



Shared health
Soins communs
Manitoba

D06 - INCOMPLETE BREECH OR HAND PRESENTATION

MATERNAL & NEWBORN CARE

Version date: 2023-07-10

Effective date: 2024-02-13 (0700)

- ☐ Urge the mother not to push
- ☐ When transporting secure in the left lateral position (otherwise keep face-down / hips-up)
- ☐ Do not stimulate the infant
- ☐ Prepare for neonatal resuscitation

IF CORD PROLAPSE IS PRESENT:

- ☐ Hold presenting part off pelvic brim ⁴
- ☐ Do not compress or reinsert cord
- ☐ Cover with moist sterile dressing

TRANSPORT ⁵

If the closest hospital is within the Perimeter Highway transport to the closest of SBH or HSC

IDENTIFIER:

EMR: EMR only

PCP: PCP & ICPO

ICP: ICPonly

None - All providers

QRG: OBSTETRICAL FACILITIES

() Paramedics should call ahead to confirm that normal obstetrical services are currently available.*

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

- Incomplete breech presentation during delivery



CONTRAINDICATIONS

- None

NOTES

1. Obstetrical emergencies are fortunately rare but can be very stressful. Be prepared and call early for assistance or intercept. Consult on-line medical support (OLMS) at any time.
2. **An incomplete breech or hand presentation is an obstetrical emergency that cannot be treated in the prehospital setting.** Fetal survival depends on immediate surgical delivery and is measured in minutes. On-scene time should be kept to an absolute minimum.
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 approximately a 0.5% incidence (appendix A).
4. Umbilical cord prolapse commonly accompanies an incomplete breech. Manual elevation of the presenting part off of the pelvic brim to prevent cord compression can extend the window for intervention and improve the chances of neurologically intact fetal survival.
5. The preferred destination is an obstetrical facility (QRG) where staff have expertise and resources to manage breech or hand presentation and experience with neonatal resuscitation. However, if the transport time is excessive initial care may have to be provided at a non-obstetrical facility. Ensure pre-arrival notification.

LINKS
D03 - NEWBORN CARE & RESUSCITATION D04 - UMBILICAL CORD PROPLAPSE

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X04 for change tracking)
<ul style="list-style-type: none"> Identifier legend at bottom of flow chart replaces work scope statement in header

APPENDIX A:		
FOOTLING BREECH	KNEELING BREECH	HAND
