Informed Consent and Waiver for
Medical Referral For Vaginal Breech Birth

The Medical standard of care for breech-presenting babies is to do a cesarean section in most cases. First time mothers are considered to have an "unproven" pelvis which means that it is not certain that a baby can fit through it. Even women who have had a baby are encouraged or made to have a c-section due to the increased risks to the baby during delivery. Since the standard has become c-section, most medical providers are unable to practice the skills needed for vaginal breech delivery so most providers are not comfortable with these techniques. Because of increased risk to the baby, possible inexperience and the possibility of lawsuits, cesareans are usually performed. There are doctors who perform breech deliveries in the hospital. Though many times it is their malpractice insurance that will not allow then this practice. If this is your choice, I will make every effort to facilitate this choice.

My practice guidelines include the right of the client to choose to continue care with me and decline referral to a doctor, following a complete discussion of the risks involved my experience level, and
the signing of this consent form.

Breech presentation is considered a normal variation in pregnancy, occurring in 3-4% of term deliveries. Slant board, homeopathic pulsatilla, and moxibustion (a Chinese medicine form) are our first choice to change a breech to a head-down position. If the baby remains breech, please consider the following.

Risks include increased fetal morbidity and mortality (injury and death) due to the following:

Trauma and injury to the baby as a result of

- normal swelling and bruising of the baby's presenting parts during labor and delivery
- spinal cord injuries
- damage to internal organs if the baby is grasped incorrectly.

Asphyxia due to

- prolonged compression of the umbilical cord during delivery
- actual prolapse of the cord
- aspiration of amniotic fluid caused by breathing before the head has been born
- prolonged or hard labor.
- Cerebral hemorrhage due to compression and rapid decompression of the head at delivery.
- There is an increased need for resuscitation of the newborn who birthed breech as opposed to head first.

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

- Early detection and assessment of labor.
- Close observation and monitoring throughout the labor process.
- Intact membranes if possible.
- Direct communication between midwife & client as to labor status and coaching aids Client cooperation in delaying pushing efforts until complete dilation is achieved.
- Clients full cooperation with instructions given during the actual delivery process

My protocol for attending a home breech birth includes all of the following:

- The baby must not be footling breech (one or both feet first).
- Sonogram done prenatally by 37 weeks to rule out anomalies that sometimes are associated with breech presentation.
- Head flexed
- Distance to hospital <30 minutes
- Pelvis adequate for fetal size
- Gestational age >37 ½weeks, <41 ½weeks
- Psycho-social aspects conducive to cooperation during labor & delivery
- Signed informed consent
- Following rupture of membranes labor should begin within 6 hours, as the decrease in amniotic fluid makes cord compression more likely
- Once labor has begun, progress should be within normal limits.

In the presence of problems above, the hospital and even a cesarean section should occur for the
baby's safety.

"My Midwife has explained this situation in writing (by this form) and verbally (using books, photos and videos). I understand that my full cooperation will be necessary to aid in avoiding complications."
Video List: https://www.youtube.com/playlist?list=PLqoVCUc3-TDR1r6Hf-Q0hC-KG4NzGsYVb

Date Initials_____ _____ I have been informed of my Midwife's breech experience: ___0____breech assistance ____3____supervised ____5___on her own_____ _____ I will make every effort to cooperate in order to facilitate a normal breech delivery of my baby _____ _____ I am aware that at any time I may choose to re-evaluate my options and be referred/transported to another care provider (provided birth is not imminent) _____ _____I realize that if at any time a situation arises that requires immediate emergency care, my midwife will inform me, transport may be appropriate, and EMS may be called.
Other options discussed: _____

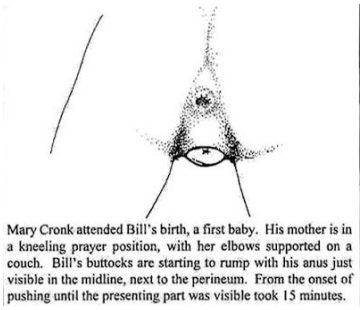
After careful evaluation of the above, I am exercising my right to choose to birth my breech baby at home and waive referral to another provider. This decision is made of my own free will and I absolve and hold harmless my midwife.

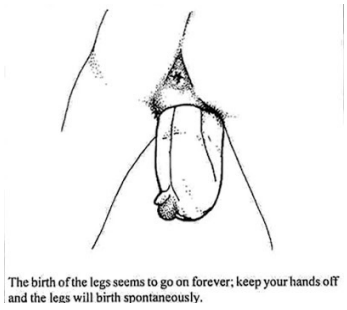
Signed_____date_____

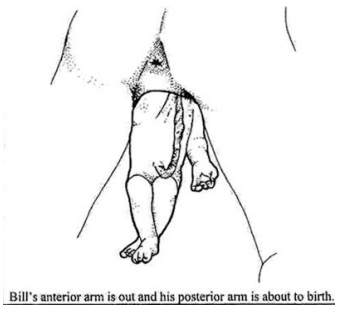
Midwife signature_____

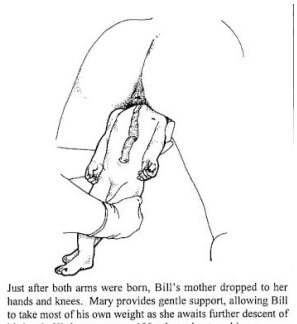
Witness_____

Factor	**Po int Base**		
	0	1	2
Parity	Nulipara	Gravida 1	Gravida 2
Gestational age in weeks	39	38	37
Estimated weight	8	7+	6+
Previous Breech	0	1	2
Dilation	2	3	4
Station	-3	-2	-1


Mary Cronk attended Bill's birth, a first baby. His mother is in a kneeling prayer position, with her elbows supported on a couch. Bill's buttocks are starting to rump with his anus just visible in the midline, next to the perineum. From the onset of pushing until the presenting part was visible took 15 minutes.


The birth of the legs seems to go on forever; keep your hands off and the legs will birth spontaneously.


Bill's anterior arm is out and his posterior arm is about to birth.


Just after both arms were born, Bill's mother dropped to her hands and knees. Mary provides gentle support, allowing Bill to take most of his own weight as she awaits further descent of his head. His heart rate was 100+ throughout pushing.


Mary continues to provide a little support, as Bill's chin emerges. His head came easily from nose to fully born in less than 1 min.

Visualize Breech in the upright position.