

PROFICIENCY RECORD: PHYSIOLOGICAL BREECH BIRTH

This template will help you to record your personal training and experience with physiological breech birth.

Name:

Phone:

E-mail:

ATTENDANCE AT VAGINAL BREECH BIRTHS

Standard for practice as lead professional at vaginal breech births^{1,3}: **10 vaginal breech births**

Attendance at vaginal breech births where one is the lead professional or present in a supportive role all contribute towards development of competence and maintenance of proficiency. Everyone contributes to teamwork and decision-making. Similarly, all breech births contribute, including preterm and twin births.

MAINTENANCE OF PROFICIENCY: Standard for practice as lead professional at vaginal breech births¹: **3 births/year**

Where it is not possible to maintain proficiency by attending 3 vaginal breech births within a year, it is acceptable to fulfil this requirement by teaching, as described below^{3,4}

EXPERIENCE WITH COMPLICATIONS AND MANOEUVRES

Exposure to complications is variable and therefore cannot be the only source of exposure and practice. The development of competence is also often marked by problem solving that is based on skills and knowledge but does not always conform exactly to textbook description of typical events.³

Professionals are encouraged to keep a record of how they resolved births where delays were identified.

The references used to support this template include but are not limited to:

(Standards)¹ Walker S, Scamell M, Parker P (2016) Standards for maternity care professionals attending planned upright breech births. *Midwifery*. 34:7-14.

(Principles)² Walker S, Scamell M, Parker P (2016) Principles of physiological breech birth practice: A Delphi Study. *Midwifery*. 43:1-6.

(Acquisition of Competence)³ Walker S, Scamell M, Parker P (2018) Deliberate acquisition of competence in physiological breech birth: A grounded theory study. *Women & Birth* 31(3):e170-e177.

(Expertise)⁴ Walker S, Parker P, Scamell M (2018) Expertise in physiological breech birth: A mixed methods study. *Birth*. 45(2):202-209.

(Training)⁵ Walker S, Breslin E, Scamell M, Parker P (2017) Effectiveness of vaginal breech birth training strategies: an integrative review of the literature. *Birth*. 44(2):101-9.

(Evaluation 1)⁶ Walker S, Reading C, Silverwood-Cope O, Cochrane V (2017) Physiological breech birth: Evaluation of a training programme for birth professionals. *The Practising Midwife*. 20(2): 25-8. ([Extended Author Version](#))

(Evaluation 2)⁷ Mattiolo S, Walker S. Physiological breech birth training: a multimethod pre-post intervention study. *In Review*.

(Algorithm)⁸ Reitter A, Halliday A and Walker S (2020) Practical insight into upright breech birth from birth videos: a structured analysis. *Birth* 47(2):211-219.

(Face-to-pubes rotation)⁹ Walker S and Spillane E (2020) Face to pubes rotational manoeuvre for bilateral nuchal arms in a vaginal breech birth, resolved in an upright maternal position: A case report. *Birth* 47(2):246-252.

(Continuity of Carer)¹⁰ Spillane E and Walker S (2019). Case Study Supporting Continuity of Care Models for Breech Presentation at or Near Term. *The Practising Midwife*, December:36-37

This template was developed by Dr Shawn Walker. She is funded by a [National Institute for Health Research \(NIHR\) Advanced Fellowship](#) for the research in which this template is used. More information is available from <https://optibreech.uk>.

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