Texas Midwifery Board
Breech Birth Guidelines

Introduction

"Breech babies can be born safely without surgery. And with the help of an experienced practitioner, they can be safely born at home."[1] However, it does come with some higher risk factors. Sometimes, these problems are created rather than inherent in the birth. It is best that the midwife be as well trained as possible in the delivery of breech birth, have clear guidelines in her practice, is selective in which breech births she attends, and listens closely to her intuition in each circumstance. In writing the contraindications, it is assumed that the midwife will already be following the Rules of Midwifery (statute) and therefore common contraindications such as preterm baby, etc. will already be risked out of care.

Recommended Education and Resources

- Any classes offered at a midwife conference, including ATM, MANA, ACNM, The Gathering, Midwifery Today, etc.
- Spinning Babies Breech Workshop
- Advanced Life Support in Obstetrics (ALSO)
- Birth Emergency Skills Training (BEST)
- Breech Workshop by Lynn Arnold
- Frye, Anne. Holistic Midwifery Vol. II
- Banks, Maggie. Breech Birth Woman Wise
- Oxorn and Foote. Human Labor and Birth

Prenatal Recommended Guidelines

- Assessment of fetal position during each prenatal visit
- Offer cephalic version at 36 weeks
- Continue efforts to turn the baby including inversions, webster technique with a Chiropractor, acupuncture, homeopathy, etc.
- Perform a breech risk assessment at 38 weeks to determine the mode of delivery
- Discuss risks and benefits of vaginal breech delivery out of hospital and cesarean delivery
- Address any fears or concerns before labor

Criteria for a Breech Birth out of Hospital

- Willingness of client AND midwife
- Evidence of a supportive relationship of the mother, partner and midwife
- Client's comfort level with out of hospital birth
- The client is fully informed of the risks of vaginal breech birth out of the hospital and a signed informed consent is obtained and included in the client's records
- The baby should be between 6-8 pounds
- The ideal fetal position is Frank or Complete Breech in an anterior or transverse position
- If midwife is unsure about her skill level, a more experienced midwife should attend the birth

Contraindications for a Breech Birth out of Hospital

- Client
  - Unwillingness to follow the midwife's instructions

[1] Gaskin, Ina May. On Breeches and Twins at Home. Mothering Magazine. Pg 59

  - History of complicated births
  - Pelvic restrictions
  - Other conditions or issues that would put mom or baby at risk
- Midwife
  - Lack of competence in breech delivery skills
  - Lack of trust or confidence in client or the client's coping skills[2]
  - Midwife unsure of her own skills, confidence or experience
- Baby
  - Footling breech
  - Baby in posterior position
  - Baby with a known anomaly
  - Baby predicted to be larger than 9 pounds or under 6

Management of First Stage
- Ongoing risk assessment
- Obtain all vitals according to standard of care
- Check Fetal Heart Rate every 30 minutes with active labor and/or ROM
- Clear client/midwife communication with informed choice exercised
- Refrain from artificial rupture of membranes or stimulating the labor beyond its natural course[3]

Contraindications for First Stage
- Fetal weight less than 6 pounds and no greater than 9 pounds. Optimal weight is 6-8 pounds
- Developing risks found during ongoing risk assessment
- Cord prolapse
- Malpresentation such as footing, posterior, etc.
- Failure to progress[4]
- Failed descent of the presenting part

Management of Second Stage
- Assess Fetal Heart Rate every 5 minutes
- Ensure client is fully dilated before she begins active pushing[5]
- Hands off delivery of normal breech unless intervention is needed
- Pushing for no more than 2 hours unless birth is imminent
- Clear client/midwife communication with informed choice exercised
- Be prepared with a transport plan if necessary

Contraindications for Second Stage
- Client not completely dilated
- Baby not moving down in steady increments
- Fetal distress
- Cord prolapse unless birth is immediately imminent

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[2] Frye. Pg 935

[3] Frye. Pg 937

[4] Frye, Ann. Holistic Midwifery Vol II, Pg 937

[5] Frye. Pg 939