OKLAHOMA MIDWIFE VAGINAL BREECH BIRTH INFORMED CONSENT FORM

Instructions: Per OAC 310:395-5-6.1(a)(1). Informed consent and disclosure statements on vaginal birth after caesarian (VBAC), vaginal breech birth, and vaginal multiple birth must be approved by the Advisory Committee on Midwifery. Copies of this consent form may be downloaded by visiting the OSDH Midwives Program webpage or requesting a copy by contacting the OSDH Consumer Health Service at CHSLicensing@health.ok.gov.

VAGINAL FRANK/COMPLETE BREECH BIRTH INFORMED CHOICE AND CONSENT AGREEMENT

At term, breech position is found to occur at 3-4%. Approximately 1-2% of babies remain breech at labor onset. Due to increased risks to the baby, the Midwife takes care to ensure that their skills and knowledge surrounding breech birth are current. They also take care to ensure that the birthing person is fully informed of the risks. Not all midwives and clients may want to have a vaginal breech birth out of the hospital.

It is recommended by the American College of Obstetrics and Gynecologists (ACOG), that breech babies be delivered by cesarean or in a hospital setting, and it considers breech presentation to be an absolute contraindication to planned home birth. This is due to a higher risk of perinatal death. Although there are increased risks to the baby born by vaginal breech, there are also risks to both mom and the baby associated with surgical birth.

When your baby is breech, you have three (3) options for delivery:

1. A planned hospital birth as determined by a physician.
2. An external cephalic version, which means attempting to manually turn the baby to a head down position to increase the chance for a vaginal delivery. This is most safely accomplished in a hospital.
3. A planned home birth with risks as described below.

It is important to be aware of the following risks:

- Babies with genetic anomalies have a higher rate of presenting breech
- Trauma and injury could occur to baby during labor and birth
- Cord prolapse (where the cord presents before the baby through a dilated cervix), which could interrupt the flow of oxygen to the baby resulting in brain damage and/or death
- Fetal head entrapment at delivery
- Increased need for resuscitation of the newborn
- Perineal lacerations, episiotomy (injury to the area between the vagina and the anus, surgical cut to the area between the vagina and the anus)
- Postpartum hemorrhage which may require blood transfusion or possible hysterectomy
- Overall, vaginal delivery of a breech baby may increase the risk of fetal death and/or short-term serious neonatal morbidity
- These risks may be higher in first time mothers
- The distance from a NICU and pediatrician may increase risk of morbidity and mortality to the infant

These risks may be minimized by some of the following techniques:

- Early detection of malpresentation as confirmed by ultrasound
- Close observation and monitoring throughout the labor process
- Maintain intact membranes as long as possible
- Delay pushing until completely dilated
- Client's commitment to cooperate fully with midwife's instructions
- Good communication between client and midwife
- Midwife experienced with breech deliveries present at birth and assistant present at birth

My midwife has explained all of the above. _____ *(initial)*

OKLAHOMA MIDWIFE VAGINAL BREECH BIRTH INFORMED CONSENT FORM (Continued)

CLIENT ACKNOWLEDGEMENTS

Initials *Client must read each item and initial each in the space provided below.*

( ) 1. I understand that transfer to a hospital for further evaluation of possible birth injuries to myself or newborn may be necessary.

( ) 2. Transfer of care can be initiated at any time at the discretion of the midwife or the client.

3. I have been informed that my midwife's experience of breech birth is:

- ( ) Number of attended breech births
- ( ) Number of performed breech births
- ( ) Continuing Education hours in breech births

( ) 4. I understand the importance of promptly notifying my midwife of labor symptoms.

( ) 5. My midwife has offered me the option of a second opinion.

( ) 6. I understand that if my baby is not in frank or complete breech presentation, I will be transferred to the care of a physician in a hospital for delivery.

( ) 7. I understand that during the course of care, it may be necessary or appropriate to perform additional testing and procedures outside the standard of care, for which informed consent will be offered at that time.

( ) 8. Planned home births of a breech-presenting fetus is associated with an intrapartum fetal mortality rate of 13.5 in 1,000 and neonatal mortality rate of 9.2 in 1000.

After careful consideration of the above information:

( ) I am choosing a vaginal breech out of hospital birth under the care of my midwife.

( ) I am choosing to transfer care to a physician.

REFERENCES

"Mode of term singleton breech delivery." Committee Opinion Number 745. August 2018. ACOG

READ CAREFULLY *The risks, benefits, and alternatives have been discussed and all questions have been answered.*

Mother/Client:

Print Name	Signature	Date

Midwife:

Print Name / Lic. No.	Signature	Date