

Informed Consent to Breech Birth: the Midwifery Relationship



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Guiding Principles

1. The woman, her baby and family/whanau are at the centre of all processes and discussions
2. The woman should have continuity of maternity care ... regardless of how her care is provided

Ministry of Health. 2012. Guidelines for Consultation with Obstetric and Related Medical Services (Wellington 2012) (Referral Guidelines)

Consultation for breech

- LMC must recommend consultation with a specialist
- Three-way conversation and decision-making
- The specialist will not automatically assume responsibility for ongoing care
- Midwife should consider her experience and scope of practice if woman chooses not to transfer care

(Referral Guidelines)



Informed consent

Code of Health and Disability Services Consumers' Rights (Code)

Right 6: Right to be fully informed

Right 7: Right to make an informed choice and give informed consent

Includes the right to be told about:

- all relevant options, including options not offered by the health service
- the evidence base of information (if any)
- what most midwives/obstetricians would do
- skills and experience of midwives/obstetricians
- how to get a second opinion

No information, No choice

“The [obstetrician] for my first breech pregnancy told me that no-one offered [vaginal breech birth (VBB)] or [external cephalic version (ECV)]... because it was not safe for the baby or the mother ... He didn't go into any detail about the risks...” (Adelaide)



The evidence base

- Term Breech Trial (TBT) (Hannah, 2001)
- Criticisms of TBT
- Two-year follow-up to the TBT (Whyte 2004, Hannah 2004)
- Retrospective reviews (eg Reitburg 2005, Vlemmix 2014)
- Localised studies (eg Goffinet 2006, Borbolla Foster 2014)

- Risks of what?
- Risks to both current pregnancy and future pregnancies
- Chance of a breech presentation in a future pregnancy
- Absolute risks rather than relative risks (1 in 100)

(see NICE Guideline CG138 'Patient Experience in Adult NHS Services' 1.5.24)



Information about breech birth

Evidence

If the TBT is discussed, then the following should also be discussed:

- the critique
- the two year follow up studies
- other studies
- how to evaluate studies

Risks, Benefits and Options

- External cephalic version
- Pre-labour caesarean
- Vaginal breech birth
- Caesarean when labour starts
- Referral elsewhere

Clinical Support

- Availability of experienced clinician
- Impact this may have on safety

When?

The earlier the better

Consent in pregnancy

“[A] competent woman ... may ... chose not to have medical intervention, **even though ... the consequence may be the death ... of the child ... or her own death.**”

Re MB [1997] EWCA Civ 3093

Coercion for breech

- Not “offering” any alternative to caesarean
- Hospital policies which make no allowance for refusal of caesarean
- Misleading information about risks
- Threatening to withdraw care

Coercion

“The hospital midwives had to transfer me to the OBs who threatened to call child protective services and get a court order to perform a cesarean and then remove my child from my and my husband's care if I didn't "consent" to an elective cesarean...” (USA)

Refusal of consent

- A competent woman may refuse an ECV, CS, information, consultation or referral
- Consider own scope of practice or experience
 - if supporting VBB is outside your scope of practice or experience, it is acceptable to withdraw care (prior to labour)
 - if continuing care, duty to care to the best of your ability in the circumstances
- Document care plan, discussions and response
- Duty to assist in an emergency

(See Part 5, Referral Guidelines)

Working together for breach

Code of Rights:

4(5) Every consumer has the right to co-operation among providers to ensure quality and continuity of services

NZ Health & Disability Commissioner Case 04HDC05503

- Woman decided to attempt VBB in hospital
- Woman disillusioned with medical staff
- Birth plan specified that decisions be made by woman, husband and midwives
- Midwives did not
 - inform medical staff that woman in labour
 - seek help when problems arose
- Baby died
- Importance of co-operation and communication

Summary

- Midwives have duties to:
 - provide full and unbiased information about risks and benefits of ECV, VBB or CS
 - recommend consultation
- Women have rights to:
 - make an informed choice
 - give or refuse consent
 - co-operation amongst providers
- Midwives should consider own experience and scope of practice in supporting VBB

Training and support

- Breech Birth Online Workshop (Maggie Banks):
<http://www.birthspirit.co.nz/breech-birth-online-workshop/>
- Become A Breech Expert:
<http://www.also.net.au/amare/babe-course>
- Breech Birth Network:
<http://breechmidwife.wordpress.com/breech-birth-network/>
- The Midwife, the Mother and the Breech:
<http://breechmidwife.wordpress.com/>
- Breech Birth Australia and New Zealand: www.breechbirth.net
and www.facebook.com/groups/breech