

3-2 Delay in second stage vaginal breech birth [lithotomy position] v.1

Delay is defined as when the breech is not visible **after 2 hours of passive second stage**. Birth should be expedited if there has been a delay of more than 5 minutes from birth of the buttocks to the head or more than 3 minutes from birth of the umbilicus to the head

START

- 1 **Call for help** (obstetrician, midwife, anaesthetist, neonatal team)
 - ▶ **Ask:** “who will be the team leader?”
 - ▶ **Team leader assigns** checklist reader and scribe
- 2 **Position woman into semi-recumbent position**
- 3 **Start continuous fetal monitoring +/- fetal buttock electrode**
- 4 **Check position of breech on vaginal examination**
 - ▶ If breech not visible → emergency caesarean birth (call theatre *-then-* transfer)
 - ▶ If breech visible → encourage maternal effort

Do not apply excessive force or traction to facilitate birth
- 5 **Start a timer at time of birth of buttocks. Expect birth within 5 minutes**
 - ▶ If nuchal arm(s) suspected (extended arms with axilla visible) → Lovset’s (**Box A**)
 - ▶ If no progress after seeing the nape of the neck → Mauriceau-Smellie-Veit (**Box B**)
 - ▶ If unsuccessful → forceps, to assist birth of fetal head (**Box C**)
 - ▶ If neck is extended → apply suprapubic pressure
- 6 **If head will not flex**
 - ▶ Rotate baby to a lateral position
 - ▶ Flex head using suprapubic pressure
 - ▶ Once flexed, rotate baby back to sacroanterior, assist engagement into pelvis
 - ▶ Apply forceps to assist birth of the head
- 7 **Post birth actions (Box D)**

Box A: Lovset’s manoeuvre

▶ *for extended/nuchal arm(s)*

- ▶ Grip the baby using a pelvic grasp, with thumbs on the sacroiliac joints
- ▶ Rotate the baby 90° to bring the anterior shoulder underneath the symphysis
- ▶ Deliver the arm by flexion at the elbow
- ▶ Rotate the baby 180° to bring the posterior shoulder underneath the symphysis and deliver the arm

Box B: Mauriceau-Smellie-Veit manoeuvre (MSV)

▶ *for birth of the head*

- ▶ Support the body of the baby on your hand and forearm
- ▶ Using the same hand, place index and middle finger onto the baby’s maxilla (either side of the nose)
- ▶ *Not into the infant’s mouth*
- ▶ Place the index and middle finger of the other hand onto the baby’s occiput neck and flex the head

Box C: Forceps

▶ *for birth of the head if MSV is unsuccessful*

- ▶ An assistant is needed to support the baby
- ▶ Pipers or other long armed obstetric forceps should be used
- ▶ *Not Wrigley’s forceps*
- ▶ The forceps are applied from under the body in the same manner as in cephalic birth
- ▶ Consider episiotomy if not already performed

Box D: Post birth actions

- Allow at least 60 seconds deferred cord clamping, unless immediate resuscitation needed
- Take paired umbilical cord gases
- Debrief parents and staff

