Clinical Practice Guidelines:
Imminent Vaginal Breech Delivery (VBD)

I. Purpose:
To outline the procedures to be followed, when the patient has presented to labor and delivery and vaginal breech delivery is imminent. Imminent delivery is defined as the buttock or leg(s) visible at or beyond the introitus. The determination of imminent may also be made per attending discretion.

Policy:
To describe the care of patients for whom vaginal breech delivery is imminent

II. Specific Education:
Unit based orientation

III. Specific Information:
When a patient has presented with an imminent vaginal breech delivery, the following shall be done:
A. Gather equipment/Supplies/Personnel:
   In addition to routine vaginal delivery set up or precipitous delivery pack:
   a. Notify OBET
   b. Piper forceps to bedside
   c. Terbutaline to bedside
      i. Usual Dose: 0.25 mg per provider order
      ii. Usual Route: IV per provider order. Terbutaline may be given subcutaneously per provider order.
   d. Nitroglycerin to bedside
i. Usual Dose: 100 mcg per provider order
ii. Nitroglycerine may be given up to 200 mcg per provider order.
iii. Route: IV per provider order.
e. catheter to bedside
f. Lidocaine 1% to bedside for laceration repair as needed.

B. VBD procedure:
   a. Informed consent obtained and documented for Cesarean Delivery
   b. Notify anesthesia and NICU of imminent breech delivery if not already present
   c. Obtain IV access (18 gauge or larger preferred)
   d. Availability of performing immediate Cesarean Delivery. Patient to be moved to the operating room for delivery with double set up per attending discretion related to imminence of delivery.
   e. Use of tocolytics per provider request i.e., Terbutaline and Nitroglycerin as noted in III. A.

IV. Clinical Implications:
   A. Nursing care will be provided according to the unit guidelines.
   B. VBD is a high risk delivery; documentation according to labor policy. Maneuvers utilized will be confirmed with physician and documented with time of occurrence.
   C. During the delivery process and as directed by provider, a designated staff member will apply pressure to favor flexion and engagement of the fetal head.
   D. Delivery of the shoulders will be communicated by the provider.
   E. After delivery of the shoulders, the timekeeper will continue to monitor the time and fetal heart rate palpated through the umbilical cord, calling out both every 30 seconds to remind the provider and team.
   F. All personnel will use closed loop communication.
   G. Cord Gas Value obtained per current protocol or physician order.

V. Patient/Family Education:
   A. Plan of care
   B. Unit routine

VI. Documentation:
   Will be done according to hospital and unit guidelines and occur in the following places:
   A. Consent for anesthesia and Cesarean Delivery will be documented in the OB EMR if applicable
   B. Documentation will be completed in the EMR according to hospital and unit guidelines

VII. References:
A. Fetal Heart Rate Monitoring Policy
B. Nursing Management of the Labor Patient


VIII. Contributors:
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IX. Endorsement:
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