1.0 Risk Factors

Level 1 (Declarative Knowledge)

1.1 The learner will be able to state the following most common risk factors for BREECH PRESENTATION without references and with 100% accuracy:

- Maternal Factors
  - Uterine anomalies (bicorunuate, septate, uterine didelphys etc.)
  - Space occupying lesion (Leiomyoma)
  - Placental abnormalities (Previa or cornual)
  - Lax abdominal walls (Grand multiparity)
  - Amniotic fluid volume abnormalities (Poly- or oligohydramnios)
  - Contracted maternal pelvis
  - Prior breech delivery

- Fetal Factors
  - Fetal anomaly (anencephaly, hydrocephaly)
  - Mutifetal gestation
  - Fetal neurologic condition
  - Short umbilical cord

Level 2 (Simulated and Clinical Performance)

1.2 The learner will be able to recognize the listed risk factors for BREECH PRESENTATION in a simulated context without prompting from others.

- Maternal Factors
  - Uterine anomalies (bicorunuate, septate, uterine didelphys etc.)
  - Space occupying lesion (Leiomyoma)
  - Placental abnormalities (Previa or cornual)
  - Lax abdominal walls (Grand multiparity)
  - Amniotic fluid volume abnormalities (Poly- or oligohydramnios)
  - Contracted maternal pelvis
  - Prior breech delivery

- Fetal Factors
  - Fetal anomaly (anencephaly, hydrocephaly)
  - Mutifetal gestation
  - Fetal neurologic condition
  - Short umbilical cord
2.0 Complications
Level 1 (Declarative Knowledge)

2.1 The learner will be able to describe the following potential complications of BREECH DELIVERY without references and with 100% accuracy:
   - Maternal
   - Fetal

2.2 The learner will be able to recognize the occurrence of these complications in a simulated context without prompting from others, with 100% accuracy:

Level 2 (Simulated and Clinical Performance)

3.0 Criteria (Indications)
Level 1 (Declarative Knowledge)

3.1 The learner will be able to describe the following criteria for BREECH DELIVERY without references and with 100% accuracy:
   - No contraindication to attempted vaginal birth
   - Facilities for emergency c/s
   - Staff skilled in vaginal breech delivery
   - Absence of fetal anomaly (hydrocephalus, neck mass etc)
   - EFW 2000g-4000g
   - EGA 36 weeks or more
   - Flexed fetal head
   - Frank or complete breech
   - Continuous fetal heart rate monitoring
   - Normal progress of labor
Level 2 (Simulated and Clinical Performance)

3.2 The learner will be able to recognize the criteria for BREECH DELIVERY without reference and with 100% accuracy:
- No contraindication to attempted vaginal birth
- Facilities for emergency c/s
- Staff skilled in vaginal breech delivery
- Absence of fetal anomaly (hydrocephalus, neck mass etc)
- EFW 2000g-4000g
- EGA 36 weeks or more
- Flexed fetal head
- Frank or complete breech
- Continuous fetal heart rate monitoring
- Normal progress of labor

4.0 Contra-Indications

Level 1 (Declarative Knowledge)

4.1 The learner will be able to describe the following contraindications for BREECH DELIVERY without references and with 100% accuracy:
- Maternal or fetal contraindications to attempted vaginal delivery
- No capability for safe immediate c/s
- Staff not skilled in vaginal breech delivery
- Fetal anomaly
- EFW <2000g or 4000g>
- EGA <36 weeks
- Extended or hyperextended fetal head
- Double footling breech
- Abnormal progress of labor
- Intermittent fetal heart rate monitoring

Level 2 (Simulated and Clinical Performance)

4.2 The learner will be able to recognize the occurrence of contraindications for BREECH DELIVERY without references and with 100% accuracy:
- Maternal or fetal contraindications to attempted vaginal delivery
- No capability for safe immediate c/s
- Staff not skilled in vaginal breech delivery
- Fetal anomaly
- EFW <2000g or 4000g>
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Objectives

- EGA <36 weeks
- Extended or hyperextended fetal head
- Double footling breech
- Abnormal progress of labor
- Intermittent fetal heart rate monitoring

5.0 Pre-Procedure Patient Management

Level 1 (Declarative Knowledge)

5.1.0 The learner will be able to describe how to communicate with the patient about the need for BREECH DELIVERY, without references or prompts from others, and with 100% accuracy, including the following:
- Use patient-friendly language
- Inform patient and partner why the procedure is necessary
- Explain the procedure that will take place
- Explain risks and benefits of procedure
- Ask if the patient/partner have any questions
- Wait for patient/partner to ask questions
- Respond to questions
- Reassure patient and partner

5.1.1 The learner will be able to describe how to communicate with the clinical team members about the need for BREECH DELIVERY, without references or prompts from others, and with 100% accuracy, including the following:
- Inform clinical team of the need for breech delivery
- Request piper forceps
- Assign responsibilities to assisting clinical team member

Level 2 (Simulated and Clinical Performance)

5.2.1 The learner will be able to communicate with the simulated patient about the need for BREECH DELIVERY, without references or prompts from others, and with 100% accuracy, including the following:
- Use patient-friendly language
- Inform patient and partner why the procedure is necessary
- Explain the procedure that will take place
- Explain risks and benefits of procedure
- Ask if the patient/partner have any questions
- Wait for patient/partner to ask questions
- Respond to questions
- Reassure patient and partner
ACOG Simulations Consortium – Breech Delivery Learning Objectives

5.2.2 The learner will be able to communicate with the clinical team members about the need for BREECH DELIVERY in a simulated context, without references or prompts from others, and with 100% accuracy, including the following:

- Inform clinical team of the need for breech delivery
- Request piper forceps
- Assign responsibilities to assisting clinical team members

6.0 Procedure

Level 1 (Declarative Knowledge)

6.1.1 The learner will be able to state the relevant anatomical landmarks for BREECH DELIVERY, without references and with 100% accuracy, including the following:

- Complete, frank, or double footling breech presentation
- Fetal umbilicus
- Fetal scapula
- Fetal maxilla

6.1.2 The learner will be able to state the name of the instruments required to perform BREECH DELIVERY, without references, and with 100% accuracy, including the following:

- Piper forceps
- Towel

6.1.3 The learner will be able to state how to manage anesthesia needs for the patient, without references and with 100% accuracy, including the following:

- Test for degree of patient anesthesia
- Test that patient has sensation to push
- Discuss plan with anesthesia team

6.1.4 The learner will be able to describe how to perform SACRUM ANTERIOR BREECH DELIVERY, without references or prompts from others, and with 100% accuracy, including the following sequential specific tasks:

- Wrap lower extremities and trunk in a towel before the patient pushes to level of the umbilicus to support fetus
- Await expulsion of fetus down to umbilicus
- Opposite rotation and flexion of knee to delivery each leg
- At level of scapula, same side rotation and sweep an arm across the fetal chest. Reverse the process for delivery of the other fetal arm accomplishing the procedures within 2 minutes
- Re-wrap the entire body of the fetus in the towel for support
- Take care not to elevate the fetal body which would deflex the fetal head
Objectives

- Perform cephalic flexion
  - Two fingers over the back of the fetal neck to stabilize the fetal head
  - Two fingers on the fetal maxilla to flex the fetal head
  - Suprapubic pressure applied by an assistant

- Piper forceps application
  - Applied to assist with flexion of fetal head
  - Infant held in towel by assistant slightly above the horizontal plane
  - Left blade applied first, infant’s body carried toward mother's right side
  - Learner assumes a kneeling position, left blade held by left hand with handle below mother’s right thigh and beneath the body of the infant
  - Toe of left blade guided into the vagina with the learner’s right hand
  - Left handle is swept in an arc upward and towards the midline while the toe of the blade passes into the pelvis along side of the infant’s head to the right ear
  - Right blade held by right hand with handle below mother's left thigh and beneath the body of the infant
  - Toe of right blade guided into the vagina with the learner’s left hand
  - Right handle is swept in an arc upward and towards the midline while the toe of the blade passes into the pelvis along side of the infant’s head to the left ear
  - Shanks are locked
  - Infant's body straddles the forceps
  - Downward traction in the direction of the handles applied until the fetal chin appears
  - Handles are then elevated with traction to conform to the curve of the pelvis and preserve head flexion.
  - Fetal body rests on the shanks of the forceps
  - Fetal neck is splinted by fingers of the learner’s hand
  - Extraction completed with the handles close to horizontal

Level 2 (Simulated and Clinical Performance)

6.2.1 The learner will be able to identify the relevant anatomical landmarks for BREECH DELIVERY in a simulated context, without references and with 100% accuracy, including the following:

- Complete, frank, or double footling breech presentation
- Fetal umbilicus
- Fetal scapula
- Fetal maxilla
6.2.2 The learner will be able to request and correctly use the instruments required to perform BREECH DELIVERY in a simulated context, without references, and with 100% accuracy, including the following:
  - Piper forceps
  - Towel

6.2.3 The learner will be able to manage anesthesia needs of a simulated patient, without references and with 100% accuracy, including the following:
  - Test for degree of patient anesthesia
  - Test that patient has sensation to push
  - Discuss plan with anesthesia team

6.2.4 The learner will be able to perform SACRUM ANTERIOR BREECH DELIVERY in a simulated context, without references or prompts from others, and with an overall performance rating of “acceptable” or better, including the following sequential specific tasks:
  - Wrap lower extremities and trunk in a towel before the patient pushes to level of the umbilicus to support fetus
  - Await expulsion of fetus down to umbilicus
  - Opposite rotation and flexion of knee to delivery each leg
  - At level of scapula, same side rotation and sweep an arm across the fetal chest. Reverse the process for delivery of the other fetal arm accomplishing the procedures within 2 minutes
  - Re-wrap the entire body of the fetus in the towel for support
  - Take care not to elevate the fetal body which would deflex the fetal head
  - Perform cephalic flexion
    - Two fingers over the back of the fetal neck to stabilize the fetal head
    - Two fingers on the fetal maxilla to flex the fetal head
    - Suprapubic pressure applied by an assistant
  - Piper forceps application
    - Applied to assist with flexion of fetal head
    - Infant held in towel by assistant slightly above the horizontal plane
    - Left blade applied first, infant’s body carried toward mother’s right side
    - Learner assumes a kneeling position, left blade held by left hand with handle below mother’s right thigh and beneath the body of the infant
    - Toe of left blade guided into the vagina with the learner’s right hand
    - Left handle is swept in an arc upward and towards the midline while the toe of the blade passes into the pelvis along side of the infant’s head to the right ear
    - Right blade held by right hand with handle below mother’s left thigh and beneath the body of the infant
    - Toe of right blade guided into the vagina with the learner’s left hand
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- Right handle is swept up in an arc upward and towards the midline while the toe of the blade passes into the pelvis along side of the infant’s head to the left ear
- Shanks are locked
- Infant’s body straddles the forceps
- Downward traction in the direction of the handles applied until the fetal chin appears
- Handles are then elevated with traction to conform to the curve of the pelvis and preserve head flexion.
- Fetal body rests on the shanks of the forceps
- Fetal neck is splinted by fingers of the learner’s hand
- Extraction completed with the handles close to horizontal

7.0 Teamwork

Level 1 (Declarative Knowledge)

7.1 The learner will be able to describe the physician’s role and expected communication strategies for working with assistants to perform BREECH DELIVERY, without external references and with 100% accuracy, including:
  - Assume a leadership role for patient management
  - Communicate planned course of operation to assistants
  - Strategically use assistants to the best advantage
  - Provide specific directions to assistants
  - Request instruments by name
  - Use closed-loop communication
  - Respond to requests/questions from assistants promptly and professionally

Level 2 (Simulated and Clinical Performance)

7.2 The learner will be able to perform the physician’s role and expected communication strategies for working with assistants to perform BREECH DELIVERY in a simulated context, without external references and with 100% accuracy, including:
  - Assume a leadership role for patient management
  - Communicate planned course of operation to assistants
  - Strategically use assistants to the best advantage
  - Provide specific directions to assistants
  - Request instruments by name
  - Use closed-loop communication
  - Respond to requests/questions from assistants promptly and professionally
8.0 Post-Delivery Patient Management

Level 1 (Declarative Knowledge)

8.1 The learner will be able to describe what should be communicated to a patient about the delivery and infant after a BREECH DELIVERY, without references or prompts from others, and with 100% accuracy, including the following:
   - Use patient-friendly language
   - Direct the patient to also speak with neonatologists
   - Inform patient/partner of potentially adverse symptoms and what to do if they occur
   - Ask if patient/partner have any questions
   - Await questions from patient/partner
   - Respond questions
   - Inform patient/partner about next steps and follow-up care

Level 2 (Simulated and Clinical Performance)

8.2 The learner will be able to communicate with a simulated patient about the delivery and infant after a BREECH DELIVERY, without references or prompts from others, and with 100% accuracy, including the following:
   - Use patient-friendly language
   - Direct the patient to also speak with neonatologists
   - Inform patient/partner of potentially adverse symptoms and what to do if they occur
   - Ask if patient/partner have any questions
   - Await questions from patient/partner
   - Respond questions
   - Inform patient/partner about next steps and follow-up care