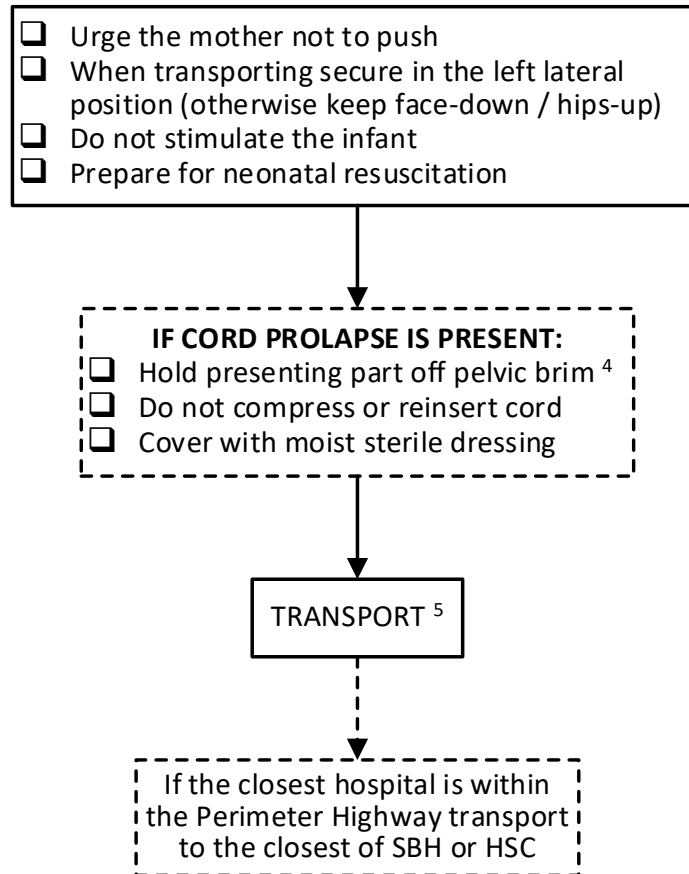
	D06 - INCOMPLETE BREECH OR HAND PRESENTATION	
	MATERNAL & NEWBORN CARE	
ALL - Paramedics with all work scopes will follow this protocol.		
Version date: 2022-11-25	Effective date: 2022-11-29 (0700 hrs)	



QRG: OBSTETRICAL FACILITIES	
<i>(*) Paramedics should call ahead to confirm that normal obstetrical services are currently available.</i>	
<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) *

INDICATIONS

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| <ul style="list-style-type: none"> • Incomplete breech presentation during delivery |
|--|

CONTRAINDICATIONS

- | |
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| <ul style="list-style-type: none"> • None |
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NOTES

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| <ol style="list-style-type: none"> 1. Obstetrical emergencies are fortunately rare but can be very stressful. Be prepared & call early for assistance, intercept, or the on-line medical support (OLMS) physician. 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 <i>footling</i> with extension of the hip(s) and knee(s) or <i>kneeling</i> 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. |
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LINKS

D03 - NEWBORN CARE & RESUSCITATION D04 - UMBILICAL CORD PROPLAPSE
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APPROVED BY	
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Medical Director – Provincial EMS/PT	Associate Medical Director – Provincial EMS/PT

VERSION CHANGES (refer to X04 for change tracking)

- Reformatted (works scope indicator moved into header; compliance statement is now policy A03) & renumbered from D03.2
- Separate care maps for incomplete (D06) and frank / complete (D07) breech
- Addition of hand presentation
- Revised flow chart and notes
- Emphasis on incomplete breech as surgical emergency
- List of obstetrical facilities

APPENDIX A:

FOOTLING BREECH



KNEELING BREECH



HAND

