*v.1 Obstetric Anaesthetists’ Association 2024. Issued under Creative Commons license CC BY-NC-SA 4.0. See* [*www.oaa-anaes.ac.uk/qrh*](http://www.oaa-anaes.ac.uk/qrh)

3-2 Delay in second stage vaginal breech birth [lithotomy position]v.1 Delay is defined as when the breech is not visible **after 2 hours of passive second stage**. Birth should be expedited if there has been a delay of more than 5 minutes from birth of the buttocks to the head or more than 3 minutes from birth of the umbilicus to the head

START

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| **Box A: Lovset’s manoeuvre**⯈ ***for extended/nuchal arm(s)*** |
| ⯈ Grip the baby using a pelvic grasp, with thumbs on the sacroiliacjoints⯈ Rotate the baby 90 to bring the anterior shoulder underneath the symphysis⯈ Deliver the arm by flexion at the elbow⯈ Rotate the baby 180 to bring the posterior shoulder underneath the symphysis and deliver the arm |

❶ **Call for help** (obstetrician, midwife, anaesthetist, neonatal team)

⯈ **Ask:** “who will be the team leader?”

⯈ **Team leader assigns** checklist reader and scribe

❷ **Position woman into semi-recumbent position**

❸ **Start continuous fetal monitoring +/- fetal buttock electrode**

❹ **Check position of breech on vaginal examination**

⯈ If breech not visible  emergency caesarean birth (call theatre -*then-* transfer)

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| **Box B: Mauriceau-Smellie-Veit manoeuvre (MSV)**⯈ ***for birth of the head*** |
| ⯈ Support the body of the baby on your hand and forearm⯈ Using the same hand, place index and middle finger onto the baby’smaxilla (either side of the nose)⯈ *Not into the infant’s mouth*⯈ Place the index and middle finger of the other hand onto the baby’socciput neck and flex the head |

⯈ If breech visible  encourage maternal effort

***Do not apply excessive force or traction to facilitate birth***

❺ **Start a timer at time of birth of buttocks. Expect birth within 5 minutes**

⯈ If nuchal arm(s) suspected (extended arms with axilla visible)  Lovset’s (**Box A**)

⯈ If no progress after seeing the nape of the neck  Mauriceau-Smellie-Veit (**Box B**)

⯈ If unsuccessful  forceps, to assist birth of fetal head (**Box C**)

⯈ If neck is extended  apply suprapubic pressure

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| **Box C: Forceps**⯈ ***for birth of the head if MSV is unsuccessful*** |
| ⯈ An assistant is needed to support the baby⯈ Pipers or other long armed obstetric forceps should be used⯈ *Not Wrigley’s forceps*⯈ The forceps are applied from under the body in the same manner as in cephalic birth⯈ Consider episiotomy if not already performed |

❻ **If head will not flex**

⯈ Rotate baby to a lateral position

⯈ Flex head using suprapubic pressure

⯈ Once flexed, rotate baby back to sacroanterior, assist engagement into pelvis

⯈ Apply forceps to assist birth of the head

❼ **Post birth actions** (**Box D**)

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| **Box D: Post birth actions** |
| Allow at least 60 seconds deferred cord clamping, unless immediate resuscitation neededTake paired umbilical cord gases Debrief parents and staff |