visible on perineum after involuntary pushing by mother

Remain hands off breech unless rotating sacro-posterior

CTG: Contractions 4:10 130bpm variability 10 variable decelerations with <50% contractions no accelerations

With the next contractions (2mins) the umbilicus is visible – if legs not spontaneously delivered, place finger in popliteal fossa to flex knee and deliver legs maintaining hands off the breech.

Next contraction scapula visible – loveset manoeuvre if arms not spontaneously delivered (Nuchal Arm), ensuring any contact with baby is over bony prominences of pelvis not soft tissue of abdomen, return to hands off breech.

Nape of neck visible with next contraction. Deliver head with Mauriceau

Smellie Veit/ Burns-Marshall

Complete 3rd stage

Patient/Team Debrief

SCENARIO DEBRIEF

TOPICS TO DISCUSS

Evidence used to counsel women with breech presentation
Advantages/disadvantages of epidural Anaesthesia
Optimal position for women Supine/ All Fours
Recognising features of delay or obstructed labour

REFERENCES

Green Top Guideline Management of Breech Presentation No. 20b RCOG 2017