Physiological Breech Birth Algorithm

Aim for MAXIMUM

7 mins

Rumping
Both buttocks/anus remain visible on the perineum *between contractions*

<5 mins from birth of **pelvis**

<3 mins from birth of **umbilicus**

If intervention used, continue to assist until birth complete

Birth of the head

Steady progress & Reassuring fetal heartrate

YES

No interference
Quiet, calm, warm support

Delay with anterior buttock visible **(+2 station)**

Consider fundal pressure

Delay with both buttocks visible **(+3 station)**

Perineal sweep / buttock lift

Episiotomy

Consider fundal pressure

If pelvis not born immediately following epis & maternal effort – caesarean birth

Pelvis born

Intervene if pause **>30 seconds** or no/minimal progress with maternal effort AT ANY POINT

First intervention is ALWAYS

Continuous cyclic pushing

'wiggle and push'

Maintain awareness of 'normal for breech'

OptiBreech births:

96% within 7 minutes of rumping

73% within 3 minutes of pelvis born

91% within 5 minutes of pelvis born

Arms

Incomplete Rotation

Arm(s) stuck mid-pelvis, 'simple'

Running start

Lift & plant leg on the side baby faces

Sweep pubic arm across face and body

No Rotation

Extended arm(s), pelvis & shoulders remain in A-P diameter, 'complex'

Pelvic thrust

With assistance, thrust hips forward and shoulders back

180° rotations

Release pubic arm first

Head

Extended

at pelvic inlet / not engaged

Pelvic thrust

With assistance, thrust hips forward and shoulders back

Elevate *station* & **Rotate** *occiput*

Align scoop & flex

Deflexed or delayed

in mid-pelvis or outlet

Shoulder press and / or **Face-palm** to flex head

Maternal **buttock lift**

Lithotomy / forceps

Reverse face presentation

Occiput anterior, head hyper-extended in mid-pelvis or outlet

Deliver baby's body towards maternal abdomen, turn to turn

Physiological transition

Position **neonatal resuscitation unit alongside** and level with delivery surface in preparation.

Evaluate & initiate resuscitative measures with **cord intact.**

Immediate cord clamping and cutting of a hypoxic baby prior to onset of respirations will cause a **reflex bradycardia**.

Dr Shawn Walker RM PhD

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