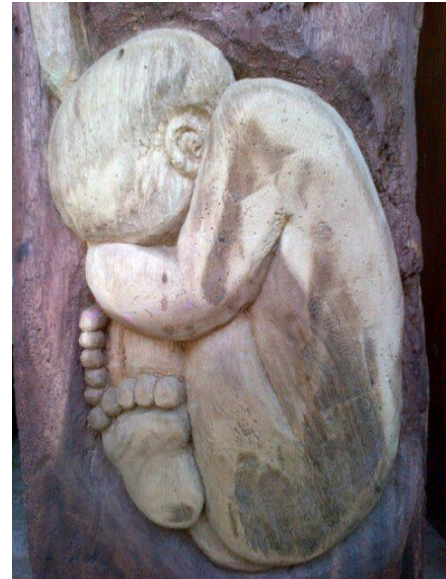


Developing health professionals to support breech birth within a paradigm of complex normality

Shawn Walker, RM, MA

*Midwife & PhD Candidate
City University London*

*Amsterdam Breech Conference
2016 'Teach the Breech!'
June 30 – July 1, 2016*



Candra Harjanto, wood, June 2016

*Insanity: doing the same thing over and over again
and expecting different results.*

(attributed to Einstein)

Vaginal breech birth in fragmented maternity care systems:

- Dilution of opportunity = erosion of skill
- Minimal experiential learning
- No continuity, shift-based systems

- Behaviourist learning, procedural imitation
- Not ideal for complex clinical decision making



Different Breech Paradigms

Complex Normality

- There is an observable 'normal' mechanism for physiological vaginal breech birth
- Therefore, it is possible to determine when help is needed, and when the birth should remain undisturbed

Abnormality

- All breech presentations are 'abnormal'
- Spontaneous breech birth is very rare, usually only preterm
- Therefore, assistance to deliver the arms and head is routinely applied

What is required ...?



Standards for maternity care professionals attending planned upright breech births: A Delphi study[☆]



Shawn Walker, MA, RM^{a,b,*}, Mandie Scamell, PhD, RM (Dr)^a, Pam Parker, PhD, RN (Dr)^c

^a City University London, Centre for Maternal and Child Health Research, Northampton Square, London EC1V 0HB, UK

^b Imperial College Healthcare NHS Trust, St. Mary's Hospital, Praed Street, London W2 1NY, UK

^c City University London, Learning Enhancement and Development, Northampton Square, London EC1V 0HB, UK

- Hands-on simulation (skills and drills)
- Regular opportunities to discuss with peers and mentors
- Watching breech birth videos
- Theoretical instruction in anatomy, physiology, mechanisms and manoeuvres
- Mentorship and supervision in clinical settings

Physiological Breech Birth Training

- Research update – counselling is a skill
- ‘Normal for Breech’ – mechanisms, other features
- Complicated Breech Births – skills and manoeuvres
- Simulations, case scenarios – discussion & hands-on

Turning breech upside down: upright breech birth

Shawn Walker

MIDIRS Midwifery Digest 25:3 2015

breechbirth.org.uk

to learn to discern when it is indicated. Therefore, safe support of these births requires constant close evaluation of the fetal condition, intimate knowledge of the normal mechanisms of breech birth, and the ability to recognise common deviations from normality and how to respond. Attendants must not only *respect the mechanism*, but also be prepared to *restore the mechanism* should the need arise. For

Virtual Community of Practice

Review

Dissemination

Discussion



Re: new video -- what are your thoughts?

by [Heather Beaudoin](#) - Tuesday, 7 June 2016, 7:43 PM

I noticed that the mother is mostly haunches low to her heels with a few notable exceptions:

1) just after the contraction during which the baby has "rumped" - the mom rises up away from her heels, makes somewhat more distressed, high pitched sounds and "gyrates" her hips a bit more, the baby's rump appears to retract a bit too. The combination of all this makes me think that the mother is spontaneously tucking her pelvis to make more room at the pelvic inlet to assit the entering of the shoulders and head above.

2) with the contraction during which she delivers the legs - again mom lifts her bottom up away from her heels - again effectively making room at the pelvic inlet for what is entering from above I assume??

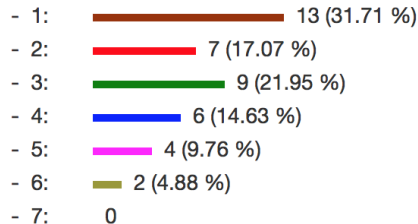
3) then also after what seems like one weak contraction with mom's bum closer to her heels and not effectively delivering the arms, someone coments to "wiggle your baby out", the mom wiggles a bit, shifts her left knee slightly to the side and again rises up away from her heels and tucks her hips a bit more - at which point she is then able to deliver the arms with a contraction/push during which she lowers her hips down to her heels (making the outlet wider to allow the arms out??)

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Evaluation (Canterbury, 2016)

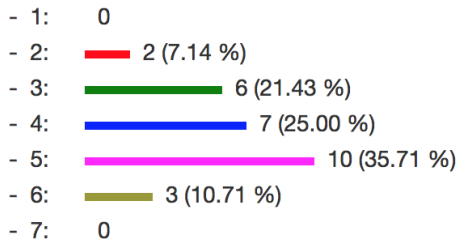
Supine

(supineconfidence) Please rate your current level of confidence to manage a breech delivery with the woman in a supine position. (1=not at all confident; 7=very confident)



2.68

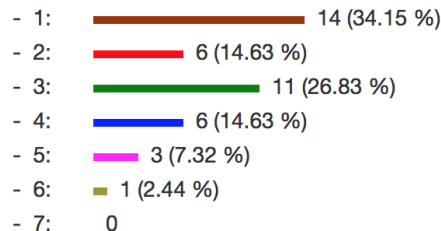
(supineconfidence) Please rate your current level of confidence to manage a breech delivery with the woman in a supine position. (1=not at all confident; 7=very confident)



4.26

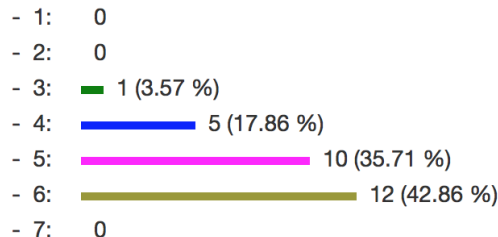
Upright

(uprightconfidence) Please rate your current level of confidence to facilitate a breech birth with the woman in an upright position. (1=not at all confident; 7=very confident)



2.54

(uprightconfidence) Please rate your current level of confidence to facilitate a breech birth with the woman in an upright position. (1=not at all confident; 7=very confident)



5.19

Next steps ...

- Behaviour evaluation in progress (*N. America*)
- Evaluation of physiological breech birth training, including before / after data (Auckland, 2016)
- Is breech birth safe? →
Can we make it safer?

 **Breech Birth Network**

breechbirth.org.uk

Shawn Walker

+44 7947819122

Shawn.Walker@city.ac.uk



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