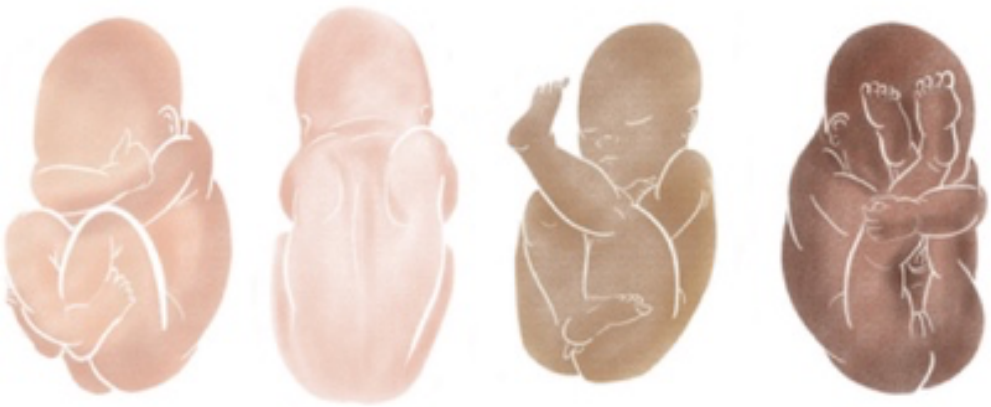
Participant Code	*Participant Name*



The OptiBreech Project

Optimising care and Options for women with a breech pregnancy at term

FUNDED BY

NIHR | National Institute for Health Research

Participant Code	*Participant Name*

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PARTICIPANT INFORMATION

Participant Information is available: https://optibreech.uk/

You can join the OptiBreech Involvement FaceBook group here:
https://www.facebook.com/groups/optibreechinvolvement

You can access the Royal College of Obstetricians and Gynaecologists' *Management of Breech Presentation* Guideline, with further information about the evidence for those recommendations, here:

https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg20b/

CONSENT

The consent form is completed on-line. You can keep a record of your unique access information below.

Username:

Password:

ELIGIBILITY FOR COHORT

Date of enrolment	*DD*	*MM*	*YY*		
Estimated date of birth	*DD*	*MM*	*YY*	By dates / last missed period or ultrasound scan?	☐ Dates ☐ Scan
Diagnosis	*check*	☐ prior to labour	☐ in labour / after rupture of membranes		
Eligible from 32 weeks if referred for specialist breech-specific antenatal care, e.g. breech clinic, moxibustion clinic, ECV *Elibible from 37 weeks if diagnosed in labour.*					
Referred by	*check*	☐ Obstetrician ☐ Midwife	☐ Sonographer ☐ Self (orginally booked elsewhere)	☐ Staff from another hospital	
Referred for specialist breech-specific care?	*check*	☐ yes	☐ no	☐ N/A	
Exclusion criteria	*check*	☐ absolute reason for CS, e.g. placenta praevia ☐ multiple pregnancy	☐ life-threatening congenital anomaly ☐ none		
Participant's e-mail	*for on-line consent and follow-up surveys*		Verbal consent gained? Y / N		

PERSON-IDENTIFIABLE INFORMATION

Participant Code	*Participant Name*

NHS Number	
Hospital Number	
PAS GP ID	

DEMOGRAPHICS

Parity	*check*	☐ 0 ☐ 1	☐ 2 ☐ 3	☐ 4+	Height at booking	*cm*
Weight at booking	*kg*	Rhesus status	*check*	☐ positive ☐ negative		

OPTIBREECH CARE TRIAL ELIGIBILITY

Exclusion criteria

Check all that apply.

- ☐ Prior ECV attempt
- ☐ Rhesus isoimmunisation
- ☐ Current or recent (less than 1 week) vaginal bleeding
- ☐ Evidence of antenatal fetal compromise, including abnormal electronic fetal monitoring
- ☐ Rupture of membranes
- ☐ Hyperextended neck on ultrasound
- ☐ Indication for induction prior to 41 weeks, e.g. gestational diabetes, obstetric cholestasis, advanced maternal age
- ☐ Breech diagnosed for the first time in labour
- ☐ <2000g or <10th centile (if growth scan performed)
- ☐ >3800g or >95th centile (if growth scan performed)
- ☐ Standing / footling presentation, defined as hips extended and breech not engaged
- ☐ 2 or more previous caesarean births
- ☐ none

MINIMISATION FACTORS

2.1.4	Previous vaginal births	*check*	☐ None	☐ 1 or more
2.1.5	Type of breech presentation	*check*	☐ Extended / frank	☐ Any other type

Participant Code	*Participant Name*

RISK FACTORS

Previous pregnancy complications	☐ none ☐ gestational diabetes ☐ pre-eclampsia ☐ retained placenta ☐ 3rd/4th degree tear ☐ post-partum haemorrhage ☐ pregnancy-induced hypertension ☐ Other: ☐ 1 previous CS ☐ uterine rupture ☐ 2 or more previous CS ☐ instrumental delivery ☐ shoulder dystocia ☐ stillborn baby / neonatal death / morbidity / encephalopathy
Maternal concerns	☐ none ☐ fibroids ☐ other: ☐ uterine anomaly ☐ uterine surgery (other than CS) ☐ obstetric cholestasis ☐ pre-eclampsia ☐ low-lying placenta ☐ group B strep positive ☐ pre-gestational diabetes ☐ gestational diabetes ☐ substance misuse ☐ smoking
Uterine anomaly	☐ none ☐ unicornate ☐ didelphys bicollis ☐ didelphys unicollis ☐ bicornuate ☐ septate ☐ arcuate ☐ other
Fetal concerns	☐ none ☐ fetal anomaly ☐ cardiac arrhythmia ☐ reduced fetal movements ☐ intrauterine growth restriction (IUGR) ☐ rhesus disease ☐ evidence of antenatal compromise, including abnormal fetal monitoring ☐ other

BREECH CHOICES COUNSELLING – *Initial counselling following diagnosis of breech presentation by ultrasound*

Date	*DD*	*MM*	*YY*	Gestational Age	*weeks*	*days*
Counselled by	*Name*					
Role	*check all that apply*	☐ Breech Specialist Midwife ☐ Caseload Midwife ☐ Senior or Consultant Midwife		☐ Junior obstetric registrar ☐ Senior obstetric registrar ☐ Consultant obstetrician		
Training	Completed OptiBreech training?			*circle* Yes / No / unkown		

Initial plan of care following counselling

Initial plan following counselling	*check*	☐ vaginal breech birth ☐ external cephalic version (attempt at turning the baby) ☐ pre-labour CS ☐ CS in early labour (<3 cm) ☐ CS in active labour (3 cm or more, undiagnosed breech)

Participant Code	*Participant Name*

ANTENATAL APPOINTMENTS – *all antenatal care appointments following diagnosis of breech presentation*

Total number				
number	Date	Seeing – *record a separate meeting with a different professional separately*	Where / Why	Time
1	*DD MM YY*	☐ Breech Specialist Midwife ☐ Caseload Midwife ☐ Antenatal Clinic Midwife ☐ Senior / consultant midwife (Band 7/8) ☐ Obstetric Registrar ☐ Consultant obstetrician		
2	*DD MM YY*	☐ Breech Specialist Midwife ☐ Caseload Midwife ☐ Antenatal Clinic Midwife ☐ Senior / consultant midwife (Band 7/8) ☐ Obstetric Registrar ☐ Consultant obstetrician		
3	*DD MM YY*	☐ Breech Specialist Midwife ☐ Caseload Midwife ☐ Antenatal Clinic Midwife ☐ Senior / consultant midwife (Band 7/8) ☐ Obstetric Registrar ☐ Consultant obstetrician		
4	*DD MM YY*	☐ Breech Specialist Midwife ☐ Caseload Midwife ☐ Antenatal Clinic Midwife ☐ Senior / consultant midwife (Band 7/8) ☐ Obstetric Registrar ☐ Consultant obstetrician		
5	*DD MM YY*	☐ Breech Specialist Midwife ☐ Caseload Midwife ☐ Antenatal Clinic Midwife ☐ Senior / consultant midwife (Band 7/8) ☐ Obstetric Registrar ☐ Consultant obstetrician		
6	*DD MM YY*	☐ Breech Specialist Midwife ☐ Caseload Midwife ☐ Antenatal Clinic Midwife ☐ Senior / consultant midwife (Band 7/8) ☐ Obstetric Registrar ☐ Consultant obstetrician		
7	*DD MM YY*	☐ Breech Specialist Midwife ☐ Caseload Midwife ☐ Antenatal Clinic Midwife ☐ Senior / consultant midwife (Band 7/8) ☐ Obstetric Registrar ☐ Consultant obstetrician		
8	*DD MM YY*	☐ Breech Specialist Midwife ☐ Caseload Midwife ☐ Antenatal Clinic Midwife ☐ Senior / consultant midwife (Band 7/8) ☐ Obstetric Registrar ☐ Consultant obstetrician		
9	*DD MM YY*	☐ Breech Specialist Midwife ☐ Caseload Midwife ☐ Antenatal Clinic Midwife ☐ Senior / consultant midwife (Band 7/8) ☐ Obstetric Registrar ☐ Consultant obstetrician		
10	*DD MM YY*	☐ Breech Specialist Midwife ☐ Caseload Midwife ☐ Antenatal Clinic Midwife ☐ Senior / consultant midwife (Band 7/8) ☐ Obstetric Registrar ☐ Consultant obstetrician		

Participant Code	*Participant Name*

BEDSIDE/HAND HELD ULTRASOUND SCANS – *all ultrasound scans following referral for suspected breech presentation, including in labour*

Total number		*Including first diagnosis*

number	Date	*DD*	*MM*	*YY*				
1	Performed by	☐ Midwife ☐ Doctor ☐ Other		Purpose	☐ Referral for ? breech ☐ Routine 36 weeks ☐ ECV/Birth planning	☐ Post-ECV follow-up ☐ In labour ☐ Other		
	Type of breech presentation	☐ Extended – hips flexed, legs extended ☐ Flexed / Semi-flexed – hips flexed, one or both legs flexed ☐ Cephalic			☐ Kneeling – hips extended, knee(s) down ☐ Standing – hips extended, leg(s) extended down ☐ Transverse ☐ Not identified			
	Hyper-extended fetal head?	☐ No ☐ Yes	☐ Not assessed	Nuchal cord visualised?	☐ No ☐ Yes	☐ Not assessed		
number	Date	*DD*	*MM*	*YY*				
2	Performed by	☐ Midwife ☐ Doctor ☐ Other		Purpose	☐ Referral for ? breech ☐ Routine 36 weeks ☐ ECV/Birth planning	☐ Post-ECV follow-up ☐ In labour ☐ Other		
	Type of breech presentation	☐ Extended – hips flexed, legs extended ☐ Flexed / Semi-flexed – hips flexed, one or both legs flexed ☐ Cephalic			☐ Kneeling – hips extended, knee(s) down ☐ Standing – hips extended, leg(s) extended down ☐ Transverse ☐ Not identified			
	Hyper-extended fetal head?	☐ No ☐ Yes	☐ Not assessed	Nuchal cord visualised?	☐ No ☐ Yes	☐ Not assessed		
number	Date	*DD*	*MM*	*YY*				
3	Performed by	☐ Midwife ☐ Doctor ☐ Other		Purpose	☐ Referral for ? breech ☐ Routine 36 weeks ☐ ECV/Birth planning	☐ Post-ECV follow-up ☐ In labour ☐ Other		
	Type of breech presentation	☐ Extended – hips flexed, legs extended ☐ Flexed / Semi-flexed – hips flexed, one or both legs flexed ☐ Cephalic			☐ Kneeling – hips extended, knee(s) down ☐ Standing – hips extended, leg(s) extended down ☐ Transverse ☐ Not identified			
	Hyper-extended fetal head?	☐ No ☐ Yes	☐ Not assessed	Nuchal cord visualised?	☐ No ☐ Yes	☐ Not assessed		
number	Date	*DD*	*MM*	*YY*				
4	Performed by	☐ Midwife ☐ Doctor ☐ Other		Purpose	☐ Referral for ? breech ☐ Routine 36 weeks ☐ ECV/Birth planning	☐ Post-ECV follow-up ☐ In labour ☐ Other		
	Type of breech presentation	☐ Extended – hips flexed, legs extended ☐ Flexed / Semi-flexed – hips flexed, one or both legs flexed ☐ Cephalic			☐ Kneeling – hips extended, knee(s) down ☐ Standing – hips extended, leg(s) extended down ☐ Transverse ☐ Not identified			
	Hyper-extended fetal head?	☐ No ☐ Yes	☐ Not assessed	Nuchal cord visualised?	☐ No ☐ Yes	☐ Not assessed		

Participant Code	*Participant Name*

FULL BIOMETRIC ULTRASOUND SCANS – *all ultrasound scans following diagnosis of breech presentation, including 1st diagnosis*

Total number							
number	Date	*DD*	*MM*	*YY*			
1	By	☐ Sonographer ☐ Midwife sonographer ☐ Maternal fetal medicine specialist/trainee ☐ Other		Purpose	☐ ECV/Birth planning ☐ Concerns about fetal growth or movements, unrelated to breech ☐ Routine 36 weeks ☐ Other		
	Type of breech presentation	☐ Extended – hips flexed, legs extended ☐ Flexed / Semi-flexed – hips flexed, one or both legs flexed ☐ Cephalic			☐ Kneeling – hip(s) extended, knee(s) down ☐ Standing – hip(s) extended, leg(s) extended down ☐ Transverse		
	Estimated Fetal Weight	g	☐ Tick if fetal biometrics not estimated				
	Fetal growth centile		☐ Tick if not calculated				
	Growth trajectory	☐ normal	☐ increased	☐ decreased	☐ tick if not assessed		
	Head circumference	cm	Femur length	cm			
	Abdominal circumference	cm	Hyper-extended fetal head?	☐ No ☐ Yes	☐ Not assessed		
	Amniotic Fluid Index	cm	☐ normal (5-25 cm) ☐ low (<5cm) ☐ high (>25 cm) ☐ not assessed	Single Deepest Pocket	cm	☐ not assessed	
number	Date	*DD*	*MM*	*YY*			
2	By	☐ Sonographer ☐ Midwife sonographer ☐ Maternal fetal medicine specialist/trainee ☐ Other		Purpose	☐ ECV/Birth planning ☐ Concerns about fetal growth or movements, unrelated to breech ☐ Routine 36 weeks ☐ Other		
	Type of breech presentation	☐ Extended – hips flexed, legs extended ☐ Flexed / Semi-flexed – hips flexed, one or both legs flexed ☐ Cephalic			☐ Kneeling – hip(s) extended, knee(s) down ☐ Standing – hip(s) extended, leg(s) extended down ☐ Transverse		
	Estimated Fetal Weight	g	☐ Tick if fetal biometrics not estimated				
	Fetal growth centile		☐ Tick if not calculated				
	Growth trajectory	☐ normal	☐ increased	☐ decreased	☐ tick if not assessed		
	Head circumference	cm	Femur length	cm			
	Abdominal circumference	cm	Hyper-extended fetal head?	☐ No ☐ Yes	☐ Not assessed		
	Amniotic Fluid Index	cm	☐ normal (5-25 cm) ☐ low (<5cm) ☐ high (>25 cm) ☐ not assessed	Single Deepest Pocket	cm	☐ not assessed	

Participant Code	*Participant Name*

EXTERNAL CEPHALIC VERSION (ECV / BABY TURNING)

Total number			*consider multiple attempts on a single date as one attempt, unless performed by a different operator*			
number	Date	*DD*	*MM*	*YY*		
1	Location	☐ Labour Ward ☐ Day Unit ☐ Clinic (within hospital)	☐ Clinic (out of hospital) ☐ Other	Lead Operator	☐ Consultant Obstetrician ☐ Obstetric Registrar ☐ Breech Specialist Midwife	
	Experience level of operator	number of ECVs previously performed	☐ <10	☐ 10 to 20	☐ >20	
	One or two operators?	☐ Single operator	☐ Two operators (4-handed technique)			
	Abdominal lubricant	☐ none	☐ gel	☐ powder		
	Tocolytic used	☐ none ☐ terbutaline ☐ salbutamol	☐ nifedipine ☐ atosiban ☐ ritodrine	☐ glyceryl trinitrate ☐ hexoprenaline ☐ other		
	Dose		Route of administration	☐ IM ☐ SC	☐ IV ☐ other	
	Method of elevation of fetal buttocks	☐ External – manual ☐ Internal – digital	☐ Internal – fetal pillow ☐ Other			
	Pain relief	☐ none ☐ entonox ☐ meptazinol ☐ remifentanil	☐ acupuncture ☐ hypnosis ☐ epidural ☐ spinal	☐ reflexology ☐ diamorphine ☐ combined spinal epidural	☐ morphine ☐ pethidine ☐ epidural blood patch ☐ other	
	Number of attempts on this date by this operator		Total hours admitted for procedure	hrs		
	Anti-D administered?	☐ Yes ☐ No	Inpatient admission immediately following procedure?	☐ Yes ☐ No		
	If admitted, total days	☐ N/A	If admitted, total nights	☐ N/A		
	Emergency delivery required?	☐ Yes ☐ No	If yes, reason	☐ N/A		
	ECV successful?	☐ Yes ☐ No	If no, requesting 2nd attempt?	☐ Yes ☐ No	☐ Unsure	
	Planned mode of birth following this ECV attempt?	☐ Cephalic birth	☐ Breech birth	☐ CS	☐ unsure	

METHODS OF ENCOURAGING THE BABY TO TURN HEAD-DOWN

Did the person receive counselling on any of the following methods?	☐ None ☐ ECV ☐ Moxibustion	☐ Acupuncture ☐ Hypnosis ☐ Chiropractic care	☐ Postural exercises, e.g. inversions	☐ Homeopathy ☐ Rebozo ☐ Other
Additional items given concerning how to turn the baby	☐ None ☐ Other	☐ Paper-based leaflet	☐ Electronic information	☐ Moxibustion sticks

Participant Code	*Participant Name*

EXTERNAL CEPHALIC VERSION – ADDITIONAL ATTEMPT(S)

number	Date	*DD*	*MM*	*YY*	
2					

Location	☐ Labour Ward ☐ Day Unit ☐ Clinic (within hospital)	☐ Clinic (out of hospital) ☐ Other	Lead Operator	☐ Consultant Obstetrician ☐ Obstetric Registrar ☐ Breech Specialist Midwife
Experience level of operator	number of ECVs previously performed	☐ <10 ☐ 10 to 20 ☐ >20		
One or two operators?	☐ Single operator	☐ Two operators (4-handed technique)		
Abdominal lubricant	☐ none	☐ gel	☐ powder	
Tocolytic used	☐ none ☐ terbutaline ☐ salbutamol	☐ nifedipine ☐ atosiban ☐ ritodrine	☐ glyceryl trinitrate ☐ hexoprenaline ☐ other	
Dose		Route of administration	☐ IM ☐ IV ☐ SC ☐ other	
Method of elevation of fetal buttocks	☐ External – manual ☐ Internal – digital	☐ Internal – fetal pillow ☐ Other		
Pain relief	☐ none ☐ acupuncture ☐ reflexology ☐ morphine ☐ entonox ☐ hypnosis ☐ diamorphine ☐ pethidine ☐ meptazinol ☐ epidural ☐ combined spinal epidural ☐ epidural blood patch ☐ remifentanil ☐ spinal ☐ other			
Number of attempts on this date by this operator		Total hours admitted for procedure	hrs	
Anti-D administered?	☐ Yes ☐ No	Inpatient admission immediately following procedure?	☐ Yes ☐ No	
If admitted, total days	☐ N/A	If admitted, total nights	☐ N/A	
Emergency delivery required?	☐ Yes ☐ No	If yes, reason	☐ N/A	
ECV successful?	☐ Yes ☐ No	If no, requesting 2nd attempt?	☐ Yes ☐ No ☐ Unsure	
Planned mode of birth following this ECV attempt?	☐ Cephalic birth	☐ Breech birth	☐ CS	☐ unsure

Participant Code	Participant Name

INDUCTION OF LABOUR

Number of cervical sweeps	

number	Date	DD	MM	YY	dilation	station
	Date	DD	MM	YY	dilation	station
	Date	DD	MM	YY	dilation	station

Other methods of induction used?	☐ Yes ☐ No

Date admitted	DD	MM	YY	Time	HH	MM

Methods of induction

	Prostaglandin gel	date/time	DD	MM	YY	HH	MM
	Prostaglandin pessary	date/time	DD	MM	YY	HH	MM
	Single balloon catheter	date/time	DD	MM	YY	HH	MM
	Double balloon catheter	date/time	DD	MM	YY	HH	MM
	Amniotomy	date/time	DD	MM	YY	HH	MM
	Oxytocin	date/time	DD	MM	YY	HH	MM
	Misoprostol	date/time	DD	MM	YY	HH	MM

LABOUR CARE

Date admitted	DD	MM	YY	Time	HH	MM

Initial place of care	☐ Obstetric unit	☐ Alongside midwifery unit	☐ Freestanding midwifery unit	☐ Home	☐ Other

VAGINAL EXAMINATIONS	Total number	

number	dilation	station	date/time	DD	MM	YY	HH	MM
number	dilation	station	date/time	DD	MM	YY	HH	MM
number	dilation	station	date/time	DD	MM	YY	HH	MM

Participant Code	*Participant Name*

number	*dilation*	*station*	*date/time*	*DD*	*MM*	*YY*	*HH*	*MM*
number	*dilation*	*station*	*date/time*	*DD*	*MM*	*YY*	*HH*	*MM*
number	*dilation*	*station*	*date/time*	*DD*	*MM*	*YY*	*HH*	*MM*
number	*dilation*	*station*	*date/time*	*DD*	*MM*	*YY*	*HH*	*MM*
number	*dilation*	*station*	*date/time*	*DD*	*MM*	*YY*	*HH*	*MM*
number	*dilation*	*station*	*date/time*	*DD*	*MM*	*YY*	*HH*	*MM*

Fetal monitoring in first stage of labour	*Tick all that apply*	☐ Electronic fetal monitoring ☐ Fetal electrode ☐ STAN ☐ intermittent ☐ none
Meconium-stained liquor in first stage of labour?	☐ Yes ☐ No	
Oxytocin infusion started AFTER onset of active labour?	☐ Yes ☐ No	Time *HH* *MM*
Amniotomy AFTER the onset of active labour?	☐ Yes ☐ No	Time
Analgesia	*Tick all that apply*	☐ None ☐ Entonox ☐ Paracetamol ☐ Co-dydramol ☐ TENS ☐ Other ☐ Co-codamol ☐ Acupuncture ☐ Hypnosis ☐ Reflexology ☐ Bath
Opiod Analgesia	*Tick all that apply*	☐ None ☐ morphine ☐ morphine PCA ☐ diamorphine PCA ☐ fentanyl PCA ☐ meptazinol ☐ diamorphine ☐ pethidine ☐ Other
Anaesthetic	*Tick all that apply*	☐ None ☐ Combined spinal epidural ☐ Epidural blood patch ☐ General Anaesthetic ☐ Other ☐ Epidural ☐ Spinal

SECOND STAGE OF LABOUR

Start date	*DD*	*MM*	*YY*	Time	*HH*	*MM*
Expulsive pushing effort	*DD*	*MM*	*YY*	Time	*HH*	*MM*

Fetal monitoring in second stage of labour	*Tick all that apply*	☐ Electronic fetal monitoring ☐ Fetal electrode ☐ STAN ☐ intermittent ☐ none ☐ other:
Meconium	*Tick all that apply*	☐ meconium-stained liquor ☐ thin, brown ☐ thick, black, tar-like ☐ none
Lead attendant		☐ breech specialist midwife ☐ caseload / named midwife ☐ labour ward staff midwife ☐ consultant or senior midwife ☐ consultant obstetrician ☐ junior obstetric registrar ☐ senior obstetric registrar ☐ Paramedic ☐ Other

If the person has been allocated to 'OptiBreech care' this is the OptiBreech team member, otherwise it is the most senior member of staff overseeing the birth

Was the birth attended by someone who had provided care antenatally?	☐ Yes ☐ No

A person who had provided some care antenatally, or the named midwife, was present.

Participant Code	*Participant Name*

VAGINAL BREECH BIRTHS ONLY

Experience level of lead attendant	*number of VBBs attended*	☐ <10 ☐ 10-20 ☐ >20
Was a professional present and leading during all of second stage who had completed OptiBreech training?		☐ yes ☐ no ☐ present but not leading
Minimum 6 hours of evaluated physiological breech birth training (in person or on-line, NOT mandatory training)		
Was a professional present and leading during all of second stage who met the OptiBreech proficiency criteria?		☐ yes ☐ no ☐ present but not leading
Minimum 6 hours of physiological breech birth training, minimum 10 breech births overall, 3 within past year, teaching experience within the past year		

Presenting part first seen	☐ buttock ☐ foot ☐ knee ☐ cord
Time first visible	*HH* *MM*
Time anterior buttock first visible	*HH* *MM*
Was the birth filmed?	☐ yes ☐ no ☐ unknown

BIRTH

Baby's Date of Birth	*DD*	*MM*	*YY*	Time	*HH*	*MM*

Place of birth	☐ Obstetric unit ☐ Obstetric theatre	☐ Alongside midwife unit	☐ Freestanding midwife unit	☐ Home	☐ Other
Mode of birth	☐ Vaginal breech birth ☐ Forceps breech delivery	☐ Elective caesarean ☐ Emergency caesarean	☐ Cephalic spontaneous birth	☐ Cephalic ventous ☐ Cephalic forceps	
Maternal birth position	☐ upright ☐ lithotomy	☐ supine or sitting on bed	☐ side-lying	☐ birthing stool	☐ in water supine	☐ in water kneeling	☐ N/A *(CS)*

Numbers of staff present for the birth	midwives *number*	consultant / senior midwives *number*	
	Consultant obstetricians *number*	Obstetric senior registrar *number*	Obstetric junior registrar *number*
	Senior House Officer *number*	Neonatal registrar *number*	Consultant neonatologist *number*
	Support worker *number*	Theatre staff *number*	Other *number*

Time cord was cut	*HH*	*MM*	Received antibiotics during labour / birth?	☐ Yes ☐ No					
Skin-to-skin immediately following birth?	☐ Yes ☐ No		Length of time skin-to-skin immediately following birth	*minutes*					
Did a cord prolapse occur at any point during labour?	☐ Yes ☐ No		Date / Time	*DD*	*MM*	*YY*	*HH*	*MM*	
Was a placental abruption suspected or confirmed during labour?	☐ Yes, suspected ☐ Yes, confirmed	☐ No	Date / Time	*DD*	*MM*	*YY*	*HH*	*MM*	
Time of onset of spontaneous respirations	*Date / Time*			*DD*	*MM*	*YY*	*HH*	*MM*	

Participant Code	*Participant Name*

VAGINAL BREECH BIRTH PROFORMA

Date:

Maternal position at start of emergence:

Both buttocks / anus visible on perineum between contractions

START TIME:

CALL FOR TEAM
Midwife co-ordinator, senior obstetrician, neonatal team.

Time:

Delay

Encourage
MATERNAL MOVEMENT & EFFORT

Time:

No progress with maternal effort

Perineal sweep time:

Episiotomy time:

No / minimal progress following episiotomy

EMCS: decision

Time:

BIRTH OF PELVIS

Time:

Position: (circle)

RSA RST LSA LST

Umbilicus born:

Delay

Legs born -- Spontaneous? Yes / No		Left leg time: Right leg time:
Assist legs: Apply pressure in popliteal fossae to flex knee(s) ?	Time Y/N	who
Other		

NIPPLE LINE / SCAPULAE VISIBLE

Time:

Fetal condition *(circle)*		
colour (trunk)	pink	pale
cord	perfused	white
fetal tone	Flexed & active	minimal or poor

***ASSIST BIRTH OF ARMS* / SIMPLE –** PARTIAL ROTATION (oblique)

Running start position Lift/abduct maternal leg on side baby faces		Time	Effective Yes / No
Sweep down pubic arm, across body	time	who	Yes / No

COMPLEX – NO ROTATION BY DESCENT TO NIPPLE LINE (sacrum transverse)

Face-to-pubes rotation release pubic arm and rotate back using flat hands	time	who
Rotation sacrum anterior (Løvset / Louwen)	time	who

ARMS BORN

Time left arm:
Time right arm:

HEAD BORN / TIME OF BIRTH

Time:

Delay

FETAL HEAD EXTENDED (chin - 'bird beak' noted)

Elevate and rotate guide head into pelvis and realign	time	who

FETAL HEAD IN MID PELVIS/OUTLET OR DELAYED

Shoulder press	time	who
Maternal buttock lift	time	who
Manually flex head (Mauriceau)	time	who
Scoop & flex	time	

ADDITIONAL

Change maternal position	time	to supine / upright *(circle)*
Fundal pressure	time	who
Suprapubic pressure	time	who
Forceps	time	who

Birth completed within 7 mins

CORD CUT Time:

Cord wrapping *(circle)* – none / arm(s) / neck, one loop / neck, two or more / leg(s)

Participant Code	*Participant Name*

CAESAREAN BIRTH

Category	☐ 1: Immediate threat to life	☐ 2: Maternal or fetal compromise, but not immediately life-threatening	☐ 3: Needing early delivery, but no maternal or fetal compromise	☐ 4: At a time to suite the woman and the maternity team
Elective CS Indication (Categories 3 & 4)	☐ Maternal condition requiring expediated delivery ☐ Failed induction of labour ☐ 1 previous CS ☐ 2 or more previous CS	☐ Fetal anomaly ☐ Maternal request ☐ Small for gestational age ☐ Large for gestational age ☐ Previous traumatic vaginal delivery	☐ Type of breech presentation (e.g. standing/footling) ☐ Head extension ☐ Other:	
Emergency CS Indication (Categories 1 & 2)	☐ Non-reassuring fetal condition ☐ Prolonged 1st stage ☐ Prolonged 2nd stage	☐ Planned ELCS in spontaneous labour ☐ Fetal leg position ☐ Cord prolapse	☐ Breech presentation ☐ Other:	

Dilation at CS	*cm*	☐ *Tick if not examined*	Station at CS	*5-point scale +/- spines*
Was a fetal pillow used to assist elevation?	☐ Yes	☐ No		

OPTIBREECH CARE TRIAL ADDITIONAL QUESTIONS (FOLLOWING BIRTH)

How much time did someone spend on-call to support this birth?	*days*	*nights*	*Do NOT include normal working hours, time already rostered on-call for other purposes, and time already recorded as on-call for another birth in this trial; only record additional time spent on-call solely for this trial.*
At any point during labour, did an OptiBreech team member advise a caesarean birth?	☐ No	☐ Yes, delivered by EMCS ☐ Yes, declined by woman / birthing person	☐ Yes, other staff recommended labour continue
Was the birth presented to others for teaching purposes, including a simulation if appropriate?	☐ Yes	☐ No	

Participant Code	*Participant Name*

INFANT FEEDING

Was breastfeeding initiated following birth?	☐ Yes	☐ No	
Method of feeding on discharge from labour care / hospital	☐ breast milk (or expressed breast milk) only	☐ formula (bottle) milk only	☐ both breast and formula (bottle) milk
Method of feeding on discharge from maternity care	☐ breast milk (or expressed breast milk) only	☐ formula (bottle) milk only	☐ both breast and formula (bottle) milk

MATERNAL OUTCOMES

Estimated blood loss	*ml*	Requiring transfusion?	☐ Yes ☐ No
Anaemia requiring treatment	☐ Yes ☐ No		
Perineum	☐ Intact	☐ Laceration / tear	☐ Episiotomy
Degree of laceration / tear	☐ n/a ☐ 1	☐ 2 ☐ 3a	☐ 3b ☐ 3c ☐ 4
Admission to higher level care	☐ None ☐ Maternal HDU ☐ General HDU/ITU	Total inpatient nights	On labour ward: On postnatal ward: In maternal HDU: In general HDU/ITU:
Other trauma or morbidity *within 28 days of birth* *check all that apply*	☐ None ☐ Cervical laceration involving lower uterine segment ☐ Bladder, ureter or bowel injury requiring repair ☐ Uterine rupture ☐ Wound dehiscence / breakdown	☐ Vertical uterine incision or serious extension to transverse uterine incision ☐ Dilation + Curettage for bleeding or retained placental tissue ☐ Manual removal of placenta ☐ Hysterectomy ☐ Wound infection requiring prolonged hospital stay / readmission / antibiotics	☐ Vulval or perineal haematoma requiring evacuation ☐ Sepsis ☐ Disseminated Intravascular Coagulation ☐ Other:
Readmission within 28 days of birth?	☐ None ☐ Postnatal ward ☐ Maternal HDU ☐ General HDU/ITU	Inpatient nights on readmission	On postnatal ward: In maternal HDU: In general HDU/ITU:
Maternal death within 28 days of birth	☐ No ☐ Yes	Date	dd mm yy
Cause of death			
Total number of postnatal midwife visits / clinic appointments			

Participant Code	*Participant Name*

BABY'S PERSON-IDENTIFIABLE INFORMATION

First Name		Last Name	
NHS Number		Hospital Number	

NEONATAL OUTCOMES

Sex	☐ Female ☐ Male	Birth Weight	g
Gap Centile *If measured*		Head circumference	cm
APGAR	1 minute		5 minutes

Neonatal outcome	☐ alive at 28 days	☐ stillbirth ☐ neonatal death (up to day 28)			
if deceased Date of death	dd	mm	yy	Alive on admission for intrapartum care?	☐ Yes ☐ No
Cause of death					

Cord blood gases taken?	☐ No ☐ Yes	Results	Arterial pH: Arterial BE: Venous pH: Venous BE:

Resuscitation	*check all that apply*	☐ None ☐ Inflation	☐ Ventilation ☐ Chest compressions	☐ Catheterisation, incl. umbilical ☐ CPAP	☐ Intubation ☐ Adrenaline
Was resuscitation initiated with the umbilicus intact?		☐ Not applicable	☐ No	☐ Yes, bedside resuscitation unit	☐ Yes, bag and mask

Admission to higher level care within 28 days	☐ None ☐ Transitional care ☐ SCBU (special care baby unit) ☐ NICU (neonatal intensive care unit	Total inpatient nights	In transitional care: SCBU: NICU:
Reason(s) for admission / re-admission			

Severe morbidity *check all that apply*	☐ none of these	☐ convulsions > 24 hours ☐ intubation / ventilation >24 hours	☐ parenteral or tube feeding > 24 hours
Additional trauma or morbidity? *check all that apply*	☐ None of these ☐ Hematoma ☐ Haemorrhage ☐ Spinal cord injury ☐ Skull fracture ☐ Arm/leg bone fracture ☐ Clavicle fracture ☐ Blister / skin abrasion	☐ Peripheral nerve injury/Brachial plexus injury present at discharge from hospital ☐ Facial palsy / nerve paresis ☐ Significant genital injury * ☐ Laceration ☐ Neonatal seizures or convulsions ☐ Neonatal encephalopathy ☐ Stupor/decreased response to pain/coma ☐ Respiratory distress syndrome requiring treatment	☐ Necrotizing enterocolitis ☐ Perinatal infection ☐ Neonatal hypoglycemia requiring treatment ☐ Hyperbilirubinemia / neonatal jaundice requiring treatment ☐ Internal organ damage ☐ Facial injury ☐ Other/ *more info:

Participant Code	*Participant Name*

SUBSEQUENT PREGNANCY OUTCOMES

Date of birth	dd	mm	yy		
Neonatal outcome	☐ alive at 28 days	☐ stillbirth ☐ neonatal death (up to day 28)			
if deceased Date of death	dd	mm	yy	Cause of death	
Severe adverse neonatal outcome *check all that apply*	☐ None of these ☐ 5 minute Apgar score <7 ☐ Spinal cord injury ☐ Other:	☐ Peripheral nerve injury/Brachial plexus injury present at discharge from hospital ☐ intubation / ventilation >24 hours ☐ Skull fracture	☐ convulsions >24 hours ☐ parenteral or tube feeding >24 hours ☐ admission to NICU >4 days		
Maternal death within 28 days of birth?	☐ No ☐ Yes				
if deceased Date of death	dd	mm	yy	Cause of death	
Severe adverse maternal outcome *check all that apply*	☐ None of these ☐ PPH >1000mL ☐ PPH >2000mL ☐ Hysterectomy ☐ Uterine rupture				