

Preparing for the OptiBreech Trial: a mixed methods implementation and feasibility study

Objective: Prepare for a trial of physiological breech birth.

Design: Mixed methods implementation process evaluation to determine whether Trusts were able to provide attendants with advanced training and/or proficiency (**feasibility**), who provide protocol-consistent care (**fidelity**), in a way that is acceptable to women and staff (**acceptability**), while maintaining low neonatal admission rates (**safety**) and adequate recruitment figures (**trial feasibility**).

Methods: Setting **10 NHS hospitals** in England and Wales. Sample **54 women planning a vaginal breech birth** at term in 2021. Semi-structured **interviews with 15 women**, selected using a maximum variation sampling strategy. Interviews recorded, transcribed and analysed using the Theoretical Framework of Acceptability.

OptiBreech 1, 2021 participants

Total women planning a VBB: 54
Pre-labour CS: 10/54 (19%)
Labour outcomes:
 Vaginal birth: 31/44 (70%)
 In-labour CS: 13/44 (30%)
 Neonatal admission: 2/44 (4.5%)
 Adverse outcome: 1/44 (2.2%)

[The breech specialist midwife] supported me to make an **informed choice**. Nothing was sort of pushed on me. I was really clear with her that I wanted to know the potential risk ... and she didn't sugar coat anything. She told me exactly what those **potential risks** could have been, but then also **what the benefits could have been as well**. (W100-VBB)

I would just contact [the breech specialist midwife] because she's leading up the team. [She] is having other midwives train with her so that she would either come in and observe or she'd help out, but **her goal there is to train the team**. (W108-VBB)

[The consultant obstetrician], like, didn't actually know any of the statistics, which was terrible, she was just like, It's 10% [perinatal mortality], or ... **There's no risk in a Caesarean, there's zero risk**. And we were like, That's complete -- that's not true. Like, you can't say that. And she kind of made us feel like we were going to, I don't know -- like, do you want to take the risk with your baby by doing a breech vaginal delivery? (W103-VBB)

My research led me to conclude that **the experience of the midwife or the obstetrician is the only factor really in determining my safety**, considering I'm a low risk mum as well. And that's why I went with [the OptiBreech midwife], because I was like, if that's the only factor really that's going to make a difference, then I'll go with the midwife or the obstetrician that I think's got the most experience. (W108-VBB)

They were very willing to listen to me instead of, I know in other trusts across the country, some people are like shut down with what they wanted to do. The team seemed to be very much **on the same page as me**, so that made me feel **safe and encouraged**. (W109-VBB)

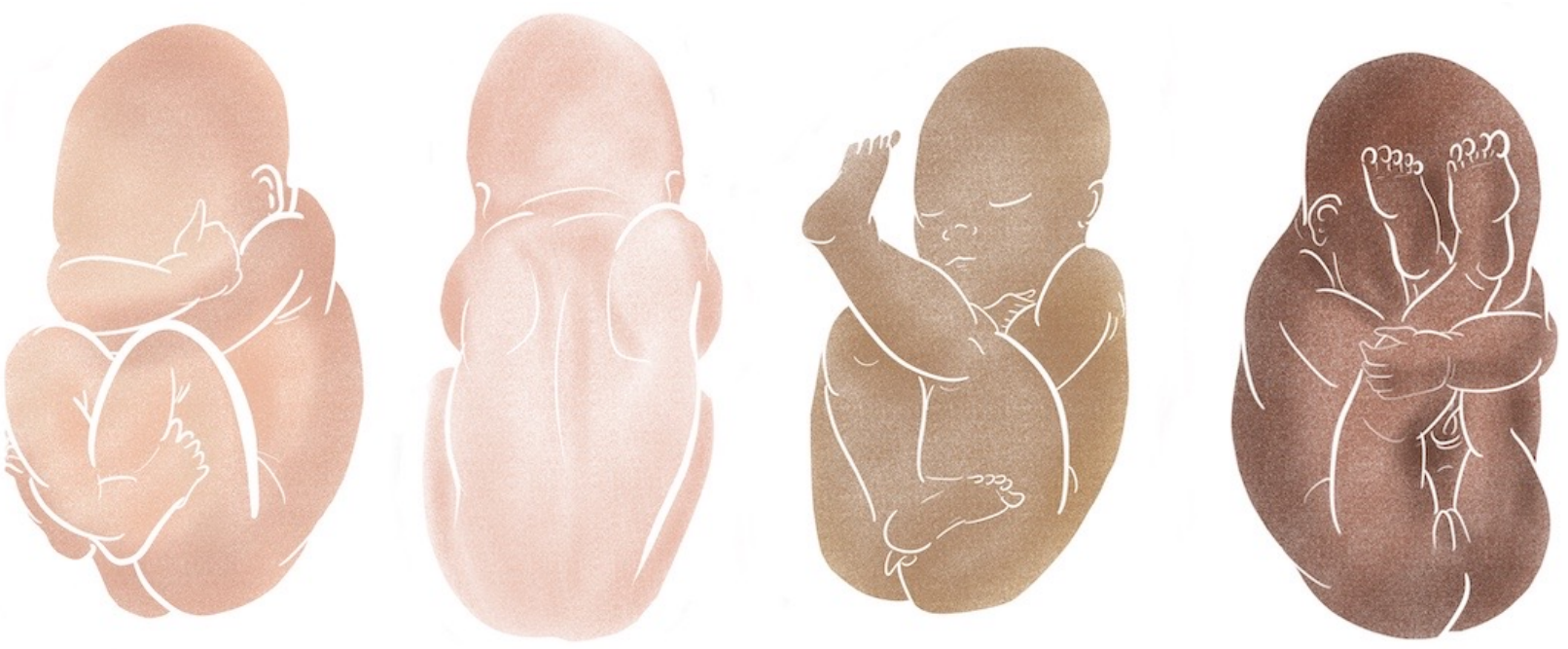
I felt incredibly well supported when I was choosing to have a vaginal breech birth. They were so knowledgeable, [the breech specialist midwife] just -- she made it feel like it was a possibility and a safe possibility. **And the consultant [in the breech clinic]**, ... she was lovely as well. **Really knew what she was talking about**. Could answer every question. (W106-EMCS)

I'd been in there for about an hour, and the doctor came up to me and said, We're going to take you down for a caesarean because your baby's breech. **It wasn't mentioned** that I could have a natural birth at all. (W111-VBB)

I understood exactly how the birth should go, as a breech birth, that it kind of has to go to plan. And if it doesn't go to plan, then they start looking at a C-section quite, sort of, quicker than you perhaps would with a head down baby. And I completely understood that and I was, yeah, **willing to give it a try**, and try and get a natural birth if I could. (W102-EMCS)

And after he performed that very painful ECV, he like, it wasn't an opinion, it was like a **very strong advice** that it will be easier and better for me and for the baby to have C-section which actually caused **me and my partner having a bit of confrontation**. (W105-EMCS)

[A]s soon as [the breech midwife] came in, everything was just like okay, there was **a weight lifted** because I knew that **someone who knew so much about breech birth**, and that was her speciality, she was there to help me. Rather than like having the normal midwives or even just the doctor who sort of didn't really know what he was doing. (W101-VBB)



Results: See box. Actively recruiting Trusts implemented services through a dedicated clinic and/or a proficient intrapartum support service, organised and provided primarily by a **Breech Specialist Midwife**. While we identified challenges, this model achieved 93% fidelity to the intervention's goal of ensuring attendance of professionals with enhanced training and/or proficiency at vaginal breech births, and it is highly acceptable to women. Specialist midwives met women's needs by providing **balanced information, access to skilled breech birth care and shared responsibility for outcomes**.

Conclusions: Appointment of a **Breech Specialist Midwife**, whose role is to co-ordinate a **dedicated clinic**, training throughout the service and a proficient **intrapartum care team**, appears to be highly acceptable to women. This model also appears to be a feasible implementation strategy, in order to test the safety and effectiveness of our intervention, OptiBreech Care, in a clinical trial.

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<https://optibreech.uk/>

Breech Specialist Midwife:

An experienced midwife who has achieved defined proficiency criteria relating to the care of women with a breech-presenting fetus in labour, enabling autonomous counselling and intrapartum care.

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