Protocol
6-5

SECTION: Obstetrical/Gynecological Emergencies

PROTOCOL TITLE: OB/GYN – Pregnancy Related Emergencies *(Delivery – Breech Presentation)*

REVISED: 06/2017

BREECH DELIVERIES

OVERVIEW:
Although most babies are born without difficulty, complications may occur. Breech presentation is an abnormality in which the buttocks or legs of the fetus, rather than the head, appear first in the birth canal. This is the most common atypical birth presentation, occurring in approximately 4% of all full-term deliveries, and up to 25% of all premature births. In any breech birth, there are increased risks of umbilical cord prolapse or compression and delivery of the feet through an incompletely dilated cervix, leading to arm or head entrapment. These risks are greatest when a foot is presenting ("footling breech"). Delivery may be prolonged for these newborns, which are at great risk of delivery trauma. Birth trauma can occur from forceful delivery management, such as cervical spine trauma, injury to the brachial plexus, and fractures to the humerus, clavicle, skull, and neck. The cause of breech presentation is only known in approximately half of the cases. Predisposing factors can include fetal and uterine anomalies, abnormal placental implantation, uterine over-distention, previous breech, multiple gestation, high parity, and pelvic obstruction (from placenta previa or tumors).

Figure 1

Management for All Levels - Medical Control Only	EMR	EMT	A	I	P
1. Place mother in delivery position, elevate pelvis with pillows (modified Trendelenburg). *Figure 1*	MC	MC	MC	MC	MC
2. If possible, allow the infant to deliver until the buttock appears.	MC	MC	MC	MC	MC
3. When providing traction, grasp the baby so that your thumbs are over the baby's hips (iliac crests). Do not pull on the legs or apply pressure to the soft lower back	MC	MC	MC	MC	MC
4. Rotate the torso so the baby is face down in the birth canal. *Figure 2*	MC	MC	MC	MC	MC

BREECH DELIVERIES

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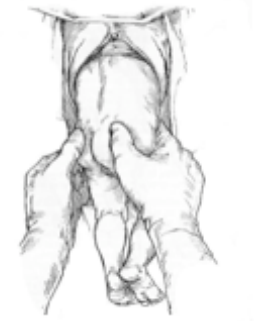

Figure 2

5. If possible, extract a 4 - 6 inch loop of umbilical cord for slack.	MC	MC	MC	MC	MC
6. Apply gentle downward traction until the hairline is visible.	MC	MC	MC	MC	MC
7. Place one hand under the trunk, so that the infant's body rests on the palm, and the index and middle finger of that same hand support the mouth and chin.	MC	MC	MC	MC	MC
8. Place the other hand on the infant's back and shoulders, with the middle and index finger of that hand resting on the infant's shoulders, supporting the posterior neck.	MC	MC	MC	MC	MC
9. A towel can be wrapped around the lower body to provide a more stable grip, as needed.	MC	MC	MC	MC	MC
10. Have your assistant apply suprapubic pressure to keep the fetal head flexed, expedite delivery, and reduce risk of spinal injury. *Figure 3*	MC	MC	MC	MC	MC

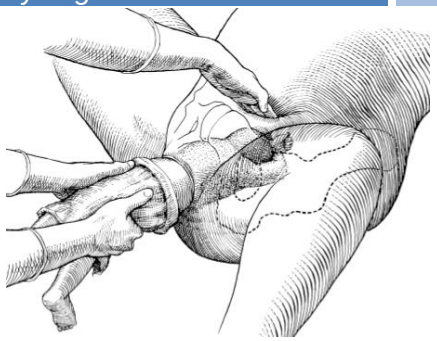

Figure 3

11. Continue light downward traction until shoulder blades or armpits appear.	MC	MC	MC	MC	MC

Management for All Levels - Medical Control Only	EMR	EMT	A	I	P
12. If resistance is felt, arms may need to be freed prior to continuing. Exert gentle outward traction on the baby while rotating the baby clockwise and then counterclockwise a few degrees to free the arms.	MC	MC	MC	MC	MC
13. If the arms are trapped in the birth canal, you may need to reach up along the side of the baby and sweep them one at a time, across the chest and out of the vagina.	MC	MC	MC	MC	MC
14. After the shoulders have delivered, rotate the infant so that the back is anterior. *Figure 4*	MC	MC	MC	MC	MC

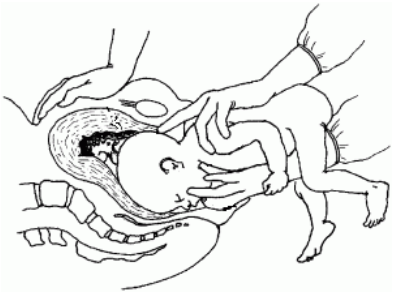

Figure 4

15. Apply gentle downward traction until the hairline is visible.	MC	MC	MC	MC	MC
16. Place one hand under the trunk, so that the infant's body rests on the palm, and the index and middle finger of that same hand support the mouth and chin.	MC	MC	MC	MC	MC
17. Place the other hand on the infant's back and shoulders, with the middle and index finger of that hand resting on the infant's shoulders, supporting the posterior neck.	MC	MC	MC	MC	MC
18. Slowly bring the body upward, while a second person applies suprapubic pressure to facilitate the delivery of the head.	MC	MC	MC	MC	MC
19. Slowly allow the chin, face, and then brow to be delivered. Try not to let the head "pop" out of the birth canal. A slower, controlled delivery is less traumatic.	MC	MC	MC	MC	MC
20. Perform post birth procedures and / or neonatal resuscitation per normal patient care protocol.	MC	MC	MC	MC	MC
21. If unable to deliver head, place gloved index and middle finger in the vagina with the palm towards the baby's face to maintain airway and pushing the infant up to relieve pressure on the cord.	MC	MC	MC	MC	MC
22. Transport immediately.	MC	MC	MC	MC	MC

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