

Name: _____

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

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

**2. 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).**

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

Additional comments about any of these rated statements:

3. Did the training address concerns you had prior to attending?

- Yes
- No

Optional comments:

4. How useful do you feel this training will be to your practice? (1=not at all useful; 5=very useful)

Circle: 1 2 3 4 5

5. What barriers do you face to attending vaginal breech births? (check all that apply)

- Hospital protocol/risk managers
- Restrictions on your license
- Peer pressure
- Malpractice insurance restrictions
- Insufficient training or hands-on experience
- Fear of liability
- Other (please specify):

Optional comments about barriers to attending VBB:

6. What did you like most about this training?

7. What could have been improved upon or added for the future?

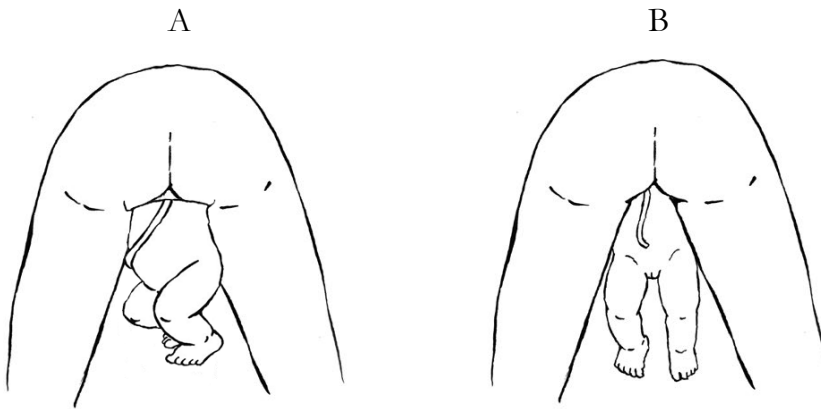
8. Would you recommend this training to others?

- Yes
- No

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**?

