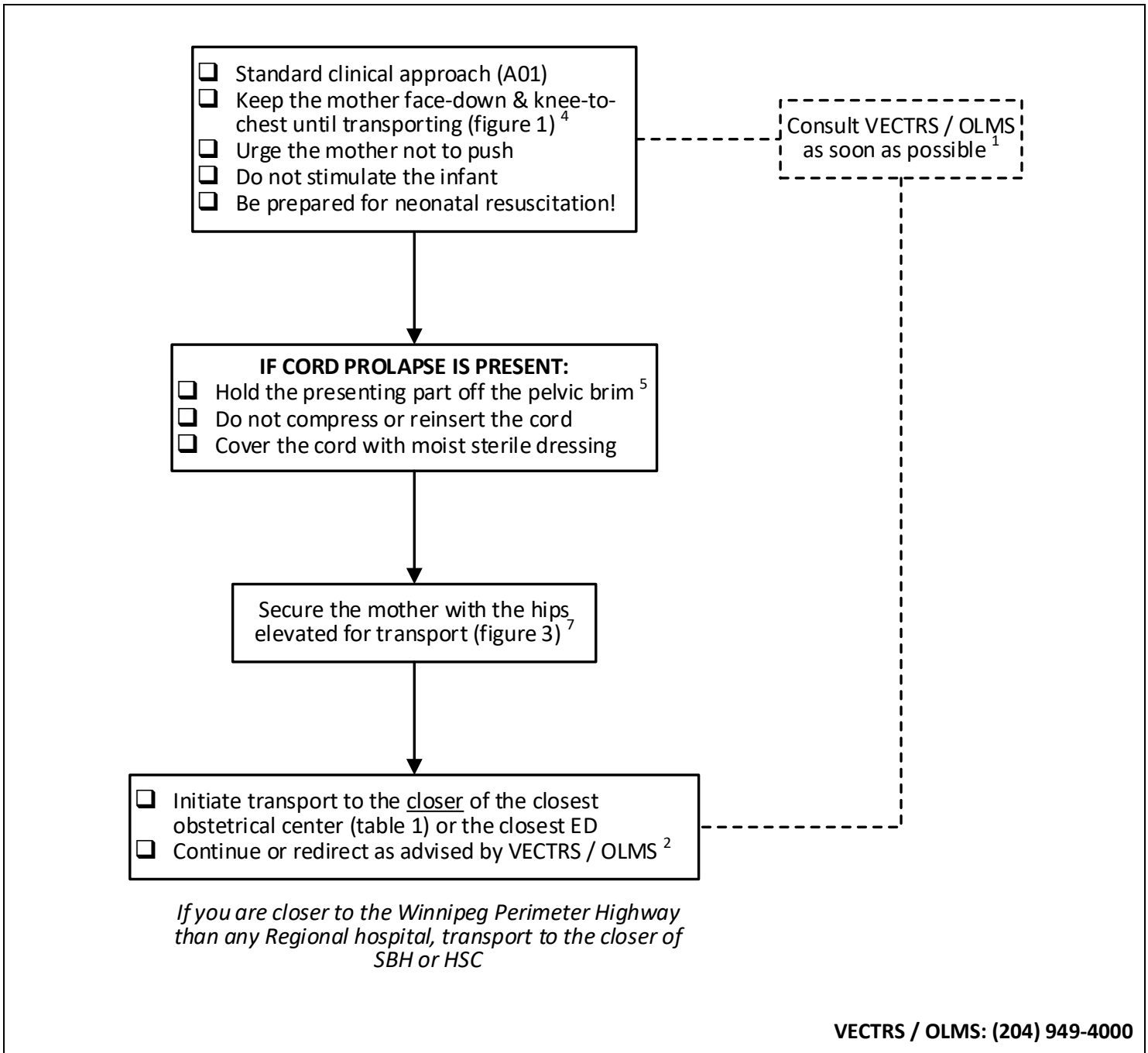
	<b>D06 - INCOMPLETE BREECH OR HAND PRESENTATION</b>	
	Version date: 2025-03-13	Effective date: 2025-04-30 (07:00)
EMR / PCP / ICP / ACP		



**TABLE 1: OBSTETRICAL CENTERS & OBSTETRICS-CAPABLE FACILITIES IN OR NEAR MANITOBA**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Bethesda Regional Health Centre (Steinbach)</li> <li>• Boundary Trails Health Centre (Winkler)</li> <li>• Brandon Regional Hospital</li> <li>• Dauphin Regional Health Centre</li> <li>• Health Sciences Centre (Winnipeg)</li> <li>• Lake of the Woods District Hospital (Kenora, ON) *</li> <li>• Neepawa Health Centre</li> </ul> | <ul style="list-style-type: none"> <li>• Portage District General Hospital (Portage La Prairie)</li> <li>• Selkirk Regional Health Centre (Selkirk)</li> <li>• St. Anthony's General Hospital (The Pas)</li> <li>• St. Boniface Hospital (Winnipeg)</li> <li>• Thompson General Hospital</li> <li>• Yorkton Regional Health Centre (Yorkton, SK) *</li> </ul> |
|---|---|

(\* ) Where indicated call ahead to confirm that normal obstetrical services are currently available

**INDICATIONS**

- Incomplete breech or hand presentation

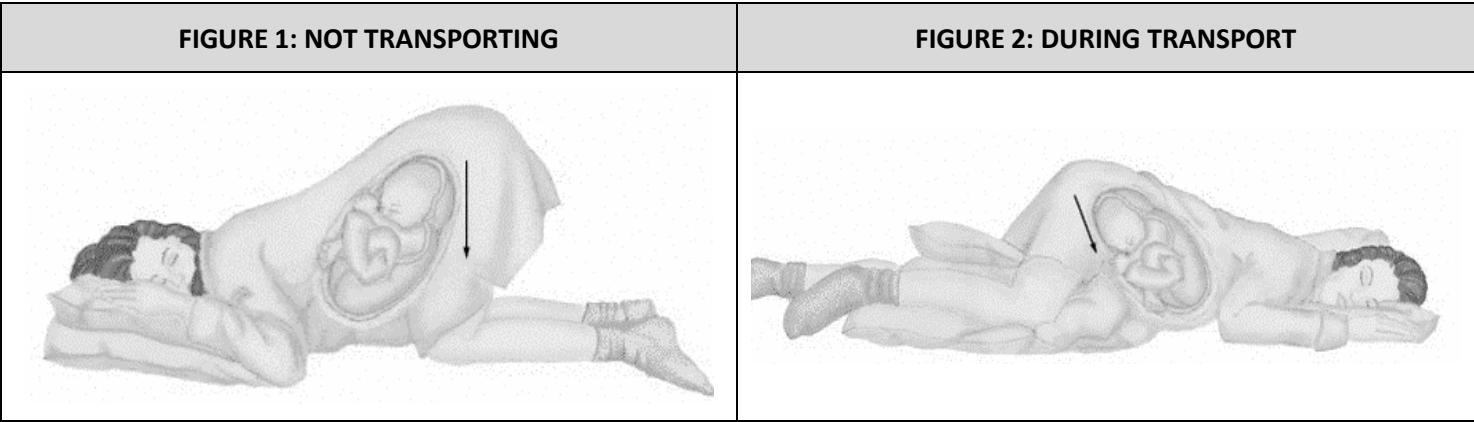
**WARNINGS**

- Not applicable



**NOTES**

1. An incomplete breech or hand presentation is an obstetrical emergency. Umbilical cord prolapse sometimes accompanies these and, if present, requires immediate recognition and intervention.  
  
Scene time should be kept to a minimum. Call the Virtual Emergency Care & Transport Resource Service (VECTRS) and consult on-line medical support (OMS) as soon as possible for clinical and destination decision support. VECTRS / OLMS can access the on-call transport obstetrician and the Child Health Transport Team (CHTT) if necessary.
2. Depending on your location, transport time, and resources available at the closest destination, VECTRS / OLMS may direct you to an alternative destination so calling as early as you can is imperative.
3. Breech presentation occurs in approximately three percent of all deliveries. About 1 in 4 are incomplete, either *footling* with extension of the hip(s) and knee(s) or *kneeling* with extension of the hip(s) and flexion of the knee(s) (appendix A). Hand presentation has an incidence of approximately a 0.5 percent (appendix A).
4. Before transporting, keeping the mother in a face-down and knees-to-chest position may allow gravity to push the fetus away from the internal cervical opening. This may slow delivery and alleviate cord compression if present (figure 1).
5. With umbilical cord compression, manual elevation of the presenting part off of the pelvic brim can extend the window for intervention and improve the chances of neurologically intact fetal survival. Keeping the presenting part off the pelvic brim may be challenging and exhausting during transport.
6. The knees-to-chest position during transport may interfere with properly securing the patient to the stretcher during transport. An acceptable alternative is to elevating the mother's hips in a slightly prone and left lateral position with

pillows or a blanket role (figure 2). Adding 15 to 30 degrees of Trendelenburg (stretcher head down) may be of further benefit.



LINKS
<ul style="list-style-type: none"> <li>• A01 - Standard Clinical Approach</li> <li>• D03 - Newborn Care &amp; Neonatal Resuscitation</li> <li>• D04 - Umbilical Cord Proplapse</li> </ul>

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X04 for change tracking)
<ul style="list-style-type: none"> <li>• Addition of advanced (ACP) work scope</li> <li>• More details regarding positioning for transport</li> <li>• Revised notes for greater clarification regarding consulting VECTRS / OLMS, transport, and best destination</li> </ul>

APPENDIX A:		
FOOTLING BREECH	KNEELING BREECH	HAND
