

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

	not at all				very
	1	2	3	4	5
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

**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).**

	disagree		neutral		agree
	1	2	3	4	5
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
I have had opportunities to teach colleagues, residents, nursing staff, etc. the techniques I learned during the workshop.	1	2	3	4	5

Additional comments about any of these rated statements:

3. For your 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 any breech births in the past year as the lead provider

4. Over the past year, how useful has this training been to your practice? 1 2 3 4 5
(1=not at all useful; 5=very useful)

5. Over the past year since the workshop, how many vaginal breech births have you attended as the lead provider?

6. Over the past year, if you have attended any *additional* VBBs in an assisting/observing role, please list the number here:

7. 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):

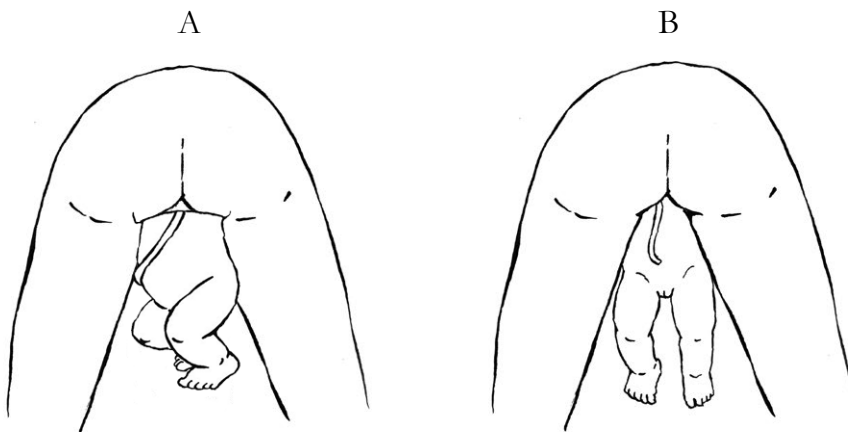
Additional comments about barriers to attending VBB:

9. Based upon your experiences over the past year, which additional topics should future trainings cover? Which existing topics should be expanded upon further?

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**?

