

## Provider survey on breech practices

Name:

Your certifications (MD, OBGYN, MFM, FP/GP, CPM, CNM, LM, etc.)

State/province/country where you practice:

Please discuss your selection criteria for a vaginal breech birth, including whether you consider the following (or other) criteria:

- Gestational age (minimum and/or maximum cutoffs):
- EFW (minimum and/or maximum cutoffs)
- Pelvimetry (MRI vs. clinical, not offered/upon indication/routine, criteria/cutoffs if offered)
- Head flexion (Do you routinely check for head flexion via ultrasound?)
- Abnormalities (Do you rule out gross abnormalities by ultrasound? Which abnormalities would you exclude vs include for a vaginal breech birth?)
- Type of breech presentation (do you restrict certain types of breech presentation from a pVBB? If so, please describe)
- Parity (Does parity play a factor in your selection criteria? Do you restrict nullips from a pVBB or require them to undergo any special testing such as MRI pelvimetry?)
- Other factors that you consider (i.e., maternal motivation, informed consent, etc.):

If a woman falls outside your normal selection criteria (or outside of your institution's guidelines or your licensure regulations) but still wishes to have a VBB, how would you proceed?

### **Please describe your typical labor management practices during a vaginal breech labor/birth:**

Induction:

Augmentation:

What would you consider normal or reassuring labor progress with a breech?

Heart rate monitoring during a breech labor (intermittent auscultation, continuous EFM):

Vaginal exams during a breech labor (frequency & when they are typically offered):

Pain management: what options are typically available in your location, including both pharmacological (epidural/spinal/pudendal blocks, IV/IM narcotics, nitrous oxide) and non-pharmacological (hydrotherapy, aromatherapy, hypnosis, TENS, subcutaneous sterile water injections, etc.):

Reteach Breech—Breech Without Borders  
Provider Survey (Data collection)

Does your location require epidural/spinal block or other type of analgesia/anesthesia during a vaginal breech labor? Please explain.

How do you demarcate the beginning and ending of 1<sup>st</sup> stage? (i.e., what is your definition of the beginning of active labor?)

Do you have a time limit for 1<sup>st</sup> stage breech labor?

What do you consider the beginning of 2<sup>nd</sup> stage? (i.e., 10 cm dilation vs onset of spontaneous maternal pushing, etc.)

Do you have a time limit for 2<sup>nd</sup> stage (and do you differentiate between active and/or passive stages)?

Does your institution mandate or forbid certain maternal positions during 2<sup>nd</sup> stage breech births?

Does your institution require that forceps be available during a vaginal breech labor?

If you work in a hospital, are you required to attend breech births in the OR rather than in a normal labor/delivery room? Please explain.

Please describe your normal 3<sup>rd</sup> stage management:

Do you (or your pediatric team) resuscitate breeches with the cord intact? If not, why?