AIMS For a better birth...

Should we expect the maternity services to be competent to facilitate physiological vaginal breech birth where this is women's choice?

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By the AIMS Campaigns Team

A PIMS (Physiology Informed Maternity Services) group case study.

Context:

At present, there is unwarranted variation across the UK in terms of the support that different maternity service providers offer to pregnant women who find that their babies are in the breech position in late pregnancy. Given previous international research, there are also unresolved questions about the safety of different modes of breech birth. AIMS starts from the position that the maternity services should be competent to facilitate vaginal breech birth, both where this is the woman's choice and where this is necessary in an emergency situation. In that context, the AIMS Campaigns Team have been exploring the research work of Dr Shawn Walker, who has been investigating a new breech care pathway for women who plan to birth their breech baby vaginally.

Towards the end of pregnancy, generally from 32 weeks, most babies turn head down in preparation for birth. A small percentage - 3%- 4% - of babies remain in the breech position, where the baby's head is at the top of the uterus, under the ribcage. Historically, vaginal breech birth was treated as a variant of normal physiology and staff were skilled to facilitate it.

What's the issue and why is this important:

There has been a decline in planned vaginal breech birth since the results of the international Term Breech Trial were published in 2000, *This multicentre randomized controlled trial (RCT), included 2088 pregnant women, compared outcomes for mums and babies who either gave birth/ were born vaginally or by caesarean. This trial "found significantly higher risk for perinatal death or serious perinatal morbidity after intended vaginal delivery", and concluded that "[p]lanned caesarean section is better than planned vaginal birth for the term fetus in the breech presentation".*

In the UK, the Royal College of Obstetricians and Gynaecologists (the RCOG) - in the relevantGreen Top Guidelines - explained that *"[t]he decline in vaginal breech delivery in the UK has led to a widespread lack of experience which itself threatens the safety of planned, and the unplanned but inevitable, vaginal breech birth. An inability of a unit to reliably provide experienced personnel for the delivery is a contraindication to a recommendation of planned vaginal birth."*

The reduction in vaginal breech birth that the Term Breech trial triggered thus changed the way that maternity services across the world considered breech birth; now, caesarean births for babies in a breech position at the end of pregnancy have become the default. This global change has led to a decline in vaginal (physiological) breech birth which in turn has led to a lack of experienced, skilled and confident practitioners who feel able to support vaginal breech birth.

In many maternity units across the UK, there is no real option for women to choose to give birth vaginally if their baby is breech, because not all local services have staff with the skills or expertise to offer this type of birth, which goes beyond the current standard care pathway. This means that if a pregnant woman's baby is presenting breech at term, and she wishes to give birth vaginally, the woman will be offered an attempt to turn the baby manually, known as external cephalic version (ECV). If this is unsuccessful, the woman will be given the limited options of either a caesarean or, depending where she lives, transfer to another unit that is able to support a vaginal breech birth, potentially travelling a long way from home.

The Optibreech Trial[1]

In response to this problem, midwife and researcher Dr Shawn Walker developed and led the Optibreech Pilot and Feasibility Trial, which had the intent of developing a new breech care pathway, which would improve the support on offer to women planning a vaginal breech birth. The study also investigated if it was possible to have trained specialist staff to provide the service. The research, sponsored by Kings College London. was funded by the National Institute for Health and Care Research (NIHR), between 20th June 2021 and 31st January 2024. With the Optibreech care model, women are offered personalised counselling by a physiological breech birth specialist, and should always have the option of planning for a vaginal breech birth.

First there was a feasibility study in a number of participating hospitals across the UK, to determine whether these hospitals could provide consistent, experienced staff to care safely for women planning a vaginal breech birth and their babies, according to the Optibreech model. (Optibreech 1 Study[2])

The Optibreech care pathway involved getting in place a proficient multidisciplinary team who had undertaken enhanced training in physiological breech birth. Women with a breech pregnancy after 36 weeks, who chose to plan a vaginal breech birth within their current Trust guidelines, were eligible to participate, and were offered care from the 'Optibreech' trained team. Thirteen sites across the UK participated in this observational study which lasted for two and a half years.

This feasibility pilot study was supported by a dedicated Breech or Birth Choices clinic at each site. This

clinic was coordinated by a breech specialist continuity midwife and a breech lead obstetrician, both of whom had undergone the 'Optibreech' training. Women in the Optibreech care model had the choice of 3 options, including personal counselling:

1. External cephalic version (ECV)
2. Vaginal breech birth
3. Elective caesarean birth

What the optibreech study found

The study found that the introduction of breech clinics improved the support available to women facing decisions about their options around external cephalic version and mode of birth, by providing them with personalised counselling. The new approach offered continuity of care to support women in their decisions when it came to birthing their breech babies. In this way, it represented an improvement in the service offered to women with breech babies.

On the other hand, the study came across an unwelcome variation in the implementation of the planned intervention: it was not always possible for the 'Optibreech' trained staff to be present at each of the women's births where a vaginal birth had been chosen, given the unpredictability of labour onset. For some women who had planned a vaginal breech birth, the experienced team were not present when they were in labour, and then had a caesarean[3]. This represents a risk to the viability of the Optibreech care model as designed.

AIMS commentary:

We are grateful to Dr Shawn Walker for identifying this issue as an area for service improvement, and for seeking to effect an evidence-based improvement.

It is evident that the standard care pathway is not working. Women are not being properly informed about their options and local services are not ready to support women's decisions.

The Optibreech care pathway is designed to improve choices for women, which subsequently benefits staff who can continue to skillfully support physiological breech birth and continue to gain knowledge and expertise in this area.

The Optibreech work to date has:

- Validated the gaps in current service provision. Women want balanced information when planning for the birth of their baby and when their baby is breech, caesarean is often presented as being completely safe with no risks. Women know this is not true; they cherish having continuity

of care and counselling from a breech midwife who listens to them and offers them evidence-based information. Women are then able to compare the benefits and risks of vaginal breech birth and caesarean birth, and, taking account of their individual circumstances, make an informed decision and be offered a personalised care plan to support their decisions.

- Validated concerns around a lack of training and experience amongst staff to support vaginal breech birth. The vast majority of students and newly qualified midwives have never witnessed, let alone facilitated, a physiological breech birth. An understanding of the physiology of breech birth, and what works to support it, seems to be lacking, and this in itself is important to feed back into pre-registration and professional development curriculum design.

The legacy of the Optibreech study is a greater awareness of what needs to be in place in the UK to make the support of vaginal breech birth a safe option for mums and babies. Learning opportunities for a wide group of staff in every maternity service provider is key, and AIMS hopes that further - evaluated - work at provider-level will achieve this. In addition, it is important that a large-scale observational study - or service audit - is done, in order to evaluate the safety outcomes of the Optibreech approach and to further improve information to support women's decision-making.

What barriers had to be overcome to undertake the Optibreech work?

Physiological breech birth is not always an option throughout the UK and women may not be aware that it is an option elsewhere in the country.

Physiological breech birth is not always considered a variation of normal physiology and continues to be considered unsafe by many healthcare professionals, ignoring women's rights to decide on mode of birth.

Current maternity services will usually offer a caesarean as a 'simple' medical intervention rather than invest in the Optibreech care pathway intervention.

AIMS vision for breech birth services:

All maternity units should have staff competent in counselling women about options when their baby is in a breech position in later pregnancy; they should offer women information about the full range of options to support their decision about how to birth their baby; and they should have staff competent and available to support vaginal breech birth if that is the woman's choice.

Bibliography:

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Further reading/listening:

- The AIMS Guide to Breech Birth - launching soon!
- AIMS position paper on Physiology-Informed Maternity Care
- Episode 31 of The Obs Pod, "Bottom Down,"

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PIMS is a subgroup of the AIMS Campaigns Team, specifically campaigning for Physiology-Informed

Maternity Services. PIMS selects a topic of birth physiology to showcase more recent research and evidence. More case studies and information on Physiology-Informed Maternity Services can be found on the AIMS website here: Physiology-Informed Maternity Services

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1 OptiBreech – Optimising care and options for women with a breech-presenting baby at term

2 Breech specialist midwives and clinics in the OptiBreech Trial feasibility study: An implementation process evaluation - Dasgupta - 2023 - Birth - Wiley Online Library

3 OptiBreech cluster trial: Call for expressions of interest