

Name: _____ Training location: _____

1. What is your role? (mark all that apply)

- Obstetrician
- Family physician
- CNM
- Direct-entry midwife (CPM, CM, licensed midwife, etc.)
- Resident (OB/family medicine)
- Medical student
- Midwifery student
- Doula
- Childbirth educator
- Lactation consultant
- Other:

2. How many years have you been in clinical practice?

3. Do you currently consider vaginal breech birth to be part of your practice? E.g., are you willing and able to attend vaginal breech births where this is the mother's informed choice?

- Yes
- No

Optional comments:

4. What breech training have you previously taken? (mark all that apply)

- ALSO (Advanced Life Support in Obstetrics)
- ECO (Emergencies in Clinical Obstetrics)
- PROMPT (Practical Obstetric Multi-Professional Training)
- GOLD Midwifery breech courses
- Midwifery Today Conference breech workshop
- In-house obstetric emergencies training
- Previous Breech Without Borders training
- Breech training from another provider
- None
- Other (please specify):

5. Approximately how many vaginal breech births (VBBs) have you attended in your career?

6. At approximately how many of the VBBs you have attended have you been the lead professional, responsible for hands-on management?

7. How many VBBs have you attended within the past year?

8. At how many of these births (in the past year) have you been the lead professional?

**9. Please rate your confidence levels on a scale from 1-5
(1=not at all confident, 5=very confident)**

	not at all				very
Please rate your current level of confidence to manage a breech delivery with the woman in a supine position.	1	2	3	4	5
Please rate your current level of confidence to facilitate a breech birth with the woman in an upright position.	1	2	3	4	5

**10. Below is a series of statements about breech birth. Please indicate whether you agree or disagree on a scale of 1-5
(1 = disagree strongly, 3 = neutral, 5 = agree strongly).**

	disagree		neutral		agree
I understand the research regarding the short- and long-term risks & benefits of pVBB versus pCS.	1	2	3	4	5
I can explain the research to the women and families I care for.	1	2	3	4	5
I understand the normal mechanisms of vaginal breech in both upright and supine positions.	1	2	3	4	5
I can identify when the mechanisms have deviated from normal.	1	2	3	4	5
I know which maneuvers will address which obstructions.	1	2	3	4	5
I can apply maneuvers swiftly and skillfully when they are needed.	1	2	3	4	5
I feel confident assessing fetal well-being during the labor & birth.	1	2	3	4	5
I stay calm, confident, and relaxed while in the birth room.	1	2	3	4	5
I can communicate effectively with the woman & her family during the birth.	1	2	3	4	5
I have successfully negotiated my ability to provide VBB with my colleagues, superiors, administrators, institution, etc.	1	2	3	4	5
I feel supported by my colleagues, superiors, administrators, institution, etc. in providing vaginal breech birth.	1	2	3	4	5
I feel confident counselling women and their families when the birth does not go as planned, if there is a bad outcome, etc.	1	2	3	4	5
I can manage my own fears and anxieties without projecting them onto the women and families I care for.	1	2	3	4	5
I keep my hands off the mother & baby unless the mechanisms have deviated from normal and/or the baby shows clear signs that it needs immediate assistance.	1	2	3	4	5
Within my birth setting/institution, women have freedom of movement during labor and can freely choose their birth position during breech births.	1	2	3	4	5

Additional comments about any of these rated statements:

11. If you have attended vaginal breech births, do you do neonatal resuscitation with the cord intact?
(mark all that apply)

- Yes; I am normally the one doing the resuscitation.
- Yes; a colleague normally does the resuscitation.
- I would like to, but I do not do the resuscitation and my colleagues are unwilling to keep the cord intact.
- I would like to, but hospital policy (or the neonatal/pediatric dept policy) does not allow this.
- No
- Other:
- I have not attended vaginal breech births yet as a lead care provider

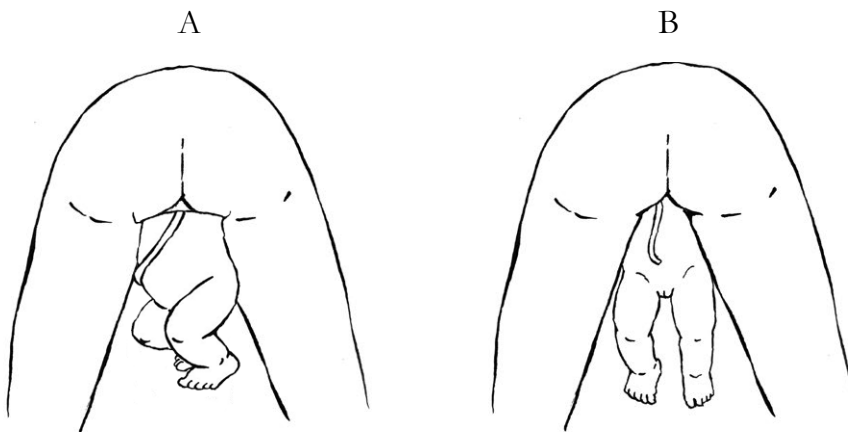
12. What are your reasons for attending this training?

13. What are your biggest concerns about breech birth?

Knowledge assessment

Please answer the following questions **without consulting outside materials**.

1. As the breech descends through the maternal pelvis, the fetal sacrum is normally:
 - Anterior (towards the mother's front)
 - Transverse (towards the mother's side)
 - Posterior (towards the mother's back)
2. After the baby rumps and emerges to/past the level of the umbilicus, what is a reassuring sign of normal rotation and descent?
 - Baby rotates to sacrum anterior
 - Baby rotates to sacrum posterior
 - Baby descends sacrum transverse
3. The mother is on hands & knees; you are behind her ready to catch the baby. In which of these scenarios would you anticipate a nuchal arm(s)?



4. Deflexed/extended heads at the pelvic outlet are relatively common, while inlet head entrapment is a rare event. How would you assist if, after the body is born, the aftercoming head is hyperextended at the pelvic **inlet**?

