



Informed Consent and Waiver of the Medical Referral for Vaginal Breech Birth

The medical standard of care for breech presenting babies is to perform a cesarean section. First time mothers are considered to have an “unproven” pelvis which means that it has not been proven that a baby can fit through the pelvis. Even women who have had a baby are encouraged or coerced 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 the norm.

Our practice guidelines include the right of the client to choose to continue care with us and decline medical referral to a doctor, following a complete discussion of the risks involved, our experience and the signing of the consent form.

Breech presentation is considered a normal variation in pregnancy, occurring in 3-4% of terms pregnancies. Slant board, chiropractic adjustment (Webster Technique), and many other techniques are our first choice to encourage a head down position. If the baby remains breech please consider the following:

Risks include increased fetal morbidity (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 part during labor and birth
- Delivery techniques and manipulations during the birth process causing fractures to the skull, neck, humerus, clavicle and femur.
- 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 with the 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 and client as to labor status and coaching aids
- Client cooperation in delaying pushing efforts until complete dilation is achieved
- Client’s full cooperation with instruction with instructions given during the actual delivery process.

Tree of Life Midwifery Care
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My protocols for attending a home breech birth includes all of the following:

- The baby must be a frank breech (buttocks first)
- Sono done by 37 weeks to rule out anomalies that can be associated with breech presentations.
- Distance to hospital <30 minutes
- Pelvis adequate for fetal size
- Gestational age >37 weeks, <42 weeks
- Psych-social aspects conducive to cooperation during labor and delivery
- Signed informed consent form
- Following rupture of membranes, labor should began within 24 hours

If any of the above situations are not agreeable, then the recommendations for transport and c-section is inevitable.

My midwife has explained this situation in writing and verbally. I understand that my full cooperation will be necessary to aid in avoiding complications.

Date Initials

_____	_____	I have been informed of my midwives' breech experience
_____	_____	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, if it is safe to do so.
_____	_____	I realize that if at any time a situation arises that requires immediate emergency care, my midwives will inform me and transport my be appropriate.
_____	_____	My midwife has advised me to do further research about breech births and copy any and all information I have read in order to inform myself fully about home breech births.
_____	_____	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 own free will and I absolve and hold harmless Lisa Black, CPM, LM.

Signature of Client

Dated

Signature of Client's husband/partner

Dated

Signature of Midwife

Dated