



Turning Heads

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Introduction

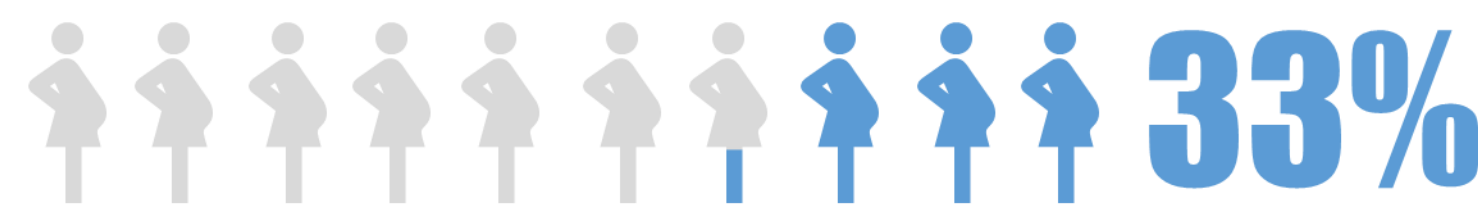
Breech presentation occurs in 3-4% of all term pregnancies. Caughey et al, (2017) state that approximately 17% of first-time caesarean sections are performed for breech presentation. Supporting women who present as breech is a health outcome that impacts both mother and child not only on their current pregnancy and postnatal period, but also future pregnancies and their outcomes. It was hypothesised that implementing a clinic dedicated to the management of breech presentation would improve outcomes for mothers and their babies, financially benefit the unit, as well as create an atmosphere that encouraged informed choice and fair and equal counselling for patients.

SMART Aim

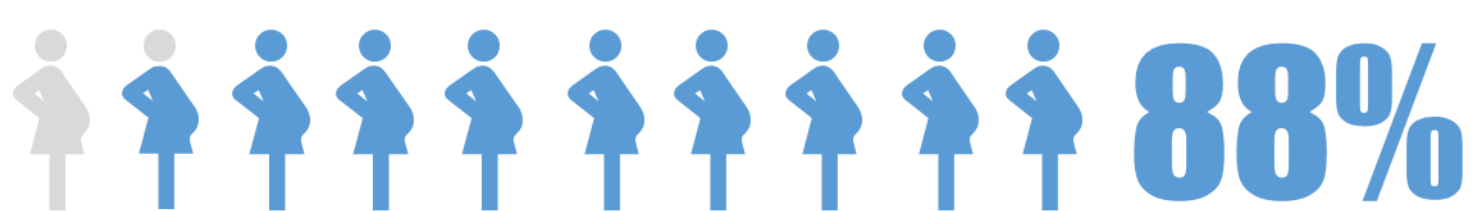
To increase the number of women presenting as breech being managed appropriately. To ensure all women who present as breech at term have received standardized counselling of their management options to increase the uptake of External Cephalic Version by 50% by January 2024.

Initial Assessment

Through review of the data, we identified women in breech presentation who were suitable for External Cephalic Version (ECV) that uptake was low (Median 27%). ECV is a procedure that tries to turn a breech baby into a head-down position so the patient can have a normal vaginal birth. It was found that pre clinic, 67% of women were documented as unsuitable for ECV as a breech management option, our data has shown that when standardised counselling is used and when following the Royal College Of Obstetrics and Gynaecologist 'greentop' guidance for breech management, our percentage of women truly deemed unsuitable for ECV is 12%.



33% of women suitable for ECV to the breech Jan 21-May 22

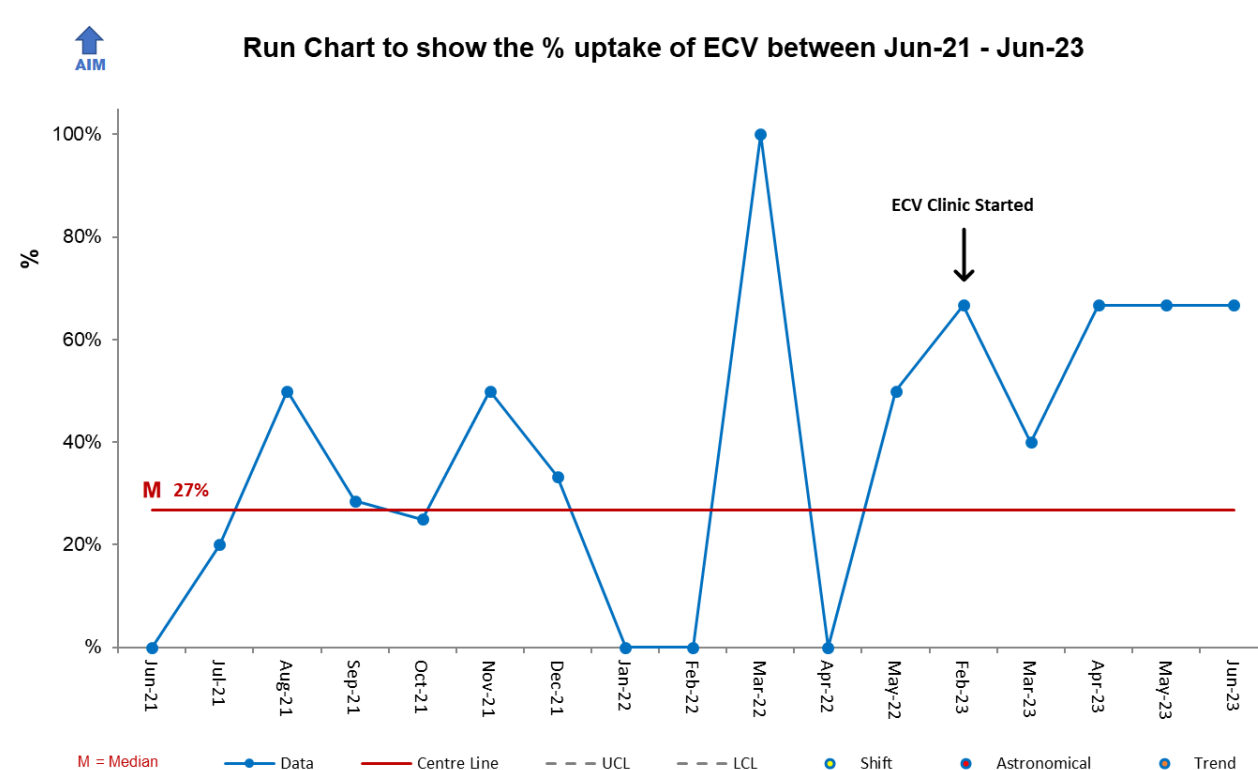


88% of women suitable for ECV Jan 23-May 23 (breech clinic started 9th Jan)

Change Ideas

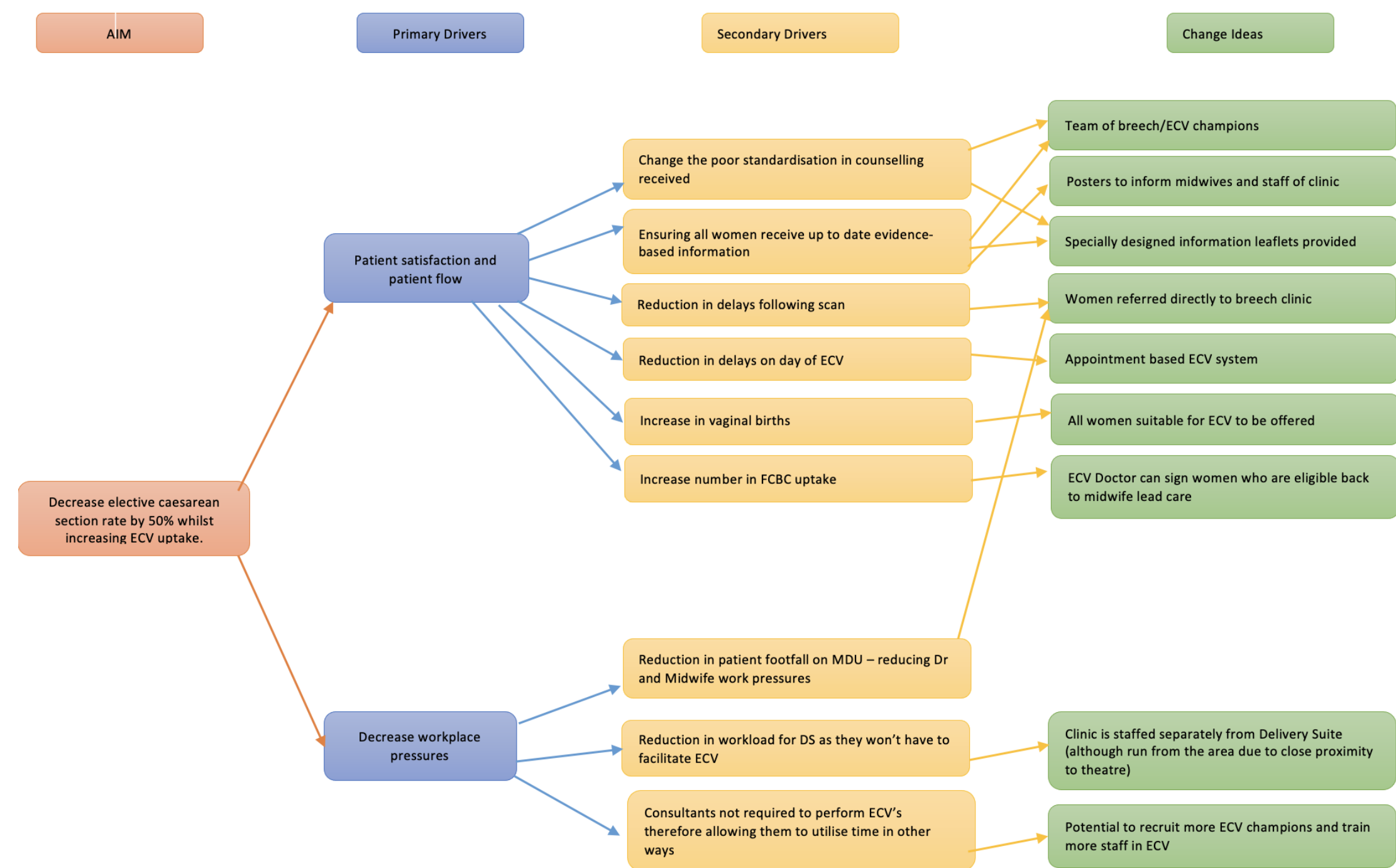
1. Patient information leaflet development and standardised with easy to understand information.
2. Referral through 'Badgernet' upon diagnosis of breech presentation
3. Appointment based clinic introduced to ensure standardised counselling for all women presenting with breech near term.
4. Offering ECV on the day if patients wishes.

Results

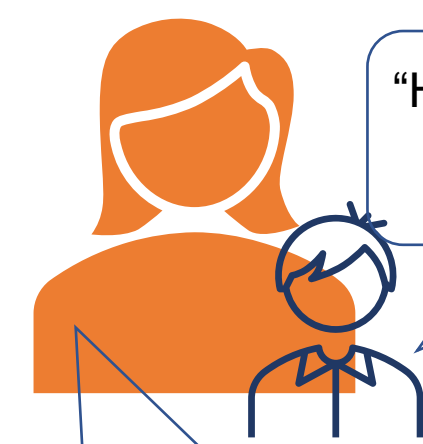


- Increase in the number of women deemed suitable for Breech Clinic
- Above 40% uptake in ECV since the clinic started.
- 80% of breech women received standardised counselling via breech clinic team
- 100% patient satisfaction from breech clinic
- An estimated cost saving for the trust of at least £1,658.95 for each patient who is eligible for this revised pathway. A total of 14 women attending Breech clinic had a successful result of 'head down' position possibly saving the trust £23,225.30
- Accurate projection of unsuitable candidate that is in line with national guidance

Driver Diagram



Patient & Service User Feedback



"Highly impressed! Booking easy. All very clear information and lovely staff- Thank you all!!"

100% of our patients would recommend attending the breech clinic.

"Very organised, friendly staff, very helpful and worth a try(ECV). Care has been great, just a pity it wasn't the result we had hoped for"

"Always clear and informative, made to feel very relaxed. Happy with whole experience"



Lessons Learned

Our hypothesis that the number of patients deemed unsuitable for ECV was untrue. We have seen an increase in uptake in ECV since standardised counselling via breech clinic was introduced. We have not seen as large a decrease in caesarean rate as we have initially expected but further study of the data has found that even when counselled by the Turning Heads clinical team members, some women had already decided on their mode of birth. We hope that with longer implementation of the clinic and earlier referral, we will catch women before they have been counselled around mode of birth. However, the increase in vaginal birth is proposed to have significant financial benefits in the short and long term.

Sustainability & Spread

Continuous monitoring of the outcomes following breech clinic implementation will aid in improving the service provided. We are in the process of getting our patient information leaflet approved after a period of testing to enable women and families to read about their options whilst awaiting their clinic appointment. It may take a full 6-8 months to see a change in outcomes from the clinic that are statistically significant so continuous monitoring of the data and statistics is important.

References

Caughey, A. B., Cahill, A. G., Guise, J. M., & Rouse, D. J. Obstetric care consensus: safe prevention of the primary caesarean delivery. American College of Obstetrics and Gynaecology. 2014; (123)693-711 <https://doi.org/10.1016/j.aiog.2014.01.026>

Royal College of Obstetricians and Gynaecology. Management of Breech Presentation (Green-top Guideline No. 20b) (2017)